



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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**UNAIDS/PCB(11)/01.3**  
**Conference Paper 1**  
**28 May 2001**

## **PROGRAMME COORDINATING BOARD**

**Eleventh Meeting**  
**Geneva, 30 May - 1 June 2001**

### **SECTION III: SUMMARY OF UN SYSTEM ORGANIZATION PLANS**

**UN SYSTEM STRATEGIC PLAN FOR HIV/AIDS – 2001-2005**

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## **Introduction**

Section III of the UN System Strategic Plan 2001-2005 contains summaries of the HIV/AIDS-related plans and strategies developed by the 29 participating UN system organizations. The full strategies and plans of the participating agencies have been developed in a common matrix format designed by the United Nations Inter-Agency Advisory Group on HIV/AIDS. The questions posed in the strategy development exercise are indicated in annex 1. They provide a framework for the summaries developed by each agency. The summaries offer an abbreviated overview of each organization's HIV/AIDS-related mandate and accomplishments; programme priorities and targets; and strategies and resources.

The summaries, matrices and supporting strategies can be accessed electronically via the World Wide Web at <http://sp.unaids.org>. Password and access information has been communicated to PCB members, who have been invited to comment on the strategies within the eWorkspace. Development of the plans and strategies represents "work in progress". Each UN system organization is at a different stage of designing, refining or updating its individual HIV/AIDS strategy. Some have completed full strategies and have taken these to their governing board for endorsement. Others are just beginning to incorporate HIV/AIDS issues into their programme planning. All participating agencies have agreed to continue this strategy development exercise in partnership with the UNAIDS Secretariat, and to update their strategy matrix and summary within the UNAIDS eWorkspace. The attached summaries are structured as follows:

### **Section I Background and Context**

1. HIV/AIDS in Agency's mandate
2. Governing Board or Executive Board actions addressing HIV/AIDS
3. Major accomplishments in the last 5 years

### **Section II Priorities and Targets**

4. Programming priorities addressing HIV/AIDS
5. Major constraints to be addressed
6. Global and country level efforts which address HIV/AIDS
7. Priority geographic regions for HIV/AIDS efforts
8. Institutional priority setting and coordination mechanisms

### **Section III Strategies and Resources**

9. Key partnerships required for successful institutional action
10. Financial resources/implications
11. Human resources, institutional learning and systems strengthening: implications and objectives
12. UN staff and dependants



## UNITED NATIONS CHILDREN'S FUND (UNICEF)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

UNICEF is mandated by the United Nations General Assembly to advocate and act for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF's work is founded on the *Convention on the Rights of the Child* – which establishes children's rights as enduring ethical principles and international standards of behaviour towards children – and is oriented to the achievement of three outcomes for a *World Fit For Children* (WFFC), namely:

- a good start to life, nurture, care and a safe environment that enables them to survive, and be physically healthy, mentally alert, emotionally secure, socially competent and able to learn
- the opportunity to have access to and complete a good quality basic education for adolescents, the opportunity to develop fully their individual capacities in safe and enabling environments that empower them to participate in, and contribute to their societies.

UNICEF recognizes that HIV/AIDS is undermining the child survival and development gains of the past decades. In affected countries, trends in reducing young child mortality and malnutrition and in expanding education access are being reversed; the population of orphans and vulnerable children is growing rapidly as family and community capacities are overstretched; and the potential of young people to develop, participate and contribute to society's development are being threatened by the impacts of HIV/AIDS on their, and their families' and societies' lives.

To protect and enhance the gains and respond to these threats *UNICEF's Medium Term Strategic Plan, 2002-5* (draft) focuses attention on five organizational priorities, each of which contributes to the attainment of one or more of the outcomes for a WFFC: i.e. girls' education, integrated early childhood care and development, immunization plus health systems strengthening and outreach, *the combat of HIV and AIDS*, and strengthened protection of children against violence, discrimination, exploitation and abuse. Action on each and all of these priorities is fundamental to reducing vulnerability and risk to HIV infection and to strengthening capacities to ensure protection, care and support for children and families affected and living with HIV and AIDS.

## 2. **Governing Board/Executive Board Actions addressing HIV/AIDS**

UNICEF's Medium Term Strategic Plan has placed HIV/AIDS centrally within UNICEF's priorities for the 2002-2005 period. UNICEF's commitment to act on HIV/AIDS was first declared by the Executive Board in its 1988 *"Review of the impact of immunodeficiency syndrome on women and children and the UNICEF response"* (E/ICEF/1988/L.7) which was followed later that year by a *"Progress report on UNICEF activities in 1988"* and a series of Executive Board decisions (1988/7, 1990/18 and 1991/23) which endorsed the Executive Directors' recommendations that UNICEF expand its programme efforts to combat HIV/AIDS particularly among women and children. In 1992, the Executive Board approved a strategy paper *"UNICEF programme approach to the prevention of HIV/AIDS"* (E/ICEF/1992/L11) which outlined priorities and an operational strategy focused on care for orphans, young people's health and development, family care and counselling, communication and social mobilization. This was followed a year later by a *"Progress report on UNICEF programme activities in the prevention of HIV and in reducing the impact of AIDS on families and communities"* (E/ICEF/1993/L.10).

In 1995, the Executive Board endorsed a *Health strategy for UNICEF* (E/ICEF/1995.11/Rev.1) which noted the impacts of HIV/AIDS and urged expanded action. Also in 1996 UNICEF became one of the six founding co-sponsoring organizations of UNAIDS and the Executive Board approved *"UNICEF's policy on children in need of special protection measures"* (E/ICEF/1996/14) which addresses the temporary or permanent loss of a parent, or both parents, and guides actions to ensure protection and assistance for children and families affected by HIV/AIDS. In 2000 the Board paper *"Emerging issues for children in the twenty-first century"* (E/ICEF/2000/13) highlights the negative impact of HIV/AIDS on children's rights and recognises the need to develop responses within early childhood development, basic education, and adolescent development and participation programmes".

## 3. **Major Accomplishments over last 5 Years**

There has been a significant shift in the level and reach of UNICEF's work on HIV/AIDS over the past five years. Within this period, there has been an expansion in UNICEF's support for programmes that enable young people to be more informed about HIV/AIDS, strengthen life skills, promote healthy/safer lifestyles, and increase access to youth friendly health services. Pilot projects to develop experience and methodologies for the prevention of mother-to-child transmission have been initiated in twelve countries, and are currently being reviewed to glean lessons for scaling up PMTCT efforts. In ensuring care and protection for orphans and vulnerable children, UNICEF has undertaken situation analyses in fifteen countries within Africa, supported governments to develop national orphans policies and legislation to protect the rights of orphaned children, and supported the expansion of innovative community based programmes to monitor child welfare and provide support for children and families in need. Partnerships to implement work in these areas have been developed with faith leaders in Asia, traditional leaders in Africa, PLWHA in all

regions, with politicians and non-governmental organizations, with the private sector and with development partners.

Success in expanding programming activity directly reflects UNICEF's commitment to ensure that HIV/AIDS is mainstreamed as an organizational priority. Over the past five years UNICEF's response has been strongest in East and Southern Africa (ESA) and South East Asia (SEA), though the momentum is now rising in other regions, particularly in South Asia, West and Central Africa, Central and Eastern Europe, the Caribbean and Latin America. Within ESA and SEA, regional priorities, strategies and workplans have been established and capacities have been strengthened at country and regional levels to lead and support intensified HIV/AIDS programming. Advocacy efforts have been stepped up on the priorities for action for children affected by HIV/AIDS, country programme preparation and review exercises have been fully exploited to ensure a strong HIV/AIDS emphasis, staff training has been accelerated to strengthen technical and programming skills, intensive programming exercises have been conducted to develop programme proposals to support resource mobilization efforts, and technical networks have been strengthened to facilitate communications and keep staff and partners abreast of developments and science. UNICEF has participated actively on HIV/AIDS Theme Groups at the country level, and worked closely with UNAIDS partners to provide technical and programming guidance on issues related to children and HIV/AIDS.

#### Lessons learnt

Factors underpinning successful expanded action have included:

- committed and sustained political leadership
- clear, nationally-owned priorities at all levels to focus attention and enable monitoring
- effective programme design including good situation analysis and stakeholder participation
- early consideration of how pilot or demonstration experiences will be taken to scale
- partnerships development with government, NGOs, faith based and youth organizations, PLWHA, external partners, as a key to scaling up and sustaining actions
- research, monitoring and evaluation to guide thinking and programmatic decision making
- adequate resources to support and sustain programmes and systems to facilitate the rapid transfer of these resources to the families and communities that need them

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to supporting UN system efforts to ensure an extraordinary response to the epidemic; address cross-cutting issues in an expanded response; address those most vulnerable and at greatest risk of HIV infection; provide care and support to individual

households and communities affected by HIV/AIDS; and develop regional strategies, UNICEF is particularly focusing its efforts towards achieving the following UN system objectives:

*3.1 To strengthen evidence-based advocacy of policies and programme approaches which ensure maximum protection of children and young people from HIV/AIDS, and more fully involve young people in the response to the epidemic;*

*3.2 To increase policy and programme support to governments seeking to address the needs of children and adolescents particularly vulnerable to HIV/AIDS, including fulfilling their rights to access basic educational, health and social services and legal protections;*

*3.3 To mobilize international technical and programme resources in support of efforts by national governments and civil society to dramatically increase access to:*

- *information and life skills education for in-school and out-of-school youth,*
- *youth-friendly reproductive health and sexual health services,*
- *services which prevent HIV infection in mothers and infants, and*
- *basic education, health, social and vocational services for children affected by HIV/AIDS, in particular orphans.*

*7.3 To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic.*

#### **4. Programming Priorities addressing HIV/AIDS**

The aim of UNICEF's work on HIV/AIDS is to support and strengthen the capacities of individuals, families, communities and nations to prevent HIV infection and to manage its impacts and consequences. Within this framework global, regional and country level action supports the urgent, substantial and sustained scaling up of actions on four priorities for action for children affected by HIV and AIDS.

##### Prevention of HIV infection among children and young people

Guided by the ICDP goal to reduce HIV infection rates among young people aged 15-24 years by at least 25% in the most affected countries by 2005, and by 25% globally by 2010, UNICEF supports actions to:

- break the silence, address stigma and discrimination, and build participation in the response to HIV and AIDS
- ensure that all children and young people are informed about HIV/AIDS and provided with life skills to reduce their vulnerability and enable them to avoid risky behaviour
- promote and expand youth-friendly health services to enable young people to access confidential HIV testing and counselling, information, education and counselling, and sexual and reproductive health services including condoms and the treatment for STIs
- scale up and sustain communication and social mobilization initiatives promoting HIV/AIDS awareness and healthy lifestyles, including those which encourage inter-generational communication, promote peer and adult solidarity and ensure respect for young people
- increase the proportion of young girls staying in school, and strengthen the capacity of schools to respond to the HIV/AIDS pandemic



- develop and support special actions to reduce the vulnerability of children and young people, especially girls at particularly high risk of HIV infection: i.e. street children, injecting drug users, sexually exploited children, children in prisons and institutions, and children and young people living in contexts of violence and conflict
- empower women and girls to protect themselves from HIV infection, promote responsible male partnership and participation, and address the gender inequities, violence, discrimination and unequal power relations that fuel the epidemic
- ensure that young people are central to planning, implementation and monitoring of actions which involve and affect them.

#### Prevent parent-to-child transmission of HIV infection

Guided by the (proposed) UNGASS goal to reduce the number of infants infected with HIV by 20% by 2005, and by 50% by 2010, UNICEF supports actions to:

- prevent HIV infection among women of childbearing age
- strengthen family and community support for women and their partners to prevent HIV infection
- expand access to Voluntary and Confidential Counselling and Testing (VCCT) to enable pregnant women and their partners to know their status and be supported in decisions related to their own and child's health
- improve ante-natal care to assure the good health and nutritional well-being of women and ensure safe delivery
- increase access and use of anti-retroviral drugs for the prevention of vertical transmission of HIV
- provide counselling and advice for the appropriate feeding of infants born to HIV positive mothers
- improve the health and well being of parents and infants living with HIV/AIDS.

#### Provide care for children, young people, and parents living with HIV and AIDS

UNICEF will support actions to progressively expand care and support for children, young people and parents living with HIV/AIDS through:

- strengthening and better integrating the care and support for PLWHA components within current health system strengthening initiatives - especially the integrated management of childhood illnesses (IMCI), strengthening of youth friendly health services, and pre and postnatal care services (including PPTCT) for women and their partners
- facilitating country access to essential drugs and supplies required for identifying and monitoring HIV status and managing AIDS
- strengthening home-based care programmes, psychosocial support and family skills in the care and support for HIV+ children and young people.

### Ensure protection, care and support for orphans and children in families made vulnerable by HIV/AIDS

Seeking to ensure that all children grow up in caring, protective families, or family-like environments, and in promoting alternative care solutions that are guided by the best interests of the child, UNICEF supports actions to:

- introduce policies and legislation to define standards of protection and care for orphans and vulnerable children based on the best interests of each child and their rights to family life: i.e. fostering and adoption, inheritance and property rights, community based care, etc.
- ensure that children's rights to a family, or a family-like environment are fulfilled, including developing ways to ensure that recourse to institutions are a last resort, a temporary/ transitional form of care until a family environment is found
- ensure access to essential quality social services for children (health, nutrition, education, welfare, information, etc) and that orphans and children affected by HIV/AIDS are treated on an equal basis to other children
- strengthen and support community capacities to identify and monitor vulnerable households and to provide for orphans and vulnerable children in a supportive environment under the care and protection of a responsible adult: i.e. community based vulnerability monitoring, leadership orientation and community facilitation, support for community initiatives, home based care and support, etc.
- encourage special measures to protect orphans and vulnerable children from violence, abuse, exploitation and discrimination.

## **5. Major Constraints to be addressed**

Given the magnitude of the HIV/AIDS threat, the single greatest challenge is to urgently and substantively scale up the response to HIV/AIDS and to sustain it. For this to happen a number of critical constraints need to be addressed by governments and the international community. These constraints are as follows:

- Limited real commitment of political leaderships. While some progress has been made, the priority of HIV/AIDS is not yet adequately reflected within national policies, programmes (including PRSPs and SWAPs) and budgets; the capacities of institutions for coordinating the response (internal and external) require further strengthening; and the full potential of civil society, political and NGO leaderships has not been mobilized
- Stigma and discrimination still exist, blocking public discussion and an effective response
- HIV/AIDS has not been mainstreamed as a core development priority. In many countries HIV/AIDS is still regarded as a health ministry concern. Neither the consequences of, nor the potential of bold multisectoral action have been adequately realized and acted upon
- Inadequate financial resources. Despite strong rhetoric, financial resources remain insufficient and resource transfer mechanisms weak. Stronger systems are required to monitor commitments, transfers and utilization; and efforts are needed to ensure better utilisation of funds within the public sector and by NGO partners

- Response capacities are limited and constantly depleted. The institutional and human capacities required to respond to HIV/AIDS within government, civil society, private sector, NGOS are being undermined by HIV/AIDS and stretched by the demands of the response. Even with significant additional financial resources, scaling up the response to the epidemic will likely be restricted by limited planning, management and implementation capacities. Innovative thinking is required to ensure that these capacities are protected, strengthened and made more efficient
- Lack of focus. Given that the capacities and resources for an effective response do not match the scale of the epidemic, strategic choices need to be made. While in many countries HIV/AIDS plans detail these strategic priorities, they are not always reflected in sectoral plans and budget instruments
- The potential of partnerships is not being fully realized. At national level stronger partnerships are required between private sector, civil society (especially faith and traditional leaderships), NGOs and government; regional partnerships (inter-governmental, resource institutions, civil society) and networking remains weak, and regional concerns are not being adequately addressed (e.g. migration, transport, trafficking, bulk commodities purchase, etc); and more efforts are needed to improve the coordination and joint working of international agencies - bilateral, multilateral and non-governmental.

## **6. Global and Country Level Efforts which address HIV/AIDS**

The purpose of UNICEF's action at all levels - global, regional and national - is to expand and strengthen capacities of individuals, families and communities to prevent HIV and manage its consequences. UNICEF's principal vehicle for achieving this goal is its country programmes. UNICEF's country level strategies:

- support situation analyses and policy studies to deepen understanding of the factors driving the epidemic, their consequences, and opportunities for action
- support advocacy to mobilize understanding, commitment and action
- improve the quality and use of information in designing, monitoring and reporting the response to HIV/AIDS
- support the establishment of policies, standards and legislation to enable an expanded response
- strengthen essential services (health, education, welfare, information, community facilitation, etc)
- develop information, communication and social mobilization strategies to achieve the goals of prevention, care and support; and
- develop partnerships with non-governmental and civil society partners to support community-based action. At the regional and global levels, emphasis is placed on evidence-based advocacy, the development of programming and technical guidance, partnership development, resource mobilization, knowledge acquisition and networking, and staff development.

## **7. Priority Geographic Regions for HIV/AIDS Efforts**

HIV/AIDS is recognized as a global priority within the Medium Term Strategic Plan for 2002-5. Consequently, all country programmes are required to assess the adequacy of the response to HIV/AIDS within their country, develop appropriate programmatic responses consistent with UNICEF's priorities for action, and report annually on the evolution of the epidemic, its impact on children, adequacy of the response and priorities for future action. The first priority is to halt the epidemic and reverse rising HIV incidence. This implies a quantum shift in scaling up actions to prevent new infections, particularly among children and young people, in Sub-Saharan Africa, South and South East Asia, the Caribbean, Latin America and Central and Eastern Europe. In all affected countries there is also need to strengthen capacities to care for people living with HIV/AIDS, orphans and other groups made vulnerable by HIV, and to address the medium and longer term development consequences. Within this context, the priority for UNICEF's action for children is focused on those regions with more generalized epidemics (i.e. within Africa, India, Caribbean, South and South East Asia).

Sub-Saharan Africa, with some 90% of the world's population living with AIDS, is the home of the overwhelming majority of orphans and children made vulnerable by HIV/AIDS and, within the medium term, stands out as the region of greatest need for resources and attention. The International Partnership Against AIDS in Africa (IPAA) is a key instrument for mobilising the integrated response required for Africa.

## **8. Institutional Priority Setting and Coordination Mechanisms**

The strength of UNICEF's response to HIV/AIDS rests within its country programmes. Country Representatives and their teams are responsible for working with government and other partners to identify needs and advocate for an expanded response to HIV/AIDS; develop the HIV/AIDS components of country programmes; and ensure that these are consistent with the priorities of national strategic plans, and coordinated with and complementary to the contributions of other UN agencies and partners. At the country level the key coordination mechanisms are:

- the Country Management Team within UNICEF, to ensure coordinated planning, implementation, monitoring of progress and team address of problems arising
- the UN Resident Coordinator System (including the HIV/AIDS Theme Group and use of the Integrated Workplan) to ensure orientation and coordination of UN agency efforts; and
- the national HIV/AIDS Strategic Plan and its partner coordination mechanisms.

At the regional level priority setting and coordination is undertaken by the Regional Management Team (all Country Representatives, Regional Director and Advisors) which meets two-to-three times per year to determine how global policies and priorities can be introduced and applied within country programmes, and to monitor progress in the implementation of the regional HIV/AIDS workplan. Each regional office (7) now has a Regional HIV/AIDS Advisor and additional advisors are being recruited (complements

differing by region reflecting existent capacities and challenges faced) to provide technical and programming support for country programme development and implementation. Mechanisms for ensuring communication and coordination with UNAIDS Cosponsors and other partners differ across the regions but involve annual planning and regular coordination meetings, the use of the facilitation resources of the UNAIDS Inter-Country Support Teams, and the workings of regional thematic working groups to address specific issues (e.g. PMTCT).

At the global level priority setting and coordination within UNICEF is articulated through the Global Management Team (involving Regional, Divisional and Executive Directors). Within headquarters, policy and technical guidance is mainstreamed within existing structures (i.e. health, education, nutrition, child protection, emergency, adolescents, information and communication, resource mobilization, etc). An HIV/AIDS unit has been established within the Directorate of Programme Division to orient and coordinate UNICEF's work on HIV/AIDS and maintain relations with external partners. This unit is supported by an inter-divisional working group to facilitate communication and the coordination of the workplans of the divisions and staff involved with HIV/AIDS. The major mechanisms for priority setting and coordination with other UNAIDS co-sponsors are:

- the Unified Workplan and Budget and UN System Strategic Plan
- the Committee for Co-sponsoring Organizations
- Inter-Agency Task Teams set up to advise on particular policy, technical or programming issues.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

Partnership, at all levels and with a range of collaborators, is key to an expanded and effective response to HIV/AIDS. At all levels, UNICEF is strengthening its partnerships with UN agencies, bilateral and multilateral agencies, academic and research institutions, private foundations, non-governmental and civil society organizations, and the private sector to expand the quality and quantity of actions for and with children affected by HIV/AIDS.

Reflecting on the priorities of UNICEF's medium term strategic plan and the mandates and comparative advantages of other UNAIDS Cosponsors the following are indicative areas where partnerships will be sustained and strengthened:

Partnership with WHO to

- define standards and approaches for expanding access to treatment and care for HIV positive children, youth and women

- conduct research and convene expert consultations on issues confronting the expansion of PMTCT services (treatment protocols, infant feeding guidelines, quality assurance standards, monitoring, etc)
- rapidly expand access to voluntary counselling and testing services and youth friendly health services
- strengthen HIV/AIDS sero-prevalence and behaviour surveillance systems.

Collaboration with UNFPA on

- joint development of technical guidance on programming with and for young people
- strengthened country level collaborative programming with/for young people (particularly life skills, youth friendly health services, condom access, etc)
- integrating PMTCT within more comprehensive adolescent health and safe motherhood implementation strategies.

Partnership with UNESCO to

- ensure the incorporation of life skills within primary education curricula
- provide support for education impact studies and follow up plans to ensure more effective roles for schools and education systems in communities affected by HIV/AIDS.

Partnership with UNDP, particularly at country level to

- strengthen national capacities for strategic planning, donor coordination and resource mobilization mechanisms
- support situation analysis and policy development to assure protection and support for orphans, vulnerable children and families (including welfare assistance and safety nets for most vulnerable)
- expand poverty reduction actions at community level, including the expansion of micro-credit services for the poor.

Partnership with the World Bank in policy discussions regarding HIV/AIDS, children and development; and participation, particularly at country level, in the design of MAP and other loans which have impact on children.

Collaboration with UNDCP in the design of harm and risk reduction strategies for IDUs and youth particularly in Central and Eastern Europe, South and South East Asia.

## **10. Financial Resources/ Implications**

Note that estimated total expenditures in HIV/AIDS are expected to increase to approximately 10% of UNICEF's total budget. These projections do not include UNICEF expenditures on girls' education, health system strengthening, etc., all of which have a major impact in improving national capacities to combat and cope with the epidemic.

These projected figures for 2001-2005 are based on and contingent on the overall organizational fundraising projections. If overall organizational resources increase more than projected, there may be additional resources available for HIV/AIDS.

Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>	12		42	
<b>Regional</b>	21		78	
<b>Country</b>	131		480	
<b>Total</b>	<b>164</b>	**	<b>600</b>	**

\*\* UNICEF has two major classifications of funding: Regular Resources (RR), which are unearmarked contributions that are directed towards UNICEF's programmes as approved by its Executive Board, and Other Resources (OR), which are contributions made towards specific UNICEF projects. In 2000, 49% of UNICEF's total income was contributed as Regular Resources and 51% was in the form of Other Resources. UNICEF's core budget is comprised of both components. The actual breakdown between RR and OR devoted to HIV/AIDS specific programming will depend on the relative percentage of RR vs. OR contributions received by UNICEF in future years. UNICEF is seeking to increase its regular resources base to enhance the organization's ability to strategically respond to its key priority areas, of which HIV/AIDS is one.

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>			10	5
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>			**	**

\*\* Presently HIV/AIDS is mainstreamed within the organization so that staff devoted to HIV/AIDS activities within country and regional offices include Health Officers, Child Protection Officers, Communications Officers, Education Officers, etc., although each region now has one dedicated HIV/AIDS Senior Advisor Post and additional staff have been brought on board as consultants and fixed term staff. UNICEF plans to undertake an assessment of its organizational capacity and training needs in HIV/AIDS in the coming year.

With this study, an effort will be made to quantify or model the percentage particular types of posts spend on HIV/AIDS work within each subject area (education, health, etc.).

In the above chart, staff reflected at the global level are 100% devoted to HIV/AIDS issues. Short-term consultants and those global level staff which devote part of their time to HIV/AIDS are not reflected in these figures.

From a funding perspective, the majority of permanent staff expenditures (posts) for international and national officers are funded from Regular Resources. An assessment of consultants and temporary fixed term staff working on HIV/AIDS will also be conducted as part of the larger organizational capacity review.

## **12. UN Staff and Dependents**

UNICEF is increasingly concerned about the health and well being of its own staff and has accelerated efforts within the UN system to address these issues. A core set of services is to be provided in all UNICEF offices and UNICEF is working with the UN Medical Service and other UN agencies to ensure implementation.



## UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

UNDP's mission is to provide its clients -- the developing countries - with knowledge-based policy advice on the entire range of issues that pertain to reducing poverty, building institutional capacity, governance, and managing the challenges of globalization. It is charged with leading the efforts of the United Nations system towards achieving international poverty targets.

UNDP has six corporate priorities:

- democratic governance
- poverty reduction strategies
- crisis prevention and recovery
- environment and sustainable energy
- HIV/AIDS, and
- information and communication technology.

HIV/AIDS has been selected as one of the six corporate priorities because the epidemic poses a real and present threat to poverty reduction efforts, presents a governance challenge of great complexity, and requires a truly multi-sectoral response that UNDP can help foster. The HIV/AIDS crisis requires a coherent response by the UN System and the coordination of multi-agency, multi-donor programmes in support of national strategic HIV/AIDS plans. As convener of the UN system at country level, UNDP facilitates UN system support through UN Theme Groups on HIV/AIDS and the overall UN Development Assistance Framework (UNDAF).

In accordance with its mandate, UNDP assists countries to develop and implement national strategic HIV/AIDS plans. Areas of technical focus include advocacy, policy dialogue, capacity building of institutions, mainstreaming HIV AIDS in development planning, poverty reduction strategies, national budgets, promoting human rights action and supporting the expansion of information services.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

At the January 2001 Executive Board, UNDP's Global Corporate Framework (GCF) was approved, endorsing UNDP's six corporate priorities. The GCF responds directly to the United Nations Millennium Declaration commitment to halve the proportion of people living

in extreme poverty by 2015. The three major services towards this end are: advocacy, policy support and knowledge networking. The GCF is a key instrument for aligning UNDP's response to HIV/AIDS at global, regional and national levels. The January 2001 Executive Board also endorsed the establishment of thematic Trust Funds for the six corporate priorities, to enable UNDP to generate multidonor support for its work.

### **3. Major Accomplishments over last 5 Years**

As Cosponsor of UNAIDS, UNDP, along with all partners in the UN Theme Groups, has been actively supporting countries in:

- advocating a nation-wide mobilization and top-level political commitment in the response to HIV/AIDS
- providing support in implementation of national strategic HIV/AIDS plans
- mobilizing national and international resources
- promoting a rights-based approach to the response, and
- supporting programme-related information services.

UNDP aims to help mount and support an expanded response - one that engages the efforts of many sectors and partners from government and civil society. In 55 developing countries, national officials have or are now preparing strategic HIV/AIDS plans that bring together government and civil society and incorporate community-driven priorities. UNDP advisors, along with partners from Cosponsoring agencies, are helping governments to develop these strategic plans, and gain donor support for them. For example, last year in Malawi, UNDP, along with other UN agencies, helped to bring together local and national government leaders and civil society groups to design a strategic response to HIV/AIDS. UNDP then worked with the Malawi government to organize a donor roundtable, which raised US\$110 million of the \$121 million needed to implement the plan. Now UNDP is helping to strengthen the capacity of district, town and city governments and community organizations as they move forward with implementation at the grass-roots level.

A locally guided initiative supported by UNDP, in partnership with other agencies, is the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa. Through the Alliance, officials from 70 municipalities in 17 countries are working together and with community leaders and non-governmental organizations (NGOs) to identify areas where assistance is needed. They then communicate those local realities to their national leaders. Because of this initiative, elected officials are speaking openly about the problem of HIV/AIDS in a way that encourages others to do so.

UNDP has been advising governments on how to decentralize responsibility and administer resources at the community level. It is offering advice on how to strengthen social safety nets for the most vulnerable groups, including orphans. It is also helping governments to address the impact of HIV/AIDS on specific sectors such as education and rural development. Some 1,200 senior African officials have participated in UNDP workshops on HIV/AIDS.

UNDP helps governments to strengthen or create community organizations, establish and develop testing and counselling centres, and deal with HIV in the armed forces - e.g. support to Rwanda.

UNDP draws on best practices in sponsoring networks on HIV and human rights, as well as networks through which people living with HIV or AIDS-related illnesses can find support and resources, while themselves contributing to national responses to the epidemic. In collaboration with the United Nations Volunteers (UNVs), UNDP is supporting a pilot effort in Malawi and Zambia through which people living with HIV/AIDS will serve as national UNVs in a variety of roles.

#### Lessons learnt

UNDP's new strategy is built upon its programming strengths – especially its ability to facilitate a multisectoral response at country level. Programme reviews have indicated that (a) multisectoral responses need to be nation-wide and far more gender sensitive, (ii) more attention needs to be given to capacity building at all levels, and (iii) project efforts need to be scaled up – the assumption that pilot projects will be replicated rarely holds true.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

UNDP is particularly focussing its efforts towards achieving the following UN system objectives

*1.2 To fully engage the UN system leadership, and its policy and programme resources in addressing HIV/AIDS*

*1.4. To mobilize and coordinate increased international support for national efforts to develop and implement National Strategic Plans on HIV/AIDS*

*2.3 To mobilize policy and programme support to governments seeking to strengthen legislative, legal and human rights frameworks protecting vulnerable population and people living with HIV/AIDS*

*2.6 To advance strategies and mechanisms required for an expanded response that:*

- increase the participation of people living with and affected by HIV/AIDS in the response to the epidemic, and*
- strengthen the capacities required to build partnerships with the private sector and civil society*

*7.1 To advocate and promote effective strategies to assist governments and civil society to prioritize and mobilize resources for strengthening capacities in key sectors*

*8.1 To strengthen the institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors*

#### **4. Programming Priorities addressing HIV/AIDS**

UNDP, as a Cosponsor of UNAIDS and a long-time trusted partner of developing country governments, has developed the following priorities in the area of HIV/AIDS:

- promoting robust and action-oriented advocacy for leaders at all levels - generating political commitment and mobilization of actors and institutions well beyond the health sectors
- helping countries develop capacity for action, as well as plan, manage and implement their response to the epidemic, including the integration of HIV/AIDS into poverty reductions strategies, the reallocation of resources (including debt relief savings) towards prevention, care, and impact mitigation
- promoting a human rights framework and gender perspective in all aspects of the response
- providing special assistance to the worst affected countries to help mitigate the impact on human development, governance structures, and the provision of essential services, and
- promoting well-designed, powerful coordinated UN information and communication response at country level.

#### Targets

- All countries should have strategic plans, policies and implementation capacity in place to deal with the crisis.
- There should be a measurable change in policies, as well as individual/group attitudes and practices concerning HIV/AIDS, including greater attention to human rights and gender concerns, reflected in government action as well as civil society responses.
- People living with HIV and AIDS should receive adequate and equitable care.

#### **5. Major Constraints to be addressed**

UNDP is responding to growing demands from countries to help manage the response to the epidemic and mitigate its impact at a time when the organization's core resources are shrinking. This has a particularly negative impact on UNDP's overall work in Africa where the demands are the greatest. Lack of resources and the accompanying lack of capacity within UNDP is the most important constraint that needs to be overcome.

Financial support for UNDP's HIV-related activities, including cost sharing with the World Bank and other donors, has been about \$300 million to date. But worldwide, AIDS is spreading many times faster than the funding to control it. So UNDP - working with UNAIDS and other partners - has launched a global advocacy campaign to increase donor awareness and raise additional funds, not just from governments but also from businesses and foundations.

## 6. Global, Regional and Country Level Efforts which address HIV/AIDS

UNDP's involvement at country level is in the following areas:

- Promoting strong leadership at all levels, coalition-building and national policy dialogue for an effective response to HIV/AIDS; development of private sector partnerships. Orientation” of Senior Government and Civil Society policy makers and managers on Executive HIV/AIDS, including an inter-country approach
- Assisting governments to plan, manage, implement and decentralise multi-sectoral and gender-sensitive national HIV/AIDS programmes; analysis of the impact of HIV/AIDS on sectoral planning (with the World Bank); strengthening overall National Strategic Plans, with particular emphasis on social development aspects, civil society engagement, and countries in crisis
- Integrating AIDS into mainstream development planning, poverty reduction strategies, budget allocation processes; identification of strategic information requirements of key sectors and support to information systems development; conducting sectoral plan reviews (systematic inter-country process); preparation of sectoral planning and review guidelines; development of overall public finance strategies for HIV/AIDS incorporating international instruments including debt relief/ HIPC/ PRS etc; development and demonstration of decentralised finance mechanisms to the community level for HIV/AIDS
- Promotion of human rights as a normative and ethical framework for the response to HIV/AIDS, including legal reforms; Public Policy: support the development of and monitor progress on HIV/AIDS related policy development in Ministries of Justice/Interior and in the legislative and judiciary branches of government, with a particular emphasis the promotion of human rights and on supporting civil society participation in the dialogue; Addressing Gender Disparities fuelling the Epidemic: support the development of and monitor progress on gender related policy development as it relates to HIV/AIDS
- Expanding information services, and promoting a sound UN response ; development of communications strategies on HIV/AIDS for senior policy makers and managers, in particular those in Planning and Finance Ministries
- Strengthening the Resident Coordinator System:
  - planning
  - major support to development of UN System Integrated Workplans on HIV/AIDS
  - integration of HIV/AIDS into the UNDAF, CCA and other UN System instruments

- Systems Development
- “Executive Orientation” of UN Senior Country Team Members
- Training of Country Staff in HIV/AIDS Issues
- Links to Theme Group Assessments and Country Response Information System
- UNAIDS (and HIV/AIDS) information module development as part of new information systems for UN Country Teams
- Links to Theme Group Assessments and Country Response Information System
- Review and streamline PAF Process in Theme Groups
- Enhancing UNDP Country Level “Banking Services” Strengthening organization, follow-up and information support to “Roundtables” on HIV/AIDS financing in countries
- Lead Interagency Task Team on Theme Groups and UNDG on HIV AIDS
- Update Resident Coordinator Manual on UNAIDS and HIV/AIDS Theme Group

At global and regional levels, UNDP's involvement covers:

- advocacy strategies, with special focus on women and girl's vulnerability and action to mitigate the socio-economic impact on women caretakers
- guidelines and tools for HIV/AIDS policy development, strategic planning and response management
- intra- and interregional South-South cooperation in all areas of interventions covered by this trust fund
- knowledge networking and dissemination of best practice experiences, in line with corporate priorities
- technical backstopping and programming services coordinated at the global and regional levels
- participatory methods and tools for raising awareness and promoting social transformation, including changing gender relations and enhancing women's control of their lives
- addressing cross-border issues (migration, transport, refugee movements, etc)
- promoting human rights as a normative and ethical framework for the response to HIV/AIDS

## **7. Priority Geographic Regions for HIV/AIDS Efforts**

In keeping with its mandate of universality, UNDP's involvement in HIV/AIDS covers all 136 Country Offices. However, priority is given to

- high impact countries (28 countries with over 4% HIV adult prevalence rate), where UNDP's support includes emergency-type assistance in mitigating the disastrous impact on governance structures, poverty reduction efforts, and the provision of essential services
- those countries with lower prevalence rates but with alarming rates of increase, and
- countries in conflict that require special interventions given the strong interface between civil strife and HIV/AIDS. UNDP will work in all regions; however, top priority will be

given to Africa, Asia (particularly South Asia), Eastern Europe and Central America as well as the Caribbean.

### 8. Institutional Priority Setting and Coordination Mechanisms

An HIV/AIDS Programme Team has been established with members from all units of the Bureau of Policy Development. Here, work is done on human rights, governance, poverty reduction, information, gender related matters. Electronic networks have been set up between sub-regional units, HQ divisions as well as Resident Representatives.

Regional Focal Points from every Bureau constitute a body that coordinates regional action. HIV/AIDS issues are discussed by the Executive Board, Policy Board, regional meetings of Resident Representatives and other regular fora.

## SECTION III: STRATEGIES AND RESOURCES

### 9. Key Partnerships Required for Successful Institutional Action

UNDP Country Offices work closely with a wide range of government and non-governmental partners to promote a multisectoral response and society-wide mobilization. In specific areas, UNDP is working closely with the UNAIDS Secretariat and Cosponsors, donors, academic institutions, NGOs and private sector. For example, for work on the social and economic dimensions, UNDP works closely with ILO and the World Bank; for gender related matters, with UNIFEM and UNFPA; for special concerns, such as orphans, with UNICEF.

### 10. Financial Resources/ Implications

#### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>	<b>187.7*</b>		<b>600</b>	

\* Expenditure at Global and Regional level

### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>	2		4	
<b>Regional</b>			8	
<b>Country</b>	10		20	
<b>Total</b>	<b>12</b>		<b>32*</b>	

\* Estimates

UNDP's efforts in the area of HIV/AIDS are lead by the "Special Initiative on HIV/AIDS" in the Bureau for Development Policy. This team is complemented by 2 policy specialists stationed in Southern Africa. HIV/AIDS activities are, however, mainstreamed into other headquarters teams. For example, the poverty group focuses on HIV/AIDS in poverty reduction strategies and the globalization group on trade-related property rights and access to drugs. In addition, each Regional Bureau has an HIV/AIDS focal point.

All country offices have HIV/AIDS focal points, and in the worst affected countries a substantial portion of staff time, including that of the Resident Representative and the Senior Economist, is devoted to HIV/AIDS. A knowledge network has been created to connect Country Offices and build capacity in the area of HIV/AIDS. UNDP has over the years held a number of training workshops on HIV/AIDS and Development, and integrated HIV/AIDS into other training events.

## **12. UN Staff and Dependants**

UN Staff and Dependents UNDP has initiated work on HIV/AIDS in its own workplace by holding briefings for staff and offering counselling, but more needs to be done.



## UNITED NATIONAL POPULATION FUND (UNFPA)

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### SECTION 1: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency Mandate

Preventing HIV infection is appropriately and directly linked to the primary mandate of the United Nations Population Fund (UNFPA): to help ensure universal access to high-quality reproductive health services to all couples and individuals by 2015. The overall framework for UNFPA support is the Programme of Action of the International Conference on Population and Development (ICPD), held in Cairo in 1994. In addressing the issue of HIV/AIDS, the Programme of Action recommends that reproductive health programmes “increase their efforts to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections” (para. 7.30). It also recommends the training of health-care providers in the prevention and detection of sexually transmitted diseases (STDs), especially infections in women and youth, including HIV/AIDS; the provision of information, education and counselling on responsible sexual behaviour; and the promotion and reliable supply of high-quality condoms (paras. 7.31-7.33).

The five-year review of the implementation of the Plan of Action (ICPD+5) emphasized that HIV prevention is a priority for further action. The key actions for further implementation of the Plan of Action reiterate the need for education and services at the primary health level to prevent transmission of STIs and HIV/AIDS especially for those between the ages of 15 – 24 years.

Following the ICPD, UNFPA incorporated HIV-prevention elements into its three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender equality and equity and the empowerment of women are considered as cross-cutting dimensions in the three core areas.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

UNFPA is presenting its “Proposed Contribution to the United Nations System Strategic Plan for HIV/AIDS for 2001-2005” to its Executive Boards in June 2001 (DP/FPA/2001/9).

The Board views support to HIV/AIDS programs positively and encourage such support to be continued. Governing Board and Executive Board actions addressing HIV/AIDS (1996-2001) include:

- In June 2000, UNFPA's Executive Board reviewed and endorsed: "Future programme directions of UNFPA in light of the outcome of the five year review of the ICPD+5" (DP/FPA/2000/9).
- 96/16 Joint United Nations Programme on HIV/AIDS (UNAIDS) - UNFPA was requested to conclude all financial and administrative arrangements with UNAIDS.

### **3. Major Accomplishments over last 5 Years**

The Fund's concern with the HIV/AIDS epidemic is long-standing. UNFPA assistance for preventing HIV/AIDS includes Information, Education and Communication (IEC) campaigns, counselling, provision of female and male condoms, training of service providers, research, activities for youth and adolescents both in and out of school, and advocacy for sexual and reproductive rights. By 1999, the Fund supported HIV prevention in 138 countries. Over the past five years, UNFPA has supported the integration of HIV-prevention efforts into a wide variety of activities, undertaken in partnership with Governments, NGOs, other international organizations and United Nations agencies, especially other co-sponsors and the UNAIDS. These activities, related to reproductive health programmes and documented annually in UNFPA AIDS Update, include support for: advocacy for strengthening political commitment; information, education and communication (IEC) efforts, especially oriented towards behaviour change among adolescents and youth; condom programming to improve access to and use of male and female condoms; the training of service providers; and the promotion of gender equality, women's empowerment and the reproductive rights of men, women and adolescents.

#### Advocacy

UNFPA has supported efforts to enlist the commitment of leaders at all levels to enable them to develop and implement policies and programmes on HIV/AIDS. Key examples include: In Africa, under the International Partnership Against HIV/AIDS, UNFPA, in collaboration with UNAIDS, took the lead in developing the Inter-agency Joint Advocacy Initiative against HIV/AIDS to enlist African leaders' political commitment and financial support to combat the epidemic. UNFPA has also supported a network of African women ministers and parliamentarians who meet every two years to address reproductive health issues, including HIV/AIDS. The Dakar World Education Forum (April 2000), in which UNFPA, in support of a United Nations special initiative, advocated "Education for All Young People", in and out of school, and underscored the need for education of girls. In the Arab States, advocacy has opened up the discussion of STIs and HIV/AIDS as part of reproductive health programmes. In Asia, UNFPA, in collaboration with the Asian Forum of Parliamentarians on Population and Development (AFPPD) and UNAIDS, has supported efforts to sensitize parliamentarians and policy makers concerning HIV/AIDS issues through the Workshop on HIV/AIDS for Asian Parliamentarians (1999) and the Regional Workshop on Adolescent Reproductive Health (2000), both in Thailand. In Latin America and the Caribbean, UNFPA supported the Latin American Regional Meeting on Adolescent Reproductive Health in collaboration with the Government of Costa Rica (1997) and the

first meeting of Caribbean Parliamentarians on Population and Development in Trinidad and Tobago (1999).

#### Protection of adolescents

Since the ICPD, UNFPA has focused especially on the reproductive and sexual health needs of adolescents, one of the key areas cited in the ICPD Programme of Action and reiterated in the ICPD+5 review. Key examples include: UNFPA has worked with the Government of the Islamic Republic of Iran to improve adolescent reproductive health. In Botswana, the Philippines and Uganda, among other countries, UNFPA has supported the establishment of peer-counselling programmes which include HIV-prevention messages. By 1999, UNFPA was supporting HIV/AIDS-related IEC interventions in 131 countries. Through its population education and family life education (FLE) programmes and its support for the revision of curricula, UNFPA helped integrate HIV-prevention education into some 66 school systems throughout the world. Messages on preventing HIV have also been conveyed through the media, public-service announcements, poster and essay competitions, and seminars, workshops and conferences, for example, from 1999-2000 a 52-episode TV series, "I Need to Know", aired on 20 stations across Nigeria.

#### Condom programming in the context of STI prevention

Among the UN agencies, UNFPA is the lead agency for procurement of reproductive health commodities and condoms in particular. UNFPA is the largest international supplier of condoms and has systematically supported interventions to promote condom use. UNFPA has provided support for the distribution of condoms in 119 countries in 1999, compared with 30 countries in 1991. It also procured \$US 3.4 million worth of condoms, responding to 46 requests from countries to procure condoms with UNFPA core funds. UNFPA is supporting the supply of female condoms to 27 countries, including Angola, Brazil, Mongolia, South Africa and Zimbabwe. The Commodity Management Unit (formerly the Global Initiative on Reproductive Health and Commodity Management) at UNFPA headquarters manages a database on reproductive health commodities, including condoms, and administers the Global Contraceptive Commodity Programme, including a revolving fund that maintains buffer stocks of essential commodities to expedite delivery of condoms to the requesting countries. In 2000, UNFPA developed the Global Strategy for Reproductive Health Commodity Security for integration into all of its country programmes to ensure a supply that is adequate, dependable and diverse.

#### Promotion of gender perspectives

UNFPA has promoted gender equality and women's participation in decision-making in its support for policies and programmes in programme countries, including Angola, the Dominican Republic, Ecuador, Mexico, Peru and Swaziland. UNFPA has supported efforts to empower women and to enhance their ability to communicate with their husbands or partners and to negotiate for safer sexual practices. At the African Development Forum in December 2000, UNFPA organized a panel on HIV/AIDS and gender issues to provide

opportunities for in-depth discussion and better understanding of gender perspectives of the epidemic.

UNFPA has also continued to promote the greater involvement of men in HIV prevention. By 1999, UNFPA was supporting activities related to gender issues in 112 countries, addressing the role of men and boys in preventing HIV infection in many of these – e.g. the reproductive health sub-programme in Namibia includes gender-sensitization workshops, condom programming, and training in counselling to increase men's involvement in safer sexual and reproductive health decisions. In parts of Africa, Asia and Central America, UNFPA supports services, information and counselling to encourage long-distance truck drivers to adopt safer sexual practices. UNFPA also supports programmes for the armed forces of several countries to generate greater awareness of unequal gender relations and violence against women, both of which are related to the spread of HIV/AIDS.

#### Provision of information and services in emergency and conflict situations

UNFPA has collaborated with other organizations, especially the United Nations High Commissioner for Refugees (UNHCR) and the International Red Cross, in supporting rapid needs assessments, delivery of reproductive health services, provision of commodities and the training of service providers. With funding from international donors, the Fund has supported emergency reproductive health projects in more than 30 countries. UNFPA has provided reproductive health kits along with technical support in Afghanistan, Albania, Bosnia and Herzegovina, East Timor, Eritrea, Ethiopia, Guinea-Bissau, Kosovo, Mongolia, Mozambique, Rwanda, the United Republic of Tanzania and Zimbabwe and, in response to natural disasters, in India, Madagascar, Mozambique, Turkey, Venezuela and Zimbabwe.

#### Capacity-building and coordination

Interventions for HIV prevention have been integrated into all capacity-building assistance that UNFPA has provided to Governments and NGOs for population and reproductive health programmes, including training for health providers and peer educators. In 1999 UNFPA participated in HIV/AIDS Theme Groups in 130 countries, and chaired the Theme Group in 22 countries. The three UNFPA Country Support Teams (CSTs) in Africa and the CST in Bangkok have been trained to integrate HIV prevention into their respective activities. Eight teams have been strengthened by the addition of HIV specialists through support from UNAIDS and the Swedish International Development Agency (SIDA).

#### Lessons learnt

UNFPA has learnt much from its greatly expanded efforts over the last decade to promote HIV prevention in reproductive health programmes. Key lessons learnt include:

- UNFPA has found that prevention works, is cost effective and is feasible. Strong political commitment was the common thread in all countries with positive experiences.
- Prevention works best when women and men exercise equal capacity to control their lives.
- Prevention and care and support efforts are most effective when done together.

- Programmes for sexual and reproductive health not only provide needed information and services but also serve as entry points for addressing the social and behavioural changes that can slow the spread of the HIV infection.
- Young people need to be involved in every dimension of HIV/AIDS prevention – from policy dialogue to programme design and implementation.
- The gender dimensions of HIV/AIDS, as well as the components of a rights based approach have not been properly articulated in UNFPA's assistance to HIV/AIDS.
- There is need to provide more effective training in STI and HIV/AIDS as an integral component of reproductive health and to respond to the needs of men and women.
- Because HIV-prevention efforts have generally been integrated into programmes and projects dealing with reproductive health or gender issues or adolescents, it is difficult to identify precisely the contributions of those efforts and give them due recognition.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to activities that support UN system efforts to ensure an extraordinary response to the epidemic; protect human rights and reduce stigma associated with HIV/AIDS; protect children and young people from the epidemic and its impact; address those most vulnerable and at greatest risk of HIV infection; and develop regional strategies, UNFPA is particularly focusing its efforts towards achieving the following UN system strategic objectives:

*2.4. To strengthen evidence-based advocacy of policies and programmes which assist governments to address gender-based inequalities fuelling the HIV/AIDS epidemic.*

*2.5. To mobilize technical and programme support to governments seeking to reduce inequality of access for women to essential HIV/AIDS-related information, services, legal protection and commodities.*

*5.1. To assist governments and civil society partnerships to increase the proportion of people infected or affected by HIV/AIDS who access a continuum of affordable care and treatment, including:*

- *safe reproductive health and sexually transmitted infection services;*
- *voluntary counselling and testing and psychological support;*
- *treatment of TB and other opportunistic infections;*
- *HIV/AIDS therapy, including antiretrovirals*
- *essential legal, educational and social services.*

*7.3. To develop and strengthen international mechanisms and partnerships required for improving access to HIV/AIDS-related commodities in the most affected countries.*

### **4. Programming Priorities addressing HIV/AIDS**

In line with the UNFPA's Executive Board recommendations of June 2000, the Fund's priorities in the 2001-2005 period will continue to focus on HIV prevention through advocacy and IEC and through the integration of HIV prevention in national reproductive health programmes. Advocacy efforts at both the country and intercountry levels will seek

to foster a supportive environment and increase the commitment and support of policy makers for population and reproductive health and rights. IEC efforts will focus chiefly on promoting behavioural change, especially among youth and adolescents. In the integration of HIV prevention interventions in reproductive health programmes, special attention will be given to adolescent reproductive and sexual health, condom (both male and female) programming, and prevention of HIV infection transmission to mothers and children. UNFPA support for HIV-related activities in 2001-2005 will also reflect the overarching direction of the Framework for Global Leadership approved by the UNAIDS Programme Coordinating Boards in December 2000 and Fund commitment to the goals of the United Nations Millennium Declaration. The Executive Director, in May 2001, has issued a memo to all UNFPA staff on Intensifying Action for Prevention of HIV Infection.

#### Targets

The UNFPA strategy with respect to HIV prevention in the years 2001-2005 reflects the Fund's commitment to expanding access to reproductive and sexual health services in line with the goal of the ICPD to ensure universal access by the year 2015, and the commitment especially to HIV prevention as part of adolescent reproductive health; to the prevention of HIV infection in mothers and its transmission to their children; to the training of health-care providers in STDs and HIV/AIDS; to IEC and counselling on responsible sexual behaviour and to the provision of a reliable contraceptive supply.

#### **5. Major Constraints to be addressed**

Major constraints include inadequate resources, lack of government awareness or acknowledgement of the impact of HIV/AIDS, lack of information on socio-cultural and gender dimensions of the epidemic to aid in appropriate programming, insufficient numbers of trained service providers especially in counselling, weak health systems, and continued social prejudices associated with HIV/AIDS. Among the internal challenges, there is the continued need to increase capacity within the Fund to effectively programme HIV/AIDS interventions within UNFPA country programmes. In-house reporting mechanisms that permit regular assessments of experiences and achievements in HIV prevention are limited and need to be strengthened. Better methodologies for tracking HIV-prevention efforts which are integrated into reproductive health programmes and projects to overcome the difficulty in more precisely identifying the contributions of those efforts and give them due recognition. Continued efforts are required to further focus UNFPA interventions to those activities for which the Fund offers strong comparative advantages and to ensure complementarity with other partners.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

UNFPA works at global, regional and country level. At global level, advocacy efforts aim to increase the commitment and support of policy makers for population and reproductive health and rights. Advocacy efforts are also pursued at intercountry and country levels. Country programming efforts are described below.

#### HIV-prevention as part of adolescent reproductive health

UNFPA will further strengthen its support to HIV-related interventions for both in-school and out-of-school youth and adolescents. UNFPA will 1) develop and promote a global strategy on sexual and reproductive health, with emphasis on sexuality education and HIV prevention; 2) reorient and improve the quality of curricular and teaching materials, ensuring gender sensitivity and the inclusion of HIV-prevention education at appropriate levels; 3) strengthen support for, inter alia, the creation of pre- and in-service teacher training packages on HIV/AIDS education; the promotion of linkages between schools and community services, particularly reproductive health services; and the promotion of partnerships between parents, community leaders, religious leaders and policy makers in developing and implementing family life education; 4) support the development of “youth-friendly” services to help sexually-active young people adopt safer behaviour – including peer education and peer support programmes, particularly for the most vulnerable young people, and 5) support the provision of information, counselling and services, appropriately tailored to the specific cultural context, including the promotion of condoms for dual protection from sexually transmitted infections (STIs), HIV and unwanted pregnancy.

#### Condom programming and commodity security in the context of STI prevention

As the designated focal point within UNAIDS for condom programming, UNFPA has developed a strategy on reproductive health commodities security to be integrated into all UNFPA-supported and national reproductive health programmes. Under this strategy, UNFPA will, among other things, 1) strengthen internal coordination, at headquarters, among the Commodity Management Unit, the Procurement Unit, the Global Contraceptive Commodity Programme and other headquarters units and branches and, in the field, with CSTs and the Fund's country offices and 2) facilitate comprehensive condom programming, including support for capacity building in forecasting commodity supply requirements, training national staff in procurement, social marketing distribution systems, training national staff in logistics management as part of quality assurance, and to address user needs and perspectives to ensure increased acceptability and use of male and female condoms. The also plans to expand the Commodity Management Unit's database, which focused during the 1990s on contraceptive commodities, to other reproductive health commodities, including those for the prevention and management of reproductive tract infections (RTIs) and STIs, and the prevention of AIDS. The database would also be used to track and identify gaps in donor, government and private-sector support for commodity supply.

#### Prevention of HIV infection in mothers and its transmission to their children

UNFPA will continue to collaborate with UNAIDS, UNICEF and WHO on activities related to prevention of HIV infection in mothers and its transmission to their children. UNFPA will focus on the mother in these interventions, that is, to improve the integration of HIV-prevention interventions into antenatal and safe delivery services. UNFPA will support the preparation of technical tools for maternal-care providers to reduce the risk of infection in pregnant women themselves and its transmission to their children and to the HIV-negative partners - including counselling and testing to determine HIV status; counselling on breast-

feeding and safe sexual behaviour; the provision of male and female condoms; and provision of safe delivery practices. The training of maternal-care providers, together with UNICEF and WHO and other partners, will form an integral component of an intervention package to be implemented in countries.

#### Gender issues in the prevention of HIV

HIV/AIDS is driven by attitudes and behaviour related to gender roles. Paying attention to the impact of gender makes prevention activities more effective. Gender mainstreaming will focus on both men and women's equity and equality issues including empowerment of women, reduction in violence against women, and promotion of male responsibility. UNFPA will support activities such as communication to change behaviour, STI diagnosis and treatment and HIV testing and counselling, condom distribution and improved access to and use of condoms.

#### Emergency and conflict situations

STIs and HIV infection spread more quickly in situations of social and political instability, such as conflicts or population displacements. UNFPA proposes to strengthen its contribution to addressing the rights of refugees and other displaced populations to reproductive health. Efforts for STI/HIV prevention, as an integral component of the package of support in conflict situations, would be continued. Proposed activities will include the provision of reproductive health kits; the training of service providers to diagnose and treat curable STIs; the development of IEC activities; and the development of counselling programmes to help individuals manage and deal with traumatic experiences, including violence and rape, and to make informed decisions about safer sex. UNFPA will continue to collaborate with the UNAIDS Humanitarian Unit, including in joint assessments, such as missions to Eritrea, Ethiopia and Sierra Leone to assess the impact of conflict on the HIV/AIDS epidemic and on ways to protect the local population and peacekeepers.

#### Capacity-building

UNFPA, in collaboration with other partners, through the theme groups at the national level will intensify efforts to build national capacity to plan, implement and manage HIV/AIDS interventions. Capacity-building of national counterparts will be an important strategy in reproductive health, including regional-level training and country-level technical backstopping. Towards this end, UNFPA will continue efforts to strengthen its institutional capacity through staff training. To help countries design and monitor effective policies and programmes UNFPA will include a component on STI/HIV prevention as part of population-based qualitative studies on reproductive health, in order to identify gender dimensions of HIV/AIDS and sexual behaviour patterns contributing to HIV infection, including in relation to cross-border migrations.

### **7. Priority Geographic Regions for HIV/AIDS Efforts**

UNFPA's mandate is prevention. The Fund does not have priority regions or countries, as prevention is most effective when started early; it therefore strives to integrate prevention



activities in all programme regions and countries. Priority activities within regions are noted below.

#### Priorities in Africa

Under the auspices of the International Partnership on AIDS in Africa:

- Regional training workshops for staff of Technical Advisory Programme (TAP) and UNFPA Field Offices, and
- Interagency Planning on Joint Advocacy in sub-Saharan Africa building on the March 2000 meeting.

#### Priorities in Asia and the Pacific Region

- Respond to HIV/AIDS issues in a more strategic way through sub-regional projects in East/Southeast Asia and in South Asia
- Support the EU/UNFPA RH Initiative in Asia
- Regional workshops for parliamentarians
- Joint work by UNFPA and UNICEF in Asia within the framework of Adolescent Reproductive Health, and
- Regional training workshops for staff of Technical Advisory Programme (TAP) and UNFPA Field Offices to increase their understanding of HIV/AIDS.

#### Priorities in Latin America and Caribbean

- Priority sub-regions are Central America and the Caribbean where incidence or prevalence are high
- Advocacy messages that use "keep prevalence low" theme in those parts of the region where HIV prevalence is still low
- IEC and counselling for prevention provided through projects aimed at strengthening integrated reproductive health services

#### Priorities in the Arab States and Europe

UNFPA is addressing the issue of HIV-AIDS through its existing activities within clinic-based projects as a component of STI-HIV prevention and management in both Arab and Europe Regions.

- inclusion of strong IEC components in interventions to strengthen interpersonal skills and counselling
- HIV/AIDS prevention as part of the sex education supported components to address the issue of Adolescent Health perspective
- strengthening NGOs working with youth to integrate and provide peer counselling and when possible, services (medical services and supplies)
- in Europe, working through local Family Planning Associations (FPAs) and community based NGOs on harm reduction (needle exchange and methadone) in collaboration with the SOROS Foundation.

### **8. Institutional Priority Setting and Coordination Mechanisms :**

Examples of priority setting and coordination mechanism include:

- Reproductive Health Commodity Management working group which advises UNFPA on commodity and logistics issues in developing countries.
- At country level, activities for HIV prevention are integrated into all ongoing/new programmes and projects in reproductive health including family planning and sexual health.
- UNFPA collaborates with other agencies and partners through the UN theme group mechanism in countries.
- Participation in Inter-Agency Task Forces (e.g., UNDG on Girls' Education, UNAIDS on Young People).
- UNFPA has established an internal (inter-divisional) working group with representation from both headquarters and the field to facilitate exchange of information, and coordinate action and response to HIV/AIDS epidemic.

#### Monitoring and evaluation mechanisms

The monitoring and evaluation of HIV/AIDS-prevention activities in country-level and regional and interregional programmes is undertaken in accordance with standard UNFPA guidelines and, in particular, the recently instituted results-based management system. This system permits the identification of clear goals, outputs, indicators, strategies and resources; it also permits the regular monitoring of performance, and feedback into, programmes and projects. The logical frameworks of the country programmes will continue to be updated to reflect the inclusion or the strengthening of existing components dealing with HIV/AIDS prevention.

## **SECTION III: STRATEGIES AND RESOURCES**

### **9. Key Partnerships Required for Successful Institutional Action**

#### With UN partners:

- WHO/UNICEF/UNFPA Coordinating Committee on Health – joint action on HIV/AIDS and adolescent health
- UNFPA is currently working with UNIFEM and others on the introduction of gender based violence considerations in reproductive health care
- Development with WHO and UNAIDS Secretariat of global and regional advocacy activities in Asia and Africa in areas of (1) dual protection, (2) female condom promotion and (3) condom social marketing
- Work with UNHCR, UNOPS, UNRWA and WFP to provide information and services to refugees in emergency situations
- Collaboration with WHO, UNICEF, World Bank and UNAIDS Secretariat to accelerate access to care and drugs for HIV/AIDS.

### Partnerships with NGOs and Private Sector

UNFPA has already forged many partnerships with international and national NGOs. By 1999, NGOs were implementing UNFPA-supported HIV/AIDS activities in 115 countries. Partnerships have been forged with:

- Partners in Safe Motherhood and Save the Children, as well as with human-rights and women-centred NGOs and government ministries for women, social services and justice to develop gender-sensitive approaches to HIV/AIDS.
- Regional networks of lawmakers, parliamentarians, civil society organizations, and religious and other leaders to heighten support for regional priorities, including HIV prevention.
- The Programme for Appropriate Technology for Health and Pathfinder International to prevent and control HIV/AIDS among young people in four African countries (Botswana, Ghana, Uganda and United Republic of Tanzania) with funds from the Bill and Melinda Gates Foundation.
- Several partners to support adolescent reproductive health and prevent HIV infection among young people (with funds for Ted Turner's United Nations Foundation).
- Alliances with the private sector to sponsor social marketing, IEC campaigns, and to use modern ICTs for content development and networking for advocacy.

## **10. Financial Resources/Implications**

UNFPA spends a minimum of about USD 22-23 million annually, from its core resources, on HIV/AIDS prevention activities. In order to achieve a significant impact, this will need to increase significantly. UNFPA seeks to double its annual HIV/AIDS budget and increase funding to country programmes through innovative fundraising (e.g. affinity credit cards and individual donations) and with grants from foundations such as the Bill and Melinda Gates Foundation and the Turner Foundation.

Summary of Financial Resources devoted to HIV/AIDS<sup>1</sup>

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	Core funds	Total expenditure (US\$ m)	Core funds
<b>Global &amp; Regional</b>			99	60
<b>Country</b>			155	55
<b>Total</b>	<b>87.5</b>		<b>254</b>	

<sup>1</sup> As an institutional priority and having increasing relevance to the work of UNFPA, HIV prevention is becoming more mainstreamed within initiatives in the area of reproductive health. This integration creates great difficulty in identifying and extracting exact expenditures on or related to HIV/AIDS. In addition, it must be acknowledged that UNFPA operations depend completely on voluntary contributions and it is therefore impossible to accurately estimate spending given the uncertainty of availability of funds in any given year.

## 11. Human Resources, Institutional Learning and Systems Strengthening. Implications and Objectives

UNFPA recognizes the critical need to reinforce its institutional capacity at headquarters and in the field so that it can contribute to addressing the HIV epidemic and appropriately strengthen national capacities. Towards this end, UNFPA is developing an institutional strategy and the much-needed technical tools for strengthening its HIV-prevention efforts as part of reproductive health programmes. In collaboration with the UNAIDS Secretariat and other partners, UNFPA will support regional workshops similar to those held in Dakar in 1999 for UNFPA CST specialists and field offices in Africa, and for Asian parliamentarians in Thailand. UNFPA is also strengthening mechanisms to communicate with the field offices and to disseminate updates on relevant programmatic implications of specific issues related to HIV prevention.

UNFPA will intensify its support to the country offices, which are on the front line of helping countries deal with the epidemic. An Interdivisional Working Group on HIV/AIDS has been established to facilitate the exchange of information (including meeting the need to document and share experiences and best practices on specific aspects of HIV/AIDS), the planning of Fund strategies and interventions, and the development of a coordinated UNFPA response. UNFPA, together with the United Nations Staff College in Turin, is preparing distance-learning modules on reproductive health, with specific modules on HIV/AIDS.

### Summary of Human Resources devoted to HIV/AIDS

	2001-2005	
	Actual Staff	FTE
<b>Global</b>	3	2.4
<b>Regional</b>	16	10
<b>Country</b>	**	**
<b>Total</b>		

\*\*Most of UNFPA's 145 programme countries have staff participating in theme groups and in some countries have either a half-time or full time staff member devoted to HIV/AIDS related work.

## 12. UN Staff and Dependents

UNFPA is disseminating information to staff and dependents to reduce their risk of HIV infection. Condoms have been included in the WHO travel kit and dispensers are available. An information memo has also been issued by the Executive Director in 2000, in support of staff and families suffering and living with HIV/AIDS.

## UNITED NATIONS INTERNATIONAL DRUG CONTROL PROGRAMME (UNDCP)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The United Nations International Drug Control Programme (UNDCP) leads and coordinates all United Nations drug control activities. UNDCP's priorities are governed by the various UN Drug Control Conventions and the Declaration on the Guiding Principles of Drug Demand Reduction adopted by the UN General Assembly twentieth Special Session in 1998. The Demand Reduction Declaration emphasizes that demand reduction programmes should cover all areas of prevention, from discouraging initial use, to reducing the negative health and social consequences of drug abuse for the individual and the society as a whole. HIV is one of the most serious consequences of drug abuse. More than 10% of HIV infections worldwide are due to injecting drug use. Furthermore, there is ample anecdotal evidence linking non-injecting abuse of psychoactive drugs with risky sexual practices, thus fuelling the HIV/AIDS epidemic. UNDCP's main objective in this area is to prevent HIV infection linked to the abuse of drugs. UNDCP became the 7th cosponsor of UNAIDS in March 1999.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

UNDCP activities in the area of drug demand reduction are outlined in the Declaration and Guiding Principles on Drug Demand Reduction adopted by the General Assembly at its twentieth Special Session in June 1998 and the Action Plan for its implementation also adopted by the General Assembly in 1999. These documents were adopted based on the resolutions passed by CND (Resolutions 43/2, 43/3 and 43/4).

Issues relating to drug abuse and HIV/AIDS are addressed in reports to the Executive Director on a routine basis. The Executive Director gives priority and attention to such issues, and encourages effective and adequate participation on all drug abuse and HIV/AIDS matters.

#### 3. Major Accomplishments over last 5 Years

Political achievements include:

- UNDCP became a Cosponsor of UNAIDS in 1999
- UNDCP appointed a Drug Abuse and HIV/AIDS Adviser in January 2001. This post is jointly funded by UNDCP and the UNAIDS Secretariat

- UNDCP worked in close collaboration with UNAIDS and WHO, to produce the UN Position Paper on the Prevention of HIV Transmission Among Drug Abusers. UNDCP is involved in the wide dissemination of this document
- UNDCP has been mainstreaming HIV/AIDS concerns into its drug control and demand reduction activities at regional and country levels.

Programme achievements include:

*Prevention of drug abuse and HIV infection among the general and high-risk populations* in a project conducted by UNDCP, working in close collaboration with the Brazilian Ministry of Health. The prevention activities were carried out in 10 public schools, where a total of 5,715 teachers and 15,202 monitors were trained in health promotion, drug abuse risks and the prevention of sexually transmitted diseases, particularly AIDS. A total of 102,000 students were reached. The treatment aspect of the Brazilian project involved health workers, working through 12 outreach subprojects and 11 treatment/reference centres, assisted about 8,000 drug users, including 1,376 injecting drug users. The project also sought to increase awareness about drug abuse and HIV/AIDS through campaigns, communication workshops, educational games, theatre pieces, video presentations and radio programmes – targeting more than 18,000 teenagers.

*Training and Capacity building.* A three-year project in Vietnam (completed in 2000) trained former drug users as peer educators to provide education on HIV/AIDS prevention to IDUs and clean injecting materials. The peer educators also provided support to other drug users, family members, and persons living with HIV/AIDS, as well as condoms to high-risk groups. The project also trained law enforcement officials.

*Policy Formulation, Planning and Implementation.* UNDCP is providing assistance to the Governments of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan in the coordination; planning and management of HIV/AIDS, STD and drug abuse prevention and care activities.

#### Lessons learnt

- Need to establish stronger partnership with other agencies (Cosponsors and other relevant international agencies)
- Need to support UNDCP field offices with basic information and necessary tools on how to better enhance the operationalization of drug abuse and HIV/AIDS projects;
- Need to create awareness and educate policy makers and other stakeholders of the need to appreciate the contribution of drug abuse in the spread of HIV/AIDS.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

In addition to activities that support UN system efforts to ensure an extraordinary response to the epidemic; protect children and young people from the epidemic and its impact; address those most vulnerable and at greatest risk of HIV infection; and develop regional strategies, UNDCP is particularly focussing its efforts towards achieving the following UN system objectives:

*3.2. To increase policy and programme support to governments seeking to address the needs of children and adolescents particularly vulnerable to HIV/AIDS, including fulfilling their rights to access basic educational, health and social services and legal protections.*

*4.2. To provide policy services and mobilize programme support to countries seeking to address the basic HIV/AIDS related needs of injecting drug users (IDUs) and their partners*

### 4. Programming Priorities addressing HIV/AIDS

UNDCP programme priorities include:

#### Prevention and control of spread of HIV through drug abuse

UNDCP is mainstreaming HIV/AIDS issues into its demand reduction activities at regional and country levels, as a way of preventing the spread of HIV associated with drug abuse. Activities include primary prevention of drug use among youth, as well as provision of access to treatment and rehabilitation for drug users.

#### HIV prevention among injecting drug users

Current statistics reveals that 136 countries have a problem with injecting drug use - up from 80 countries in 1992. It is estimated that about 10 per cent of the global HIV infections have resulted from injecting drug use. Over half of all AIDS cases are attributed to injecting drug use in some countries including Belarus, China, Georgia, Iran, Italy, Kazakhstan, Moldova, Myanmar, Nepal, Poland, Portugal, Russia, Spain, Ukraine, and Yugoslavia. Although HIV transmission is predominantly heterosexual in Africa, injecting drug use, albeit at a relatively low levels, has been reported in a few countries such as Egypt, Kenya, Mauritius, Nigeria, and South Africa. If this problem is not quickly addressed, it will further worsen the already critical HIV/AIDS situation on the continent. Latin American countries such as Argentina and Uruguay have been reporting major increases in HIV infection associated with injecting drug use in recent years. For Brazil, as a result of the effective interventions being implemented in the country, the proportion of injecting drug users among the total number of AIDS cases has gradually reduced from 25.5 per cent in 1991 to 12 per cent in 2000.

#### Working with young people

Many of UNDCP's activities at global, regional and country levels are aimed at preventing the initiation of drug use among young people. Emphasis in such activities is placed on promoting skills development and helping young people live a healthy drug-free life.

HIV/AIDS issues are being incorporated into these drug prevention activities. Work with young people also provides a unique opportunity to collaborate with other UN and international agencies whose activities also target young people.

#### Community mobilization

Many of UNDCP's activities at country levels are community-based. UNDCP hopes to take advantage of its extensive community networks to implement drugs and HIV/AIDS prevention activities.

#### Demonstration and dissemination of successful approaches

Working together with other Cosponsors, UN and other international agencies, UNDCP can play a significant role in encouraging the development and dissemination of successful approaches. A good example is the on-going collaboration between UNDCP and UNAIDS in the publication of lessons learnt in drug abuse and HIV prevention activities among injecting drug users in Central and Eastern Europe.

#### Research

This priority is informed by the extensive knowledge gaps that exist on issues related to drug abuse and HIV/AIDS. Studies are needed to determine the link between non-injecting forms of substance abuse (including alcohol) and HIV/AIDS. In addition, epidemiological surveillance is needed in countries, which lack reliable data on the extent, nature, risk factors and health consequences of injecting drug use. Research is needed to critically appraise the role played by drug abuse prevention and treatment activities in the overall mitigation of the spread of HIV/AIDS. In addition, there is a need to evaluate the effectiveness of prevention activities in order to develop best practice materials.

#### Institutional Targets:

These reflect the 1998 UNGASS Political Declaration, which establishes time-bound target dates for Member States:

- setting up new or enhanced demand reduction strategies and programmes by 2003
- achieving significant and measurable results in the field of demand reduction by 2008.

#### **5. Major Constraints to be addressed:**

- funding
- coordination and establishment of partnerships with Cosponsors
- policy constraints, and
- lack of cooperation among relevant national agencies at country levels.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

UNDCP's work on drug abuse and HIV/AIDS is implemented at global, regional and country levels. Global efforts include advocacy and normative work, including the production of the "UN Position Paper on HIV Prevention among Drug Users". Regional action supports initiatives such as capacity building and sharing of best practices. At country



level, project activities aim to prevent drug abuse and HIV/AIDS among young people, provide access to treatment, and mobilize communities.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

- Central and Eastern Europe
- East Asia
- Latin America
- Africa

The main criterion for selecting these priority regions is the severity of the injecting drug use problem. However, Africa is also a priority region due to the much higher prevalence and incidence of HIV/AIDS in general, and the emerging problem of IDU in some countries such as Nigeria, Kenya, Mauritius and Egypt.

#### **8. Institutional Priority Setting and Coordination Mechanisms**

Existing institutional mechanisms:

- Full-time Drug Abuse and HIV/AIDS Adviser
- A working group on HIV/AIDS has been established, with membership cutting across all the relevant HQ departments and units
- Programme and Project Committee (PPC)

These mechanisms are adequate for now. However, additional mechanisms may be introduced as new issues emerge.

#### Monitoring and evaluation mechanisms

- UNDCP's Evaluation Unit evaluates all UNDCP projects.
- Each project design will have clear output and achievement indicators.
- Regular programme/project reviews through existing organizational mechanisms.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

- Development with UNAIDS Secretariat of a best practice document on drug abuse prevention and HIV/AIDS, focused on Central and Eastern Europe (including Central Asia).
- Strengthening of leadership role in Regional Task Forces on HIV/AIDS and Drug abuse in Eastern Europe (including Central Asia), South Asia and Latin America, and maintain its active engagement in the South East Asia Regional Task Force and the International Partnership against AIDS in Africa.
- More effective engagement in the UNESCO-led working group on HIV/AIDS prevention in the educational sector;

- As a co-sponsor, UNDCP involvement in agreement with Coca-Cola and PUMA.

Development of new partnerships is a key priority in the 2001-2005 period. This will take due cognisance of UNDCP's institutional mandate, and will involve appropriate collaboration with private sector, international foundations, NGOs and governments.

## 10. Financial Resources/ Implications

Funding projects from the 'Core budget' as described below will depend mainly on successful mobilization of voluntary contributions and cost sharing for the activities listed above.

### Summary of Financial Resources devoted to HIV/AIDS

	Total expenditure to until 2001*		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>			3	10
<b>Regional</b>			27	10
<b>Country</b>			30	10
<b>Total</b>	<b>11</b>		<b>60</b>	

\* Total amount spent on HIV/AIDS activities over the past several years until May 2001

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

In the 2001-2005, staff contingent shall be commensurate with the level of UNDCP's HIV/AIDS-related activities, and shall be subject to availability of funds.

The organization of training to facilitate priority setting and programme strengthening is the responsibility of the Drug Abuse and HIV/AIDS Adviser.

The UNDCP's working group on HIV/AIDS was set up at the HQ in March 2001 and will be key to achieving continued institutional learning. The membership of 20 cuts across all the relevant departments and units (Demand Reduction Section; Operations Branch; External Relation Unit; Evaluation; Fund Raising, Office of the Executive Director). The functions of the working group, include the following:

- reviewing all HIV/AIDS related issues, including proposal design, implementation etc
- advising management on HIV/AIDS related issues
- formulating strategic plans on HIV/AIDS for consideration by Management
- advising the Drug Abuse & HIV/AIDS Adviser on all relevant issues
- monitoring the progress made on the institutional HIV/AIDS projects, and

- advising on any other HIV/AIDS-related matters.

Regular bulletins/journals/updates addressing HIV/AIDS include:

- Publication of Drug Abuse / HIV/AIDS: a lethal combination.
- Notes to Field Offices on How to Enhance Operationalization of Drug Abuse and HIV/AIDS issues (being prepared).
- Articles on HIV/AIDS in quarterly Newsletter Update.

Summary of Human Resources devoted to HIV/AIDS

	1999		2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>	10	1	10	1	11	2
<b>Regional</b>					5	0.5
<b>Country</b>					20	2
<b>Total</b>	<b>10</b>	<b>1</b>	<b>10</b>	<b>1</b>	<b>36</b>	<b>4.5</b>

## 12. UN Staff and Dependants

Information distributed to staff:

- ACC Guidance Notes Distributed
- The UNAIDS handbook is being disseminated through UNOV.

The treatment and care provided for agency staff and dependants with HIV/AIDS are in accordance with the existing regulations, as applicable to all UN agencies. This may be strengthened based on recommendations made by the relevant committees of UNAIDS, and decisions of the governing body.

## UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The purpose of the United Nations Educational, Scientific and Cultural Organization (UNESCO) is to contribute to peace and security by promoting collaboration among the nations through education, science and culture in order to further universal respect for justice, for the rule of law and for the human rights and fundamental freedoms which are affirmed for the peoples of the world, without distinction of race, sex, language or religion, by the Charter of the United Nations.

Within the UN system UNESCO is the lead UN agency in the follow-up of the Dakar Framework for Action on Education for All. As a Cosponsor of UNAIDS, UNESCO's primary goal is to engage in advocacy, share information about the epidemic, build capacity to reduce risk and improve care, and lessen the institutional impact of the epidemic through intensified preventive education.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

*UNESCO Executive Board – 161st Session, May/June 2001*

Resolution calls for the Executive Board to endorse UNESCO's five-year strategic plan of action to develop HIV/AIDS preventive education and invites the Director-General to ensure adequate financial and human resources for its implementation.

*UNESCO Executive Board – 159<sup>th</sup> Session, May 2000*

Resolution called for the drafting of a "strategic plan of action oriented towards objectives and results as part of the United Nations system strategic plan for HIV/AIDS for 2001-2005".

*General Conference – 30<sup>th</sup> Session, November 1999*

Programme for 2000-2001 (6.a.i) in Resolutions of the 30th Session of the General Conference of November 1999 which authorised the inclusion of HIV/AIDS in plan of action to enhance capacities for expanding secondary education, in particular of girls and women.

### 3. Major Accomplishments over last 5 Years

#### School-based AIDS programming

- incorporation of HIV/AIDS issues in a publication on “Children, Health, and Science”; integrated HIV/AIDS issues in 2 global surveys on (a) National School Health Policies (b) Teachers’ Needs in School Health; included HIV/AIDS in interagency school health initiative Focus Resources on Effective School Health - FRESH (STE)
- in Southeast Asia: Regional Workshop on Promoting HIV/AIDS Awareness, Prevention and Control (1995); Project on Prevention of HIV/AIDS and Drug Abuse through Quality Improvement of curriculum and teaching learning materials in the Asia-Pacific (1997). Development of a Draft Training of Teachers Manual on Preventive Education against HIV/AIDS in the school setting (1998). Pilot testing and Evaluation of the Training of Teachers Manual (1999). (Bangkok Office)
- in Southern Africa, regional seminar for policymakers (1995); regional seminar for teacher unions (1999); AIDS Life skills and drugs education database; Impact study, resulting in book “Encounter between HIV/AIDS and Education”; needs assessment study on AIDS education in school curricula; peace kit providing teachers tools to integrate life skills in curriculum; Organization of EFA Sub-Saharan Africa conference (1999, Johannesburg), in collaboration with ADEA (Harare Office) and
- in Cambodia: training of 1,385 secondary schools teachers; production of HIV/AIDS learning and teaching materials

#### Communications

- integrated AIDS issues in journalist training; published learning materials on media and AIDS in Asia-Pacific, East and Southern Africa; raising awareness of young communicators and youth about AIDS; resource book on media and HIV/AIDS in Southern Africa (CII)
- cultural Approach to HIV/AIDS Prevention and Care. Nine country assessments completed on three continents. (Culture)
- in Central Asia, IEC Project awarded to UNESCO by UNAIDS in Kazakhstan, Uzbekistan, Georgia; Regional Project throughout Central Asia was awarded to UNESCO by UNAIDS and UNICEF
- in Southern Africa, regional seminar for women’s organizations (1998) resulting in 2 community radio programmes on HIV prevention and publication of guide for women (Harare Office)
- in Cambodia, peer education activities for university students
- in South Asia, published media handbook on AIDS in 8 South Asian languages and yearbook of articles on HIV/AIDS, and
- in Cameroon, publication of news and information on HIV/AIDS in a newspaper for young people – Jeune Presse.

#### Strengthening the education sector response

- study on the impact of HIV/AIDS on the education sector

- six regional seminars (with involvement of 68 countries) for senior officials from ministries of education to promote the development of effective educational programme, and
- teacher-training seminars on school health and AIDS prevention organized by Education International with the support of UNESCO.

#### Vaccine development

- promotion of AIDS research network and co-operation with the World Foundation for AIDS Research and Prevention.

#### Capacity Building

- in Central Asia, technical assistance, including training for NGOs and support to national AIDS programmes on HIV/AIDS.

#### Groups at greatest risk

- in Southern Africa, regional seminar for women's organizations (1998); development of AIDS, life skills and drugs education database
- PEDDRO programme for preventive education.

#### Lessons learnt

A remarkable fact about the HIV/AIDS epidemic is the difference in infection rates between countries. In most industrialized countries the infection rates have remained fairly stable over the past decade. Several developing countries have also implemented successful HIV programmes. Low infection rates are above all due to effective programmes in preventive education – preventive education works.

HIV transmission is affected by many factors, such as personal behaviour, family conditions, position of women, power relations, community norms, poverty, educational attainment, discrimination, availability of treatment and health care – as well as changes in the incidence of new infections and related illnesses. For preventive education to be effective, all these factors must be recognised and addressed.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to activities that support UN system efforts to ensure an extraordinary response to the epidemic; address those most vulnerable and at greatest risk of HIV infection; and develop regional strategies, UNESCO is particularly focussing its efforts towards achieving the following UN system objectives:

*3.3. To mobilize international technical and programme resources in support of efforts by national governments and civil society to dramatically increase access to information and life skills education for in-school and out-of-school youth; and basic education, health, social and vocational services for children affected by HIV/AIDS, in particular orphans.*

*6.1 To mobilize governments, the private sector, foundations, and the international research community to increase investments in high priority research required to improve understanding of the epidemic and actions to address it*

*7.1 To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including the education sector.*

#### **4. Programming Priorities addressing HIV/AIDS**

UNESCO's overarching priority is **preventive education**. The purpose of preventive education is "to promote health and prevent disease by providing the knowledge, the attitudes, the skills and the means to foster and sustain behaviour that reduces risk, improves care and lessens the impact of illness". UNESCO priority in preventive education is directed towards five core tasks:

##### Advocacy at all levels

UNESCO will undertake advocacy for preventive education with political leaders, through all relevant ministries – particularly those for education, science, culture, communications and sport, and in partnership with UN agencies, NGOs and the private sector.

##### Customizing the message

UNESCO will develop and promote effective and culturally sensitive HIV/AIDS messages – particularly in relation to curricula development, peer education and life skills development; foster inclusive rights-based attitudes towards people affected by HIV; and promote an AIDS research network in preventive education in cooperation with the World Foundation for AIDS Research and Prevention.

##### Changing risk behaviour and vulnerability

Effective communication needs to translate knowledge into changes in behaviour. UNESCO will support programmes for schools that are healthy, child- and adolescent-friendly and protective; promote formal and non-formal education programmes that equip young people with knowledge on gender, human rights and HIV/AIDS; and support the activation of communities to promote a safe environment as well as preventive education.

##### Care for infected and affected

The knowledge, attitudes and skills to provide care for those affected by HIV/AIDS are a vital part of any programme in preventive education. UNESCO will advocate compassion and care for those affected by HIV/AIDS; support UN efforts to provide affordable treatments; support efforts to make education provision more flexible so as to better meet the needs of orphans; translate ethical principles into Codes of Practice for relevant sectors; and identify and communicate effective communications strategies for vulnerable groups.

Coping with the institutional impact

UNESCO will develop and disseminate tools for assessing and monitoring the impact of HIV/AIDS on the education sector; disseminate information on education sector impacts and responses; and increase the capacity of countries to research, monitor and evaluate progress in preventive education.

Targets

The main outcome hoped for is reduction of the number of HIV/AIDS-infected young people by 25% by 2010. Intermediate targets include:

- new policy guidelines for preventive education to be disseminated and implemented in Member States and other organizations
- incorporation of effective measures of preventive education in plans resulting from “Education for All”
- interdisciplinary guidelines on methods and means for delivering effective preventive education
- schools with effective preventive programme in place
- effective programmes for reaching the young and adults out of school
- capacity at national level to research, monitor and evaluate interventions and progress in preventive education, and
- establishment of two clearing houses, one for curriculum and one for the impact of, and responses to HIV/AIDS on education

**5. Major Constraints to be addressed**

Preventive education programmes can fail for the following reasons:

- the audience is elsewhere – e.g. children have dropped out of school
- focus on knowledge, attitudes and skills is not embedded in a broader, consistent and sustained programme
- poor implementation of otherwise good programmes – i.e. by lack of commitment, unease of teachers, mixed messages, no access to related health services, etc.
- fear – unjustified – that preventive education leads to increased sexual activity, and
- fragile education systems – overcrowding, unsafe schools, poor classroom facilities and teaching materials, irregular salaries and teacher attendance

**6. Global and Country Level Efforts which address HIV/AIDS**

UNESCO undertakes normative and advocacy work at global level. It has networks of regional HIV/AIDS advisers that service country offices. In addition, UNESCO finances projects at country level – e.g. strengthening of national capacity building for scientific research (e.g. Côte d'Ivoire). It also supports research centres promoted by the World Foundation for AIDS Research and Prevention.

**7. Priority Geographic Regions for HIV/AIDS Efforts**Africa

- an Aids Education Clearing-house for sharing information on the impact of HIV/AIDS on education systems in selected districts of Africa



- impact of HIV/AIDS on formal and non-formal education systems analysed and best practices developed on measures to help curb and cope with the impact based on case studies from districts in five African countries
- strengthened preventive and life-skills education approaches for in-school and out-of-school
- teaching training and support networks developing gender and culturally sensitive teacher materials for teacher training colleges in Africa, and
- coordination or regional strategies on AIDS and education.

#### Asia

- Effective preventive education and life-skills education programmes for in-school and out-of-school youth

#### Latin America and Caribbean

- Reinforce capacity building for regional strategy.

### **8. Institutional Priority Setting and Coordination Mechanisms**

UNESCO, whose efforts against HIV/AIDS go back more than a decade, will find its new role within the UN System Strategic Plan 2001-2005 and will map its strategy in close co-ordination and co-operation with the other UN agencies. UNESCO's programme in preventive education will be:

- coordinated by the education sector, by monitoring the impact, sharing information with partners about the epidemic, building capacity to reduce risk, and improving care and lessening the institutional impact of the epidemic
- advised by the natural science sector about the latest messages to deliver and the broader sciences literacy within which they have to be placed
- informed by the social and human sciences sector about the social context within which actions are to be taken regarding human rights and ethics
- sensitized by the culture sector about the cultural complexities that must be taken into account in policy implementation
- supported by the communications and information sector to provide effective advocacy and helpful instruction.

## **SECTION III: STRATEGIES AND RESOURCES**

### **9. Key partnerships Required for Successful Institutional Action**

UNESCO will collaborate closely with the UNAIDS (Cosponsors and Secretariat) in the UN system. In addition, it will:

- reinforce its partnership with G8 countries to mobilize financial resources
- work closely with national authorities in Member States, as well as other organizations, national and international
- enhance cooperation with, and support for regional initiatives such as the Southern African Development Community (SADC) HIV/AIDS Strategic Framework and

Programme of Action; the Association for the Development of Education in Africa (ADEA), and the Economic Community of West African States (ECOWAS)

- work closely with NGOs, such as Education International and the World Foundation for AIDS Research and Prevention in strengthening the responses of communities
  - collaborate with UNIFEM on gender issues and women's empowerment
  - participate actively in the UNAIDS Working Group on AIDS, Schools and Education
  - closely involve UNESCO's Institutes, Regional Education Offices, Cluster Offices and National Offices in the implementation of preventive education
- **Financial Resources /Implications**

Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

### 11. Human Resources, Institutional Learning and Systems Strengthening: Implications and Objectives

Summary of Human Resources devoted to HIV/AIDS

Region	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

### 12. UN Staff and Dependants

UNESCO is increasingly concerned about HIV/AIDS in its workplace. Based on the Administrative Committee on Coordination (ACC) Guidance note on "HIV/AIDS in the UN Workplace" the organization will follow-up on this issue with its Human Resource Managers. Moreover UNESCO will disseminate the ACC note to its offices at regional and country level.

## WORLD HEALTH ORGANIZATION (WHO)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The goal of the World Health Organization (WHO) is the attainment by all peoples of the highest attainable level of health. HIV/AIDS is a major cause of premature death and disability, its impact being felt not only in terms of the global burden of disease but also in terms of development and human security and is, therefore, a foremost priority for WHO, having been described by the Director-General, Dr, Gro Harlaam Brundtland, as “the biggest health challenge of our times” (World Health Assembly – May 2001).

On assuming office in 1998, Dr Brundtland established an initiative on HIV/AIDS whose objective was to mainstream activities across all WHO's programmes. However, it became apparent that while this helped to broaden the scale of WHO's involvement in HIV/AIDS, it was not sufficient to respond to requests for technical support from countries and to fulfil WHO's normative functions. In December 2000, therefore, the Director-General established a Department of HIV/AIDS. This aims to spearhead the intensification of WHO's normative and technical support efforts; harmonise activities in different programme areas; enhance interagency collaboration (including in the context of UNAIDS); and support countries in scaling-up the health sector response in prevention, care and support.

As a Cosponsor of UNAIDS, WHO focuses on ensuring normative excellence and technical support to countries for those aspects of prevention, care and support that relate to the health sector. WHO acknowledges the critical importance of multisectoral coordination, while providing leadership and direction in the areas for which it has particular responsibility, that is, the health sector. WHO is intensifying its support to countries for scaling-up their response to HIV/AIDS, building up their health infrastructures for prevention, care and support, and ensuring that health systems are at the forefront of efforts to generate knowledge, both through surveillance of trends and underlying determinants and through support, coordination and dissemination of biomedical, social, cultural and operations research.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

*WHA Resolution 54.10 HIV/AIDS: Scaling up the response to HIV/AIDS, 21 May 2001* urged the Director-General to:

- provide member states and other health and development partners with high quality, normative, health related guidance and sustained and comprehensive technical support

that will enable countries to intensify their national responses to HIV/AIDS in line with their particular circumstances and priorities

- assist in the development and implementation of integrated and comprehensive prevention and care strategies
- expand with urgency support for the development of necessary health system capacities and structures, and to provide normative guidance and technical cooperation in order to enhance prevention, clinical management, nursing care, counselling, and social and psychological support to people living with HIV/AIDS
- foster research, including ethical, controlled, clinical trials, on HIV vaccines, microbicides, and new antiretroviral therapies, and on necessary commodities such as testing kits
- give guidance and support the building of national capacity for surveillance of adverse drug reactions and emergence of resistance in connection with antiretroviral medicines
- maintain close collaboration with the international community and the private sector with the aim of improving the availability of medicines for HIV/AIDS, including antiretroviral therapy, and
- take an active part, together with other international actors, in the development and establishment of a global HIV/AIDS and health fund, including promoting mechanisms for a transparent and participatory governance structure including representation of civil society.

***WHA Resolution 53.14 HIV/AIDS: confronting the Epidemic, 20 May 2000***

urged the Director-General amongst other things to:

- develop a global health sector strategy and report on progress to the EB in January 2001
- give priority in regular budget to HIV/AIDS and mobilize funds in support of national programmes
- intensify efforts to prevent infection in women including promotion of research and development of microbicides and female condoms
- promote and support research and development on vaccines appropriate for strains found in developed and developing countries, diagnostic tools and antimicrobial drugs, and
- promote greater access to drugs through affordable pricing, price reductions and monitoring, dialogue with industry, appropriate financing, and use of options under trade agreements.

***Executive Board Resolution on HIV/AIDS (EB 105), January 2000***

- urged intensification of political and programmatic efforts to address HIV/AIDS
- called for the development of a global health sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections.

**3. Major Accomplishments: 1996-2000**

Improving the knowledge base on HIV/AIDS

- ***Surveillance*** - WHO provided technical and financial support to countries to improve the quality and completeness of data on HIV/AIDS and sexually transmitted infections.

Guidelines on epidemiological and behavioural surveillance of HIV/AIDS (in collaboration with the UNAIDS Secretariat), STIs, TB other infectious diseases have been issued. Development and pilot testing of indicators and evaluation methodologies for care and support interventions is ongoing. WHO also monitor drug resistance, an issue of particular importance with the increasing use of antiretroviral therapies.

- **Research** - WHO has provided direction and leadership to high-quality research and development with regard to: the WHO-UNAIDS HIV-vaccine initiative, providing guidance for ethical international vaccine development; improving and simplifying treatments with antiretroviral compounds (ARVs); creating and refining effective and affordable women-controlled barrier methods of protection; developing microbicides; effective ways of reaching young people; identifying the social and epidemiological factors that influence the success or failure of interventions; and improving HIV/AIDS diagnostic tests.

#### Identification, dissemination and implementation of evidence-based prevention and care interventions

- Within the broader context of reproductive health, WHO has supported the development and implementation of national programmes focusing, in particular, on the promotion of *safer sex* — including the use of male and female condoms — as the core prevention strategy for reducing the transmission of HIV and sexually transmitted infections (STIs) as well as unwanted pregnancies. WHO has established and disseminated standards for condoms and technical and managerial guidance on their introduction into programmes in a range of settings. Research aimed at increasing the accessibility, acceptability and affordability of female condoms is ongoing.
- WHO continues to support Member States in efforts to promote and protect the *sexual and reproductive health of young people*, by increasing access to the knowledge, life skills and services they need.
- WHO has established and disseminated standards and provided technical support and training to countries for accelerating access to high-quality and affordable services for people with *sexually transmitted infections* (STIs) including integration of STI management into primary health care services.
- WHO supports research, sets standards and supports implementation of interventions for women and their infants that are safe and effective in *preventing transmission of HIV to infants*, including monitoring and evaluation of pilot projects. Clinical Guidelines on HIV in maternity settings are now available in draft.
- Preventing HIV infections resulting directly from *injecting drug use* is a growing concern in many parts of the world, particularly in Central and Eastern Europe, the newly independent States, and Southeast and East Asia.
- WHO supports Member States in implementing procedures to ensure the safety of *injection and surgical practices* in the health-care setting and to reduce the risk of HIV infection in *health-care workers*, often the result of poor training and working practices.

- WHO is lead agency in the *Global Collaboration for Blood Safety*, a forum of major stakeholders in the chain of events between blood donation .
- WHO is working to increase access to *voluntary counselling and testing* (VCT) in a broad range of health-care and other settings (for example maternal and child health facilities, STI treatment clinics, or community-based groups).
- WHO provides support to Member States to strengthen their health systems in order to increase the provision of care and support to those most directly affected by HIV/AIDS. WHO support focuses on facilitating appropriate referral, and the provision of an effective *continuum of care* between home and the hospital, and includes the prevention and management of *opportunistic infections* in people living with HIV/AIDS, the treatment of associated conditions such as *tuberculosis*, fungal infections and enteritic infections, and *palliative care*.
- WHO is working with a range of partners to identify standardized — and simplified — treatment guidelines based upon currently available *antiretroviral compounds* (ARVs), especially in resource-poor settings, including, for example, a technical guide on the selection and use of nevirapine.

#### Health systems support with regard to policies, strategies and plans

- WHO continues to contribute to country efforts to strengthen the capacity of the health system to deliver the needed interventions. This includes attention to human resource needs including training to strengthen capacity of national programme managers in technical, management and leadership skills.
- WHO promotes greater integration and building linkages across programme areas, including family planning, maternal and child health, sexually transmitted infections, TB, nutrition, pharmaceuticals and disease surveillance.

#### Lessons learnt

- Poorly functioning health systems are a major obstacle to effective implementation of prevention, care and support.
- The health sector cannot achieve an effective response alone, but must work with many partners, including the community, especially people living with HIV/AIDS. In order to be relevant and sustainable, a strong local response is needed.
- There is a need to identify a comprehensive set of evidence-based interventions that could significantly reduce the incidence and impact of HIV/AIDS. These interventions could then be adapted to different settings and across a range of human and resource constraints, starting with what is feasible and gradually building upon success, generating momentum for the implementation of more ambitious interventions.
- Stigma, denial and complacency continue to hamper an effective response, and are only now being addressed at high levels. Epidemiological and behavioural surveillance, openness and supportive attitudes, and high quality public information are all essential elements of an energetic, open response.
- The scale and nature of the HIV/AIDS pandemic are changing. While prevention remains central to the response, the breakthrough that ARVs – and other drugs -

represent in terms of prolonging life and enhancing its quality can no longer be ignored. In order to make informed and appropriate choices, policy-makers need guidance about not just the prices of such drugs, but also how to deliver them effectively, equitably, efficiently and safely.

- The root causes of poverty and powerlessness, which determine vulnerability to HIV/AIDS, also need to be addressed as part of any comprehensive response to the epidemic. In this regard, the global health sector strategy proposes three main tactics: reducing the risks of HIV infection; decreasing people's vulnerability to HIV infection; and lessening the epidemic's overall impact on people's lives and on development.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

WHO subscribes to the international development goals endorsed by Member States, specifically with regard to ensuring that people have the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection and to ensure that those already infected or affected by HIV/AIDS have access to care and support. By 2005 prevalence in this age group must be reduced globally, and by 25 per cent in the most affected countries; by 2010 prevalence in this age group must be reduced globally by 25 per cent. WHO's goal is to sharply reduce human suffering due to HIV/AIDS and its impact on the development of human, social and economic capital globally. WHO will focus its efforts towards achieving the following UN system strategic objectives:

- 1.3. To strengthen the institutional partnerships required to generate epidemiological and strategic information needed to guide the response to the epidemic.*
- 4.1. To promote policy and programme approaches which protect the human rights and reduce the stigmatisation, marginalisation and discrimination of groups most vulnerable to HIV/AIDS.*
- 5.1. To assist governments, and civil society partnerships to increase the proportion of people infected or affected by HIV/AIDS who access a continuum of affordable care and treatment.*
- 6.2. To increase advocacy and support for research to accelerate access to new and improved preventive and therapeutic approaches and technologies, including diagnostics, microbicides and HIV vaccines.*
- 7.1. To advocate and promote effective strategies to assist governments and civil society to prioritize and mobilize resources for strengthening capacities in key sectors, including the elaboration of regional strategies to support countries in their efforts to respond to HIV/AIDS.*
- 9.1. To encourage regional partners to collaborate in the development of mechanisms and elaboration of regional strategies to support countries in their efforts to respond to HIV/AIDS*

#### **4. Programming Priorities addressing HIV/AIDS**

As a co-sponsor of UNAIDS, WHO's main responsibility will be to support countries to strengthen and accelerate the response of the health sector. WHO's newly established HIV/AIDS programme will initially focus on ten priority areas of work, namely:

- Surveillance
- Prevention of mother-to-child transmission (PMTCT)
- Voluntary counselling and testing (VCT)
- Adolescent sexual and reproductive health
- Sexually transmitted infections (STI)
- Blood safety
- Vaccines
- Care and support, including access to drugs
- Vulnerable populations and Injecting drug users (IDUs)
- Health workers and HIV

WHO will continue to give high priority to meeting the particular needs of young people and delivering interventions that target particular vulnerable groups such as commercial sex workers and persons in emergency situations. WHO HIV/AIDS work is organized in a two pronged fashion that emphasizes its traditional normative role, and a focus on expanded and intensified technical support to countries:

##### *Normative work*

- Development of guidelines, tools and methodologies
- Support and coordination of high level research on HIV/AIDS and reproductive health, and new technologies including vaccines, diagnostics and microbicides

##### *Expanded and intensified technical support to countries*

In expanding and intensifying its technical support to countries WHO will aim to assist countries to build capacities that will enable them to scale up their responses to the HIV/AIDS epidemic.

#### **Normative Work**

The greatest challenge in responding to HIV/AIDS at present is ensuring that proven prevention and care strategies are widely implemented to a level where there will be significant impact on the epidemic. To significantly scale up HIV/AIDS activities and successfully implement interventions that are known to be effective requires a substantial increase in resources and strengthening of the capacity of health systems to fulfil their functions of stewardship, service provision, resource generation and financing and ensure that services are available on an equitable and affordable basis.



WHO is developing a **health sector strategy** to assist countries in strengthening the national response to HIV/AIDS and substantially increasing their capacity so that interventions can be systematically delivered to those who need it, under the leadership of the Ministries of Health, with full participation of other sectors and partners. The health sector strategy focus is on HIV prevention, care and impact mitigation, and it draws on experiences from a variety of initiatives and countries that have demonstrated success in reducing the impact of the epidemic. It identifies elements that are indispensable in a successful and effective response to the epidemic and:

- Recommends interventions that must constitute the core of the health sector response, based on sound epidemiological principles
- Identifies proven developmental strategies and processes needed to facilitate implementation of these health interventions
- Defines elements of a responsive and sustainable health system which include fundamental principles of operation such as equity, quality, and sustainability; prioritization for cost-effectiveness

An **essential package of priority cost-effective prevention and care health interventions** has also been identified and will become the focus for WHO's support to countries. The essential package will enable countries to implement specific gender sensitive interventions based on epidemiological and resource realities and will include: HIV/STI Surveillance, VCT, PMTCT, STI prevention and care, Prevention and care of opportunistic infections/psychosocial support/palliative care, Antiretroviral Therapy, Care of AIDS patients, Protection and care of health workers, Blood safety, Safe injection practices and Vulnerable populations and IDUs.

#### **Expanded and intensified technical support to countries**

WHO is strengthening the technical capacity of regional and country teams through:

- Recruitment of specialists to act as focal points for specific areas of work
- National programme officers for placement in highly affected countries
- Establishment of sub-regional technical teams and networks

WHO will actively promote partnerships to ensure that all other relevant sectors are involved and engaged in addressing issues that are beyond the generic competence of the health sector. It will also continue work closely with other international agencies to promote the adoption and implementation of coherent policies and approaches, and encourage the provision of additional resources for effective action at country level.

Expected results of WHO activities include:

- the finalization of a global health sector strategy and the development and implementation of related national strategies for strengthening the health sector response to HIV/AIDS

- the provision of technical support to countries to implement evidence-based prevention and care interventions
- the further development of surveillance tools for monitoring the epidemic and its determinants in order to guide the response
- the coordination and dissemination of research and the translation of research results into programming interventions at country level.

Expected results of WHO activities include:

- the finalization of a global health sector strategy and the development and implementation of related national strategies for strengthening the health sector response to HIV/AIDS
- the provision of technical support to countries to implement evidence-based prevention and care interventions
- the further development of surveillance tools for monitoring the epidemic and its determinants in order to guide the response, and
- the coordination and dissemination of research and the translation of research results into programming interventions at country level.

## **5. Major constraints to be addressed**

Major constraints to implementing the WHO agenda includes the following:

- inadequate budgets for scaling up health sector responses in countries
- poorly functioning health systems, including trained staff, to deliver proven interventions
- persistence of underlying factors determining vulnerability (poverty, powerlessness gender inequity) which require profound, long term political, economic and societal shifts
- need for prevention, care and support strategies that are focused on needs, priorities and financial capacity of developing countries and resource-constrained settings, and
- denial and complacency: stigma, discrimination and violation of human rights in relation to HIV/AIDS which hamper a supportive and energetic response.

## **6. Global and Country Level Efforts which address HIV/AIDS**

WHO's major functions relate to provision of normative guidance, generation of knowledge through leadership and coordination of research, review of evidence, and surveillance. In addition, through its country and regional offices, WHO provides technical support to Member States for the development, implementation, monitoring and evaluation of policies and programmes. WHO maintains a wide range of collaborating centres, particularly with regard to research, surveillance and monitoring for ARV resistance which will increase in importance as countries begin more widespread use of anti-retrovirals.

WHO at all levels is implementing a composite workplan that includes support for research, development and information provision; development of technologies, tools and guidelines for action; technical and policy support to governments, civil society and other interested parties; supporting value-based partnerships that make a difference; and reporting on policy

approaches and practices in ways that can accelerate effective action and resource mobilization.

## **7. Priority Geographic Regions for HIV/AIDS Efforts**

WHO is providing technical support and financial assistance through its HQ, regional and country offices for critical activities in countries in the Caribbean and Latin America, Eastern Mediterranean, Eastern Europe (e.g. blood safety, STI control and other prevention initiatives), South East Asia (e.g. surveillance) and the Western Pacific Region (e.g. 100% condom use and STI control programmes). Although HIV/AIDS is a global pandemic, its disproportionately devastating effects in certain regions of the world mandates an intensified focus of HIV/AIDS efforts.

In Sub-Saharan Africa, where the bulk of the hardest hit countries are located, HIV/AIDS is the leading cause of death, with over 25 million people infected. A comprehensive WHO proposal on the International Partnership Against AIDS in Africa has been prepared and a costing exercise for the prevention and care interventions at country level has been completed. The IPAA will include the 24 most affected countries of the African Continent. The revised budget estimate for the intervention is US\$2 billion for 5 years. Accelerated access to drugs is a key component of initiatives to improve care of PLWHA.

Asia has the potential for an epidemic of staggering dimensions, far larger, -because of the size of the population in this region- than that occurring in Africa. Both the South East Asia and Western Pacific Regions have mixed HIV/AIDS epidemics, with some sub-regions and countries reporting predominantly heterosexual transmission, while others reporting concentrated epidemics among specific populations such as sex workers, injecting drug users and mobile populations. Furthermore, HIV prevalence varies greatly between countries within these two regions, with HIV/AIDS care a critical issue for those countries most affected (such as Thailand, Myanmar and Cambodia). WHO is giving priority to: situation assessments among vulnerable and marginalized populations; HIV prevention interventions for vulnerable populations, particularly sex workers, injecting drug users and young people (including the expansion of "100% Condom Use" Programmes throughout the regions); expansion of voluntary counselling and testing and programmes for the prevention of mother to child transmission; improving STI services for vulnerable populations; and strengthening the health care system for HIV/AIDS care and introduction of anti-retroviral drugs.

Central and Eastern Europe and the Newly Independent States are experiencing explosive HIV epidemics among drug injecting populations (particularly among young people), complicated by rapidly expanding sex industries, parallel epidemics of STIs and multi-drug resistant TB. Within the Region WHO is giving priority to: rapid situation assessment (including initiatives in the Balkans, the Baltic states, Russia and Central Asia); HIV prevention interventions targeted at vulnerable populations, particularly injecting drug users, sex workers, young people, mobile and displaced populations; strengthening of STI services

(particularly for sex workers, injecting drug users and young people); and TB control (particularly in prisons).

### 8. Institutional Priority Setting and Coordination Mechanisms

Current priority setting and coordination mechanisms include Regional Committees, Networks and Task Forces, and global consultation through WHO Executive Board and World Health Assembly.

Monitoring and evaluation is facilitated through coordinated planning and budget mechanisms, and improved performance monitoring systems.

## SECTION III: STRATEGIES AND RESOURCES

### 9. Key Partnerships Required for Successful Institutional Action

WHO is a Cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and works within the framework of UNAIDS. WHO also works with other partners including other UN agencies, NGOs, academic and research institutions, donors, collaborating centres and the private sector through special initiatives (such as the Commission on Macroeconomics and Health) in order to provide countries with updated information and technical capacity for programme enhancement.

### 10. Financial Resources/ Implications

#### Summary of Financial Resources devoted to HIV/AIDS

	1996-1997		1998-1999		2000-2001		2002-2003	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>	6.686	44	11.415	15	16.36	23	30.44	13
<b>Regional &amp; Country</b>	20.958	25	27.49	24	40.6	27	115.6	5
<b>Total</b>	<b>27.644</b>		<b>38.905</b>		<b>57</b>		<b>146</b>	

### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

The HIV/AIDS Department ensures institutional learning about HIV/AIDS within WHO by commissioning research, setting standards for the provision of health services, training staff

in HIV/AIDS-related issues and keeping them regularly updated. For a list of WHO publications relating to HIV/AIDS please refer to matrix.

Summary of Human Resources devoted to HIV/AIDS

	1998		1999		2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>	17				31		50	
<b>Regional &amp; Country</b>	27				38		80	
<b>Total</b>	<b>44</b>				<b>69</b>		<b>130</b>	

## 12. UN Staff and Dependants

WHO, through the Joint Medical Service (JMS) disseminates the UNAIDS handbook to staff at HQ, regional and country levels. JMS also provides information leaflets and condoms in the travel kits.

Treatment and/or care provided/planned for agency staff and dependents with HIV/AIDS :  
Full medical care is provided to WHO staff, and condoms and Post Exposure Prophylaxis kits are distributed. A framework for access to care and support to staff living or affected by HIV/AIDS has been developed within the Interagency Group.

The following activities are planned over the next 5 years by WHO for its staff:

- training of doctors and other health workers of the UN dispensaries
- mapping of available facilities and human resources for access to HIV/AIDS comprehensive care, VCT, ARVs and laboratory tests for monitoring of ARVs efficacy and toxicity; promotion of confidentiality and human rights
- expansion of positive experiences in Zambia and Ethiopia in improving access to care including ARVs for UN staff, and
- exploration of financing mechanisms for more sustainability.

## **WORLD BANK**

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The mandate of the World Bank is to alleviate poverty and improve quality of life. The HIV/AIDS epidemic poses a great threat not only to public health, but also to development itself. The Bank has identified the following factors (among others) to be essential in promoting development and poverty reduction: macroeconomic growth; good governance; human capital development; a favourable climate for private investment; and growth in labour productivity. By undermining each of these, HIV/AIDS is increasingly impeding development. In the worst hit countries, otherwise sound public and private investments are already proving uneconomic and unsustainable as a result of the epidemic. While many other diseases also kill millions, HIV/AIDS is virtually unique in its impact on the economic and demographic underpinnings of development. Because it weakens and kills adults in the prime of their lives as workers and parents, it erodes productivity, decimates the workforce, depletes the skills base, consumes savings, orphans millions and changes the very structure of households.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

In October 1999, the World Bank Board of Directors discussed and endorsed a new strategy to address HIV/AIDS in Africa. The strategy, entitled "Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis," rests on four pillars:

- advocacy to position HIV/AIDS at the top of the development agenda
- increased resources and technical support to mainstream HIV/AIDS into all sectors
- prevention efforts and activities to enhance care, support, and treatment
- and expanded knowledge base to help countries design and manage comprehensive programmes.

In April 2000, a strategy paper entitled "Safeguarding Development in the Age of AIDS" was presented to the Development Committee to stimulate discussion of the Bank's global efforts to prevent and mitigate the impact of HIV/AIDS.

In September 2000, the Board of Directors approved the Multi-Country HIV/AIDS Programme (MAP) for Africa, which has made an initial amount of US\$500 million available to eligible African governments to scale up national responses to HIV/AIDS (additional information on MAP is provided in matrix).

### 3. Major Accomplishments over last 5 Years

In the last five years, the World Bank has drawn upon its comparative advantage and worked closely with UNAIDS, the IPAA, and other partners to play an increasingly important role in the global fight against HIV/AIDS. The World Bank brings four primary comparative advantages to UNAIDS and the Partnership:

- strong influence on the global development agenda
- involvement in virtually all sectors
- ability to support large-scale expansion of effective programmes
- economic expertise.

The Bank is treating HIV/AIDS as a multisectoral development issue and according it top priority in development policy, dialogue with all sectors of government, planning, analysis, and lending. In support of the "Intensifying Action Against HIV/AIDS in Africa" strategic plan, and in collaboration with UNAIDS, the Bank has developed a new lending tool, the Multi-Country HIV/AIDS Programme for Africa, to dramatically expedite the ability of African countries to access Bank financing for HIV/AIDS prevention, treatment, and support programmes. A similar programme is under development for the Caribbean region. Significantly, the Bank has committed more resources to HIV/AIDS in FY2001 than in any previous year. The Bank's global cumulative lending for HIV/AIDS now exceeds US\$1.5 billion.

The Bank's president has repeatedly stated that HIV/AIDS is one of the institution's priorities and has discussed this issue at numerous international meetings and with numerous heads of state. The Bank's vice presidents and senior managers have also been highlighting the issue in high-level appearances and meetings.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

In addition to activities that support UN system efforts to ensure an extraordinary response to the epidemic, address those most vulnerable and at greatest risk of HIV infection; strengthen human resources and institutional capacities in key sectors, conduct operations research, and develop policies and programmes to address HIV/AIDS socioeconomic impact, the World Bank is particularly focussing its efforts towards achieving the following UN system objectives:

*1.5. To mobilize and assist in channelling the financial and technical resources required for urgent and expanded national responses*

*7.1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including the:*

- *education sector*
- *health sector*
- *social welfare sector*
- *agricultural sector*
- *military and uniformed services*
- *judiciary and legal sectors*
- *information and media sectors.*

*7.2. To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic*

*8.1 To strengthen the institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors.*

#### **4. Programming Priorities addressing HIV/AIDS**

In the context of the UNAIDS partnership, the Bank's priorities include the following:

- design, planning, and supervisory support to Multi-Country HIV/AIDS Programmes (MAPs) and other lending instruments in countries, including support to the development of tools for project development
- monitoring and evaluation support to country-level operations of World Bank and other UNAIDS Cosponsors, including support to the development of M&E tools and strategies
- information dissemination support to country operations, including the collection, synthesis, and dissemination of updates on project management, best practice, research findings, partner activities, and consultant rosters. Provide information clearinghouse for staff, working in close collaboration with UNAIDS partners
- support to global-level trust fund mechanisms to channel grant resources to multi-party country plans in priority countries
- support to UN system efforts in the development of innovative finance mechanisms at the country level for HIV/AIDS programming, including community-level finance, macro finance, and the development of modules for including HIV/AIDS in HIPC, PRSP, CAS, and public expenditure reviews
- support to UN system efforts in the development of innovative finance mechanisms at the global level for HIV/AIDS programming, including the development of innovative mechanisms to stimulate the R&D, demand, and supply of vaccines, microbicides, and other key public goods
- support to UN system efforts in the area of economic impact and the development of economic tools. Support to UN system-wide and Bank-wide theme groups on the economics of HIV/AIDS. Develop project costing tools (e.g., software) for use in specific country and sectoral settings, as well as models to assess the impact of AIDS on the macro economy and on specific sectors
- support to advocacy at the global level in economic, finance, and planning sectors as well as key lending sectors of the World Bank. Development of key analysis, advocacy, and briefing materials for governments, boards, and heads of agencies to use in executive briefings/workshops, high-level speeches, meetings, and consultations, and



- support to advocacy at the country level in economic, finance, and planning sectors as well as key lending sectors of the World Bank, with a focus on equipping partners and World Bank Country Directors, Sector Directors, Sector Managers, Task Team Leaders, and other staff to advocate and promote greater attention to HIV/AIDS among clients and development partners.

## **5. Major Constraints to be addressed**

Major constraints experienced by the Bank and other partners in attempting to reverse the spread of the HIV/AIDS epidemic include the following: national efforts have been inadequately financed; there has been inadequate government commitment and leadership; support from governments and the international community has been too slow, especially for scaling up programmes that have proven effective; not enough resources have reached communities; and programmes have been too narrowly focused on the health sector.

## **6. Global and Country Level Efforts which address HIV/AIDS**

During FY1996-FY2000, the World Bank committed approximately US\$493 million for new HIV/AIDS components and stand-alone projects in 39 countries. In FY2001, the Bank committed an additional US\$501 million for new HIV/AIDS prevention, care, and treatment efforts (mostly in Sub-Saharan Africa). HIV/AIDS projects funded by the Bank in other regions include the Second AIDS and STD Project in Brazil (US\$165 million, approved in FY1999) and the AIDS Prevention II Project in India (US\$191 million, approved in 1999). In September 2000, the Bank launched the Multi-Country HIV/AIDS Programme (MAP) for Africa, which will make an initial amount of US\$500 million in flexible and rapid funding available to African countries to assist in scaling up national HIV/AIDS efforts.

## **7. Priority Geographic Regions for HIV/AIDS Efforts**

The priority regions for World Bank HIV/AIDS activities (2001-2005) are:

- Sub-Saharan Africa
- South Asia
- Latin America and the Caribbean; and
- Europe and Central Asia.

Priorities are set according to epidemiological trends, as evidenced by government and UNAIDS sentinel surveillance data.

### Sub-Saharan Africa

In accordance with the "Intensifying Action Against HIV/AIDS: Responding to a Development Crisis" strategy, the Bank has launched the Multi-Country HIV/AIDS Programme (MAP) for Africa, which makes an initial amount of US\$500 million in flexible and rapid funding available to African countries to assist in scaling up national HIV/AIDS efforts. The funds will be committed to individual HIV/AIDS projects developed by countries, using standard IDA credit agreements. MAP funds are available to any African country that meets simple eligibility criteria (including eligibility for IDA credits):

- satisfactory evidence of a strategic approach to HIV/AIDS, developed in a participatory way
- establishment of a high-level HIV/AIDS coordinating body, with broad representation of key stakeholders from all sectors, including people living with HIV/AIDS
- government commitment to quick implementation arrangements, including channelling grant funds for HIV/AIDS activities directly to communities, civil society, and the private sector, and
- agreement by the government to use multiple implementation agencies, especially community-based and nongovernmental organizations (CBOs/NGOs).

The overall development objective of the MAP is to dramatically increase access to HIV/AIDS prevention, care, and treatment programmes, with emphasis on vulnerable groups (such as youth, women of childbearing age, and other groups at high risk). The specific development objectives of each individual country project, as stated in the national strategic plans, will provide the basis for this programme and be agreed upon at the time of appraisal of the national projects. A key feature of the MAP is direct support to community organizations, NGOs, and the private sector for local HIV/AIDS initiatives.

#### South Asia

The World Bank Vice President for South Asia has called on all governments in the region to recognize the true magnitude of their epidemics, share expertise and best practices, and significantly increase their response to HIV/AIDS. HIV/AIDS projects and programmes have been initiated in many South Asian countries. Advocacy, drug use, and human trafficking have been identified as issues requiring collaborative regional action from a consultation held in October 1999.

#### Latin America and the Caribbean

Bank staff and their government partners in the region are stepping up efforts to combat HIV/AIDS, with a focus on prevention of HIV infection among young people based on a Bank commissioned study to inform the development of effective HIV/AIDS initiatives in the Caribbean. It assesses:

- epidemic trends in the Caribbean
- similarities and differences of these trends across countries
- the mosaic of national responses in the region
- strategies for World Bank cooperation with the region.

In September 2000, the World Bank pledged to significantly increase its support for HIV/AIDS prevention, care, and treatment activities in the Caribbean. The Bank is preparing a Multi-Country HIV/AIDS Programme for the Caribbean, following a model similar to the MAP for Africa. The Bank's intervention would build upon existing programmes in the Caribbean and support the Caribbean Regional Strategic Plan of Action for HIV/AIDS, put forth by the Caribbean Community (CARICOM). Support would be available as soon as a country were ready to use it effectively, covering 4-5 years.

Other major issues identified for future attention in the region include:

- financing care (including ARV drugs)
- political commitment to address stigma, particularly in the Caribbean, and more generally with marginalized populations, including men who have sex with men
- continued efforts to engage religious institutions.

#### Europe and Central Asia

To curb the epidemic in Europe and Central Asia, the Bank is facilitating policy dialogue at the highest political and working levels to promote the will to address the epidemics; building partnerships with UN agencies, bilaterals, NGOs, and global initiatives; undertaking advocacy work to convey the seriousness of the situation to regional leadership; conducting analytical work and providing technical assistance; and developing stand-alone HIV/AIDS projects and/or HIV/AIDS components in broader projects.

Bank-supported HIV/AIDS initiatives in Europe and Central Asia include the following:

#### Russian Federation

- Tuberculosis and AIDS Control Project – US\$150 million, with US\$50 million for HIV/AIDS/STIs - primary focus of HIV/AIDS interventions: prevention; injecting drug use - first stand-alone Bank project in the region to address these epidemics.

#### Ukraine

- Tuberculosis & AIDS Control Project (estimated \$50 million, with US\$25 million for HIV/AIDS) - focus of HIV/AIDS interventions: prevention, care, and treatment; injecting drug use

### **8. Institutional Priority Setting and Coordination Mechanisms**

The Bank's Global HIV/AIDS Coordinator works closely with the Bank's six regional HIV/AIDS focal points in an attempt to create synergy across regions and expand the Bank's role in HIV/AIDS prevention, care, and support in developing countries. The Bank's global HIV/AIDS portfolio is monitored by its Managing Directors on a monthly basis.

To catalyse World Bank efforts in Sub-Saharan Africa, the Bank has created a special unit, the AIDS Campaign for Africa (ACTAfrica) which is based within the Office of the Regional Vice President. ACTAfrica works with Task Team Leaders and country teams within the Africa Region to catalyse and coordinate the region's multisectoral response to HIV/AIDS.

## **SECTION III: STRATEGIES AND RESOURCES**

### **9. Key Partnerships Required for Successful Institutional Action:**

No single government or agency can overcome HIV/AIDS alone. A vast, concerted effort is required both at national and international levels. That is the insight that guided the creation

of UNAIDS, the establishment of the IPAA, and the move toward a pluralistic, multisectoral approach. Although co-sponsoring agencies such as UNICEF and WHO will continue to set the overall technical parameters for HIV/AIDS, the World Bank has a number of comparative advantages that are critical to the success of these partnerships.

First, no other external actor has the global knowledge and policy influence of the World Bank on the overall development agenda. This influence has proven central in helping to elevate HIV/AIDS beyond the health sector to a fundamental development issue, and to ensure the necessary visibility in discussion of national planning, poverty-reduction strategies, and debt-reduction programmes. Second, the Bank has experience in virtually all sectors and can therefore work effectively in supporting a multisectoral response. Assisting sectors to plan for the impact of AIDS will be one of the most important tasks of the next few years. Third, the Bank's long experience with implementation will be instrumental in helping to balance speed with accountability. Fourth, the Bank's involvement is essential to bridging the resource gap. Current annual investment on HIV/AIDS is only a fraction of the estimated US\$9 billion needed to fund comprehensive programmes. Both through its own resources and its convening and leveraging power, the Bank can make a significant contribution to filling this gap and thereby strengthening the overall impact created by these key partnerships.

#### 10. Financial Resources/ Implications

To date, the World Bank has committed more than US\$1.5 billion to HIV/AIDS-related projects in more than 80 countries. HIV/AIDS programme lending is likely to rise as more countries turn to the Bank for financial and technical assistance in response to the epidemic. The Bank has also committed itself to dramatically stepping up the level of its activities to address the enormous threat posed by HIV/AIDS. At the 2000 Spring Meetings, the Bank's president made a public commitment to "unlimited" resources for well-designed national HIV/AIDS programmes.

##### Summary of Financial Resources devoted to HIV/AIDS\*

	1996-1997		1998-1999	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>	<b>65.9</b>		<b>410.7</b>	

\*Figures taken from GAO draft report

#### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

The World Bank supports training staff in all sectors on the implications of the HIV/AIDS epidemic on development and the manner in which HIV/AIDS can be "mainstreamed" in the

Bank's lending and non-lending operations. Workshops and conferences are regularly held, in collaboration with partners, to share information and best practices. These events are held in both Washington, DC and in the Bank's regional offices.

Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

## 12. World Bank Staff and Dependants

The World Bank has an explicit policy regarding staff and dependents living with HIV/AIDS. It includes the following provisions:

### Non-Discrimination

Staff cannot be denied employment, confirmation, promotion, or be terminated solely because of their HIV status. Health insurance coverage is available for all eligible employees and their dependants regardless of HIV status. Health insurance premiums are not affected by HIV status.

### Confidentiality

- staff cannot be forced to take an HIV/AIDS test
- staff do not have to report their HIV status to the Bank
- staff have a right for their medical treatment to be kept confidential.

### Access to Treatment and Insurance

The Bank's medical insurance covers all drugs and treatments for HIV/AIDS, including antiretroviral medications. As for any other illness, the same co-payment rates apply to expenses related to HIV/AIDS, up to established out-of-pocket ceilings, after which the Bank's medical insurance will pay 100 percent. If adequate treatments are not available locally, non-emergency evacuation procedures can be used for HIV/AIDS and its related illnesses. In case of disability resulting from AIDS, the Bank's disability insurance is available. In case of death resulting from AIDS, the applicable benefits are payable to staff members' beneficiaries.

## INTERNATIONAL LABOUR ORGANIZATION (ILO)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The principal goal of the ILO is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equality, security and human dignity.

HIV/AIDS has impacted significantly on the world of work. It has resulted in employment discrimination, social exclusion, gender-related inequalities, and can be presumed to have exacerbated the problem of child labour. It has disrupted the performance of the informal sector and threatened occupational safety and health especially among certain risk groups, such as migrant workers and their families and workers in the transport sector.

With respect to HIV/AIDS, the ILO focuses on advocacy and normative work at global, regional, sub-regional, and national levels.

The ILO is currently taking steps to become a Cosponsor of UNAIDS.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

The 88<sup>th</sup> Session of the International Labour Conference passed a “*Resolution concerning HIV/AIDS and the World of Work*” in June 2000<sup>2</sup>. The ILO also signed a “Co-operation Framework Agreement” with UNAIDS during the Conference.

The African Platform of Action on HIV/AIDS in the context of the World of Work was developed and submitted to the ILO Ninth African Regional Meeting in December 1999. A resolution was adopted at the Ministerial meeting calling on member states and the ILO to implement the Platform of Action on an urgent, immediate and continuous basis.

The ICFTU-AFRO *Gaborone Trade Union Declaration*, ‘Involving workers in the fight against HIV/AIDS in the workplace’, was adopted by the Pan-African Conference, Botswana, September 2000.

#### 3. Major Accomplishments over last 5 Years

The ILO Global Programme on HIV/AIDS in the World of Work was launched in November 2000. The Programme focuses on (i) providing HIV/AIDS-related information

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<sup>2</sup> Report of the Resolutions Committee: [www.ilo.org/public/english/standards/reIm/ilc/ilc88/com-resd.htm](http://www.ilo.org/public/english/standards/reIm/ilc/ilc88/com-resd.htm)

and education – through enterprises, employers’ and workers’ organizations – to promote public awareness and thereby prevent the spread of HIV infection; and (ii) protecting the rights at work of those living with HIV and AIDS.

Within the framework of the new Programme and following the recommendation of the International Labour Conference in June 2000, a *Code of Practice* is being developed. The Code was reviewed, revised and adopted at a Meeting of Experts in May 2001, following which it will be approved by the ILO governing body and subsequently launched at the UNGASS in New York in June 2001. The objective of the Code is to promote decent work through the prevention and management of the pandemic, and to eliminate discrimination and protect the rights of those living with HIV and AIDS. The Code provides guidance to governments, employers and workers on protection, prevention and care at all levels and the processes by which these can be achieved.

The ILO has written papers and addressed conferences on the social and economic implications of HIV/AIDS – for example the OAU summit (Abuja, Nigeria, February 2001).

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

In addition to activities that support UN system, efforts to ensure an extraordinary response to the epidemic include: protecting human rights and reducing stigma associated with HIV/AIDS; providing care and support; and strengthening human resource and institutional capacities in key sectors. The ILO is focusing its efforts in particular towards achieving the following UN system strategic objectives:

- 8.1 To strengthen the institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors;*
- 8.3 To promote proven strategies and mobilize the programme support resources required to assist national governments to strengthen the response to HIV/AIDS in the world of work, including through the development of legal and policy frameworks to protect workers’ rights.*

### 4. Programming Priorities addressing HIV/AIDS

The ILO has a tripartite response to HIV/AIDS covering prevention and enhancement of workplace protection, and the reduction of its adverse consequences on social, labour and economic development. ILO’s programming priorities include:

- promotion of a “social vaccine” for prevention and protection that would include elements such as social inclusion, income and job security, social security, solidarity and optimal use of treatment
- strengthening normative activities through vigorous advocacy and dissemination of best practice

- greater involvement of governments, employers' organizations and workers' organizations in the formulation and implementation of social and labour policies and programmes that mitigate the effects of HIV/AIDS
- documentation and dissemination of information and statistical data through effective labour market information systems
- promotion of ILO's international labour standards and national labour legislation to help mitigate HIV/AIDS-related stigma and discrimination
- promotion of the integration of HIV/AIDS in social security schemes
- advocacy to promote income and employment opportunities for PLWHA and their families through, for example, informal sector and small enterprise development.

The ILO has sectoral targets for different HIV/AIDS priority areas, such as: industry, small- and medium-sized enterprise development, gender, occupational safety and health, and for occupational groups particularly affected by the epidemic, such as transport, mining, the informal sector, for which projects are being proposed and developed, targeting, for example, long-distance lorry drivers, seamen and dockworkers, who spend long periods away from home.

#### **5. Major Constraints to be addressed**

One of the major constraints to be addressed is the pervasive culture of denial surrounding HIV/AIDS in many countries and regions. The ILO is using its unique tripartite structure to bring political leaders, workers' and employers' organizations together and combine their efforts in the fight against HIV/AIDS. Another challenge is to seek funding: the ILO has a zero growth budget.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

At the global level ILO efforts include standard setting; promotion of ILO codes of practice; development of tools to mitigate the impact of HIV/AIDS; and design of research and programmes on HIV/AIDS. The Organization has sensitized its constituents (employers, workers and governments) to the issue and challenges of the HIV/AIDS epidemic.

Workshops have also been organized for Employers' and Workers' organizations, such as International Confederation of Trade Unions (ICFTU), Organization of African Trade Union Unity (OATUU), Pan-African Employers' Confederation (PEC).

A technical co-operation programme on HIV/AIDS and the world of work has been launched and projects have been developed in ten countries – Cambodia, the Caribbean, India, Malawi, Namibia, Nigeria, Russian Federation, Tanzania, the Ukraine and Vietnam. The criteria for prioritization include HIV prevalence rates, according to the UNAIDS listing and the levels of responsiveness to the pandemic by the regions.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

Africa is the region given highest priority by the ILO. Based on *the African Platform of Action on HIV/AIDS in the context of the World of Work*, key activities will focus on:



- generating strategic information on the impact of HIV/AIDS in the world of work and documenting and disseminating information on national experiences including best practices – and lobbying for including issues related to HIV/AIDS in the agenda of regional meetings
- developing national programmes of action on HIV/AIDS and the world of work
- integrating HIV/AIDS-related issues such as discrimination, social exclusion and gender equality into ILO's programmes and technical co-operation projects at the national and enterprise levels.

After Africa, priority is given to the Caribbean and India.

### **8. Institutional Priority Setting and Coordination Mechanisms**

The ILO's formal mechanism for promoting HIV/AIDS in priority setting and for coordinating programmes addressing HIV/AIDS is its Inter-Sectoral Task Force. The Task Force was established in 1999 to ensure the mainstreaming of HIV/AIDS into all ILO programmes. Training programmes are being developed at the ILO training centre in Turin for this purpose.

HIV/AIDS focal points have been appointed in all ILO regional offices. Multi-disciplinary teams in regional and area offices support the HQ Programme on HIV/AIDS and the World of Work – particularly by organizing regional consultations around guidelines such as the Code of Practice.

Monitoring and evaluation mechanisms are built into the ILO global technical co-operation projects, thus ensuring that the ILO can monitor whether projects are addressing its HIV/AIDS priorities and targets.

## **SECTION III: STRATEGIES AND RESOURCES**

### **9. Key Partnerships Required for Successful Institutional Action**

The ILO is using its unique tripartite structure of governments, workers' and employers' organizations to influence decision-making processes regarding HIV/AIDS at the global level.

The ILO has strong partnerships with the UNAIDS Secretariat and Cosponsors – for example collaboration with WHO began in 1988 with the Consultation on AIDS and the Workplace, and currently focuses on introducing the Pro-TEST initiative for TB into the Workplace. New partnerships will be developed in the 2001-2005 period: with UNICEF on child labour and orphans; with UNIFEM on gender; with UNESCO around education; with UNDCP around drug and alcohol abuse in the workplace; and with IFAD and FAO on workforce issues. In the context of IPAA, joint projects with UNAIDS in Ethiopia and Thailand, and between UNAIDS/IFP-SEED (ILO) in East Africa are being established.

### 10. Financial Resources/Implications

The total estimated core budget for 2001-2005 relates to the ILO global programme on HIV/AIDS. An additional \$4 million per year is expected from grants received from donors. Non-core funds are expected to contribute to other ILO sectoral activities that have links with HIV/AIDS.

#### Summary of Financial Resources devoted to HIV/AIDS

	1996-2001*	2001-2005
	Total expenditure (US\$ m)	Total expenditure (US\$ m)
<b>Global</b>		20
<b>Regional</b>		
<b>Country</b>		
<b>Total</b>	<b>0.931</b>	<b>20</b>

\*Total expenditure until May 2001

### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

#### Summary of Financial Resources devoted to HIV/AIDS

Region	1999-2000		2001		2002-2005	
	Actual Staff	FTE*	Actual Staff	FTE*	Actual Staff	FTE*
<b>Global</b>	3		11		14	
<b>Regional</b>					16*	
<b>Country</b>					80**	
<b>Total</b>	<b>3</b>		<b>11</b>		<b>110</b>	

\* Includes 10 Sub-regional Programme Coordinators

\*\* Includes 40 National Project Coordinators

Capacity will be expanded through training, resource mobilization and the secondment of experts from other organizations. Training of ILO focal points on HIV/AIDS is planned at the ILO training centre in Turin, which provides continuous professional updating on HIV/AIDS issues.

The ILO will undertake research and surveys to determine the implications of HIV/AIDS and the world of work, including its effects on the growth of the labour force and participation rates, gender, child labour, union membership, productivity and competitiveness, informal sector and small enterprise development. This work has already begun through fact-finding missions.

ILO's Programme on HIV/AIDS and the World of Work is staffed by 3 Professionals and 2 General Service staff.

The ILO has published a number of documents on HIV/AIDS, including:

- *HIV/AIDS in Africa: the impact on the world of work*
- The African Development Forum 2000, AIDS: the Greatest Leadership Challenge, December 2000, Addis Ababa
- The African Regional Tripartite Workshop on Strategies to tackle social and labour implications of HIV/AIDS, Windhoek 1999: Platform of Action on HIV/AIDS in the context of the world of work in Africa.

The ILO is currently preparing its Code of Practice on HIV/AIDS and the World of Work, which is to be reviewed and adopted in May, for publication and general release in June.

## **12. UN Staff and Dependants**

The ILO has an official policy on HIV/AIDS that includes the following provision:

- non-discrimination
- confidentiality
- access to treatment and insurance.

The situation of staff who are not members of the health fund is being examined. The ILO provides training and development on HIV/AIDS as it concerns staff in awareness-raising sessions. Furthermore, ILO is developing an institutional approach to managing AIDS at the workplace.

The UNAIDS booklet (*AIDS and HIV infections: information for UN employees and their families*) has been widely distributed amongst the ILO staff and dependants. This is in addition to the ILO policy statement on HIV/AIDS made by the Director-General.

## UNITED NATION INDUSTRIAL DEVELOPMENT ORGANIZATION (UNIDO)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

UNIDO's mandate is to alleviate poverty and assist countries to effectively integrate into the global economy, by supporting developing countries and countries in transition to build productive capacities and sustainable manufacturing industries, that comply with the demands of a competitive economy, create employment and safeguard the environment.

Empirical evidence on the economic impact of the HIV/AIDS epidemic is rarely available but it is widely recognized that HIV/AIDS is having a devastating effect on economic development. In Southern Africa, there is an average reduction of 2-3 % in the annual growth of GDP in the worst affected countries. This reflects the impact on human capital in the productive age groups and declining labour productivity, overall output, industrial productivity and competitiveness. This in turn threatens the coping mechanisms of communities deprived of their productive members. This highlights the need for strategies, policies and programmes to ensure the sustainability of the manufacturing sector, small and medium sized enterprises (SME) and rural development.

UNIDO's primary role is to provide technical assistance services within the framework of its service modules. Integrated industrial development programmes, and projects are implemented at the regional, sub-regional and country levels. A global forum function is provided that includes informative, advocative and normative activities concerning sustainable industrial development - these activities also include the fostering of partnerships with external developmental agents and the private sector.

*UNIDO is currently developing its HIV/AIDS strategy and programme which will aim to contribute to reducing the impact of the epidemic on the economic sector.*

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

In their back-to-office mission reports members of staff have highlighted the negative impact of HIV/AIDS on industry and on technical assistance programmes in the field. The Director-General supports the proposal for UNIDO to address the issue of HIV/AIDS and participated in the April 2000 ACC meeting in which HIV/AIDS was a key agenda item.

### 3. Major Accomplishments over last 5 Years

Although UNIDO has yet to develop a full HIV/AIDS programme, some support measures have been introduced into on-going SME programmes and projects in several countries especially in Eastern and Southern Africa. It is envisaged that other initiatives will include the mobilization of the private sector/business community, including women entrepreneur groups, to support HIV/AIDS specific activities.

Examples of specific HIV/AIDS achievements are as follows:

- a programme in Nigeria promotes appropriate policy options and support for the creation of relevant service industries/maintenance industries, which are necessary to support HIV/AIDS prevention and control programmes
- UNIDO has, with the financial support of UNDP, assessed the possibilities of initiating or increasing local production of condoms, HIV-Test kits and syringes in order to improve the accessibility and affordability of HIV-related health care products. A pre-feasibility study was completed and positively assessed by the WHO Regional Office for Africa
- The Integrated Programme for Mozambique, has recently established the 'Mozambican Business against AIDS' initiative in cooperation with UNAIDS and private sector associations and companies.

#### Lessons learnt

- The private sector has a significant role to play in prevention through information and awareness building among its employees and is increasingly prepared to play this role with the appropriate support of the UN and the donor community
- The medium and long-term sustainability of private sector enterprises, as well as public and private sector support institutions, is threatened due to (a) the continuous costs of time lost due to sickness, care for sick family members and attendance at funerals; and (b) the costs associated with loss of trained staff
- The rapidly increasing number of AIDS orphans puts a huge strain on villages and communities which need systematic support for employment generating activities.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

UNIDO is particularly focusing its efforts towards achieving the following UN system strategic objectives:

*2.6 To advance strategies and mechanisms required for an expanded response that strengthen capacities required to build partnerships with the private sector and civil society.*

*8.1 To strengthen institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors.*

*8.3 To promote strategies and mobilize programme support resources required to assist national governments to strengthen the response to HIV/AIDS in the world of work, including through the development of legal and policy frameworks to protect worker' rights.*

#### **4. Programming Priorities addressing HIV/AIDS**

Key UNIDO priorities in the context of these objectives are as follows:

- assessing the impact of HIV/AIDS on industry with a view to defining strategies and programmes that will ensure sustainability of production, as well as, ensuring sustainable rural and urban livelihoods
- working with the private sector/business in the context of 'business against AIDS' campaigns
- promoting the production of AIDS-related health care products at the regional and country levels
- promotion of entrepreneurship and income-generating activities, including women-specific programmes
- supporting research-oriented capacity building.

UNIDO has conducted pre-feasibility studies on local production of health system inputs related to HIV/AIDS and it is expected that the manufacture of HIV/AIDS related equipment, pharmaceuticals and goods will be adopted as a priority for future activities, especially in sub-Saharan Africa.

Institutional targets to support these priorities are still to be formulated.

#### **5. Major Constraints to be addressed**

A comprehensive organizational response on HIV/AIDS will depend on the development of appropriate strategies and programmes, and will require adequate financial resources.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

A systematic and comprehensive programmatic approach to HIV/AIDS does not yet exist.

Potential roles may include:

- Collection of statistical information and the formation of a database, in conjunction with a range of partners, which documents the full range of negative impacts of HIV/AIDS on the performance of the manufacturing sector
- Formulation of strategies and policies, including incentive packages for private sector initiatives, to mitigate against the negative economic impact of HIV/AIDS
- HIV/AIDS campaigns at key entrepreneurship training institutions and integration of HIV/AIDS into UNIDO's own training packages
- Development of national and/or sub-regional mechanisms which facilitate the rapid deployment of short term replacements for specialized staff

- Support to business associations, individual enterprises and institutions in building awareness of the negative impact of HIV/AIDS on the sustainability of the private sector
- Capacity building in business associations specifically committed to HIV/AIDS activities including awareness raising and training programmes for staff
- Pilot activities in larger and prominent enterprises as part of HIV/AIDS awareness campaigns
- Support for the development of appropriate income generating activities in communities with few remaining members in their productive years but heavy responsibilities for orphan care
- Mainstreaming of HIV/AIDS in all relevant UNIDO programmes (agro-industries, entrepreneurship development and gender-related programmes, industrial policy etc.).

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

The extremely high prevalence of HIV/AIDS in Eastern and Southern Africa, seen in conjunction with UNIDO's overall focus on Africa, makes this sub-region an obvious first priority. However, no prioritization has, as yet, been made at the headquarters level.

#### **8. Institutional Priority Setting and Coordination Mechanisms**

UNIDO recognizes the need to establishment a multi-disciplinary co-ordinating committee at headquarters level to develop and promote HIV/AIDS priorities once these are defined by the organization's overall strategy.

UNIDO's priorities will primarily be addressed in close cooperation with other UN agencies in the context of national and sub-regional programmes and projects such as UNDAF, PRSP and ESL. UNIDO has its own evaluation and monitoring procedures for all programmes and projects.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

UNIDO maintains close partnerships with industry associations, chambers of commerce and individual Trans-national Corporations, at the global, regional and country levels. In Mozambique, Zambia and Tanzania UNIDO is co-operating with business councils dedicated to combating HIV/AIDS. New HIV/AIDS-related partnerships need to be developed over the next five years, with governments and industries.

## 10. Financial Resources/ Implications

### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000	2001-2005
	Total expenditure (US\$ 000)	Total expenditure (US\$ 000)
<b>Global</b>		320
<b>Regional</b>		
<b>Country</b>		
<b>Total</b>		<b>320</b>

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

Training and institutional learning mechanisms have not yet been developed. However, UNIDO recognizes that in order to make an effective contribution to work in the field of HIV/AIDS, training and awareness building mechanisms will need to be developed which include direct exposure to the situation in the most severely affected countries.

### Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>			3	1
<b>Regional</b>			3	1
<b>Country</b>			4	1
<b>Total</b>			<b>10</b>	<b>3</b>

## 12. UN Staff and Dependants

The UNAIDS handbook has been distributed to UNIDO staff in the field. Field staff have also benefited from several other UN Country Team awareness-building initiatives. At certain field duty stations including Lusaka, UNIDO staff members (together with those from other UN agencies) and their dependants have access to anti-retroviral drugs at significantly reduced prices. The strengthening of treatment and care facilities will depend on increased resource availability.



## WORLD INTELLECTUAL PROPERTY ORGANIZATION (WIPO)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The World Intellectual Property Organization (WIPO) is responsible for the promotion and protection of intellectual property throughout the world through cooperation among States, and for the administration of various multilateral treaties dealing with the legal and administrative aspects of intellectual property. In carrying out its functions, WIPO provides expert legal advice and technical assistance in the field of intellectual property.

WIPO provides a forum for its Member States to create and harmonize rules and practices to protect intellectual property rights. Where appropriate, WIPO plays a key role through treaty negotiation; provides global registration systems for patents, trademarks, and industrial designs; assembles and disseminates information concerning the protection of intellectual property; carries out and promotes studies on intellectual property; and provides training programs for the development of modern and strengthened intellectual property systems. This is done with the realization that a strong and effective intellectual property system provides the incentive for further research and development investment that leads to breakthroughs in the treatment of life-threatening disease such as HIV/AIDS.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

WIPO Director General Kamil Idris offered the Organization's cooperation and expertise, where relevant, in the wider debate on access to health care. WIPO experts attend meetings organized by UNAIDS, WHO and other NGOs involved in the issue, and make contributions on intellectual property matters where appropriate.

#### 3. Major Accomplishments over last 5 Years

WIPO seeks to ensure that an equitable balance exists between the public health concern and the interests of intellectual property rights owners. To encourage further dialogue on the issues WIPO recently hosted a "HIV/AIDS Treatment Access Round Table". The meeting was organized by the *Fondation du Présent*, a Swiss NGO, and the Ford Foundation. Furthermore, WIPO representatives have participated as observers in several HIV/AIDS-related meetings, for example, The European Commission's High Level Round Table on Accelerated Action Targeted at Major Communicable Disease within the Context of Poverty reduction - HIV/AIDS, Malaria and Tuberculosis", Brussels, September 2000.

WIPO considers it important to clarify and depoliticize issues surrounding intellectual property protection with respect to certain health related issues.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

WIPO's work relates primarily to the following UN system strategic objective:

*7.3. To develop and strengthen international mechanisms and partnerships required for improving access to HIV/AIDS-related commodities in the most affected countries.*

#### **4. Programming Priorities addressing HIV/AIDS**

WIPO currently has no policy on intellectual property and health-related issues other than those related to its institutional work. However, it is envisaged that exploratory work could be conducted to understand more fully intellectual property issues as they apply to public and private health care systems, especially as it is of growing relevance for countries implementing national development strategies.

#### **5. Major Constraints to be addressed**

#### **6. Global and Country Level Efforts which address HIV/AIDS**

WIPO is not an operational agency in the field of health, as such it has no health-related programmed activities. WIPO does have, however, an extensive Cooperation for Development Program and Public Outreach effort to clarify the role of intellectual property.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

Not applicable to WIPO

#### **8. Institutional Priority Setting and Coordination Mechanisms**

Not applicable to WIPO

## **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

To continue working with the World Health Organization (WHO) and UNAIDS in discussions concerning the UN System Strategic Plan for HIV/AIDS 2001-2005

## 10. Financial Resources/ Implications

### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

WIPO has mechanisms in place to ensure staff are trained in HIV/AIDS issues. WIPO's Medical Unit ensures appropriate dissemination of HIV/AIDS information. Institutional learning mechanisms for HIV/AIDS-related activities are currently in development.

### Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

## 12. UN Staff and Dependants

WIPO disseminates the UNAIDS handbook, *AIDS and HIV Infection: Information for UN Employees and Their Families*, to its employees. Treatment and care for agency staff includes medication and follow-up action, where necessary.

## FOOD AND AGRICULTURAL ORGANIZATION (FAO)

**Organizational Focal Point:** Marcela Villarreal

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The Food and Agricultural Organization's (FAO) mandate is to raise levels of nutrition and standards of living, to improve agricultural productivity, and to improve the condition of rural populations. Since its creation, FAO has worked to alleviate poverty and hunger by promoting agricultural development, improved nutrition and the pursuit of food security – the access of all people at all times to the food they need for an active and healthy life.

In response to the HIV epidemic, FAO contributes its technical expertise in sustainable agriculture and rural development, and develops strategies that the agricultural sector can use to address the impact of HIV/AIDS on food security and rural development.

*FAO is currently in the process of revising its programmes on HIV/AIDS. Building on almost ten years of experience, FAO is developing measures to monitor and alleviate the impact of the epidemic on food security, and to reduce vulnerability to HIV/AIDS through sustainable rural development.*

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

The Committee on Food Security discussed the impact of HIV/AIDS on food security in its September 2000 session and concluded that it should be studied and monitored in greater depth. The Committee on Agriculture raised the same issue. HIV/AIDS and food security is going to be included as an agenda item in the World Food Summit +5 in September 2001.

FAO signed a Cooperation Framework with the UNAIDS Secretariat in July 1999.

#### 3. Major Accomplishments over last 5 Years

Numerous normative documents published since 1992 have shed light on the relationship between HIV/AIDS and agriculture, food security, and sustainable development. FAO has estimated the impact of HIV/AIDS on the agricultural labour force, projecting it until 2020. FAO has introduced an HIV/AIDS dimension in its normative work in priority areas through inter-departmental multi-disciplinary work.

FAO and UNAIDS are undertaking a series of joint activities, including an assessment of the impact of HIV/AIDS on agricultural extension, farming systems, and livestock, as well as integrated prevention programmes.

Programmes that have successfully addressed HIV/AIDS in the last years included:

- “Strengthening programmes for rural youth in Uganda”, project to assess the socio-economic impact of HIV/AIDS on rural families and develop a framework for an HIV/AIDS component for the Young Farmers Programme, 1993-1995
- “The effect of HIV/AIDS on agricultural production systems in Eastern Africa (Tanzania, Uganda, Zambia)”, project reported 1994
- “HIV/AIDS and the Commercial Agricultural Sector of Kenya: Impact, Vulnerability, Susceptibility and Coping Strategies”, study reported 1999
- A Joint FAO/UNAIDS Publication on HIV/AIDS and agriculture was prepared for the December 2000 African Development Forum: “Addressing the impact of HIV/AIDS on Ministries of Agriculture: Focus on Eastern and Southern Africa”.

FAO/UNAIDS published *Sustainable Agricultural/Rural Development and Vulnerability to the AIDS Epidemic*, calling upon governments to pay increased attention to the burden of HIV/AIDS on local communities and to ensure that rural development aims at combating the epidemic.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to activities that address gender-based inequalities, support vulnerable populations, and protect children and young people from the impact of the epidemic, FAO is particularly focusing its efforts on achieving the following UN system objectives:

*7.1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including (...) the agricultural sector.*

*7.2. To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic.*

*8.1. To strengthen the institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors.*

*8.2. To provide policy services and mobilize programme support to countries seeking to develop strategies to address the impact of HIV/AIDS at the individual, family, community and national levels.*

#### **4. Programming Priorities addressing HIV/AIDS**

As stated above, FAO’s overriding concern is to monitor and alleviate the impact of HIV/AIDS on food security, and to reduce vulnerability to the epidemic through sustainable rural development. Major programme priorities are:

##### *Assessment and monitoring*

- Explore mechanisms through which HIV spreads to and through rural areas and populations, and create modes of interventions via development strategies.

- Monitor the impact of HIV/AIDS on food security in rural communities.

*Advocacy and awareness-raising*

- Advocate a more balanced approach to HIV/AIDS research in favour of rural populations.
- Increase the awareness of the impact of HIV/AIDS on food security and rural development, and the vulnerability of rural populations to HIV/AIDS.

*Policies and programmes*

- Explore ways in which extension services can adapt, remain effective and assist farming communities in rural areas with high HIV prevalence.
- Develop agriculture programmes that modify mobility patterns to reduce the vulnerability of migrants to HIV infection, and develop strategies that focus on prevention of HIV among migrants.
- Empower rural populations by reducing the vulnerability of these populations to economic shocks through rural development strategies, and by educating rural youth on a long-term basis.
- Address the rural AIDS orphans food security problem.

## **5. Major Constraints to be addressed**

The impact of the HIV/AIDS epidemic has been underestimated in rural areas. No reliable data on HIV prevalence is currently available for most rural areas. In addition, the infrastructure needed for prevention programmes (health services, counselling and testing, condom availability and HIV/AIDS information) is poorly developed in rural areas.

There is a lack of financial resources concomitant to the efforts needed to address the issue effectively.

## **6. Global and Country Level Efforts which address HIV/AIDS**

FAO's role is mostly global with a focus on advocacy and normative work, but it provides technical assistance to country programmes on HIV/AIDS issues. FAO seeks to raise awareness about the threat that HIV/AIDS poses to food security, particularly in relation to global efforts to reduce hunger and the ways in which it can be mitigated through the agricultural sector.

FAO implements thematic programmes in individual countries. For example, FAO has been funded by UNAIDS and UNDP to study the impact of HIV/AIDS on agricultural extension in Malawi and Zambia. UNDP is also funding an FAO project in Cambodia, which adapts the successful participatory methodology of the Farmer Fields Schools for Integrated Pest Management (IPM) to the prevention of HIV/AIDS. In addition, FAO is implementing a country-wide study on the impact of HIV/AIDS on farming communities in Namibia and a study on the impact of the epidemic on nutrition in Niger.

FAO is integrating HIV/AIDS into many of its priority programmes, such as the Horn of Africa initiative against hunger.

FAO is an active participant in the theme groups in many countries. It provides technical assistance and raises awareness on the impact of AIDS on agriculture and rural development. However, a lack of financial resources at country level makes it difficult to support theme groups adequately.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

FAO is currently focusing its efforts on sub-Saharan Africa. However, it is also aware that if no measures are taken in Asia soon, the epidemic can reach African proportions in many countries. There are large absolute numbers of PLWAs in Asia, and a relatively high proportion of the population is living in rural areas.

#### **8. Institutional Priority Setting and Coordination Mechanisms**

FAO has set up an inter-departmental multi-disciplinary working group, in which interested staff from all departments participate. Currently, it has more than 30 members. The working group coordinates activities, shares information, and builds partnerships. FAO's focal point on HIV/AIDS belongs to the Population Programme Service in the Sustainable Development Department.

AIDS monitoring will be introduced in some of the high priority programmes such as the Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS) and the Special Programme on Food Security, as well as in the activities of the Strategic Investment Centre.

In the future, a more formal mechanism with budget implications will be necessary, such as setting up an output-oriented inter-departmental programme, with its own monitoring and evaluating mechanisms.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

FAO is interested in becoming a Cosponsor of UNAIDS. Cosponsor status will be formally requested once a regular programme on HIV/AIDS is fully in place. UNDP, UNAIDS, and FAO have a longstanding collaboration in a number of countries to link HIV/AIDS issues with agriculture development programmes.

FAO has key partnerships with the national/international centres for research on agriculture. There is close collaboration, including regular meetings and joined activities, with WFP and IFAD. Moreover, FAO participates actively in the System Wide Initiative on HIV/AIDS (SWIHA) of the Consultative Group on International Agricultural Research Centers (CGIAR).

New partnerships are being developed with the World Bank to ensure that HIV/AIDS issues are mainstreamed into agricultural programmes.

## 10. Financial Resources/ Implications

	1996-2000	2001-2005
	Total expenditure (US\$ 000)	Total expenditure (US\$ m)
<b>Global</b>	150	0.210
<b>Regional</b>		1.52
<b>Country</b>		0.180
<b>Total</b>	<b>150*</b>	<b>1.9</b>

\* Estimate

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

### Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>	3	2*	34	20**
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>	<b>3</b>	<b>2</b>	<b>34</b>	<b>20</b>

\* Second staff member since 1999

\* May increase to 1 additional staff

FAO aims to mainstream HIV/AIDS in all relevant activities. The inter-departmental working group is an effective mechanism for mainstreaming HIV/AIDS and for creating awareness and sharing information.

FAO is seeking to increase the number of people working on HIV/AIDS and food security issues, through the establishment of posts and other means. It is actively seeking funding for its proposed activities.

FAO also publishes a number of documents, focusing on agriculture and HIV/AIDS, and posted on our regularly updated web site "SD Dimensions".

## 12. FAO Staff and Dependents

An information symposium for staff and families regarding HIV/AIDS issues is held annually on World AIDS Day. Efforts are needed to decentralize the symposia to non-HQ staff. The UNAIDS handbook "AIDS and HIV Infection: Information for UN Employees and



their Families” is distributed through the medical service at headquarters and has been sent to the field.

Treatment and care for FAO staff and dependants are covered by the FAO medical insurance (through Van Breda).

FAO will seek to learn from other UN agencies about their experience in providing services to their staff, and try to implement them within the agency.

## **INTERNATIONAL FUND FOR AGRICULTURAL DEVELOPMENT (IFAD)**

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The International Fund for Agricultural Development (IFAD) provides direct loan and grant financing, including technical assistance, for programmes designed to promote the economic advancement of the rural poor, mainly by improving the productivity of on and off farm activities. Given the inseparable link between social and economic development, IFAD supports social investments in order to create an environment that allows the poor to take advantage of economic opportunities. IFAD's mandate is to combat hunger and poverty in the poorest regions of the world.

HIV/AIDS is of special concern to IFAD due to its impact on rural households, in particular on the production capacity of rural households. While HIV/AIDS is not explicitly included in IFAD's corporate strategy, the Africa Divisions are developing a strategy to strengthen households and community coping mechanisms to reduce the impact of HIV/AIDS on rural poverty. A draft strategy for the Eastern and Southern African regions will be completed by June 17, and will be discussed with various stakeholders at the UNGASS in June 2001.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

None at present.

#### **3. Major Accomplishments over last 5 Years**

The Ugandan Women's Effort to Save Orphans (UWESO) Development Project was funded in 1995 through an IFAD/ Belgium Survival Fund (BSF) grant. The project, managed by IFAD, trains foster families of orphans in business skills, works with them to mobilize their own savings and provides them with credit for income generating investments. In addition, orphans are provided with vocational training and artisan apprenticeship. This project has emerged as an example of how community resilience and coping mechanisms can be strengthened through technical/vocational skills training and the provision of micro-credit.

The Nyeri Dry Area Smallholder and Community Services Development Project ran from 1991 to 1999. It encompassed both agricultural development (funded by IFAD) and social services development and provision (through a BSF grant managed by IFAD). Activities targeting HIV/AIDS included the training of district and community health workers in home-based care and counselling of people living with HIV/AIDS.

In December 2000, the IFAD Executive Board approved two projects that involve HIV/AIDS activities. The Central Kenya Dry Area Smallholder and Community Services Project includes a Primary Health Care sub-component, under which information, education and communication and counselling for HIV/AIDS control will be provided. The Rural Financial Services Programme in Tanzania will target poor populations and ensure their access to financial products and services. This programme will offer borrowers insurance coverage through a fund, which will cover loan defaulting for a variety of reasons, including non-repayment due to incapacitation or death as a result of HIV/AIDS.

Lessons learnt from IFAD's work related to HIV/AIDS are currently under review in the context of assessment of donor and government strategies to strengthen coping capacity of affected poor rural households and communities.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

IFAD is particularly focusing its efforts on achieving the following UN system strategic objectives:

*7.1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including (...) the agricultural sector.*

*7.2. To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic.*

*8.1 To strengthen the institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors.*

### 4. Programming Priorities addressing HIV/AIDS

The strategy for HIV/AIDS being developed by IFAD's Africa Divisions will give guidance on

- the support and strengthening of coping mechanisms relevant to poor rural communities affected by HIV/AIDS
- the identification and expansion/replication of existing support systems such as rural microfinance for foster families of orphans and vocational training for orphans.

Current challenges in pursuing the above objectives include:

- identifying a clear approach aimed at strengthening the resilience of affected households and communities, through the use of IFAD's field programmes as platform for activities
- establishing partnership agreements with clear operational responsibilities
- mobilizing resources for activities to be undertaken by project coordination and implementation units of IFAD financed projects.

**5. Major Constraints to be addressed**

None listed

**6. Global and Country Level Efforts which address HIV/AIDS**

IFAD engages in policy and institutional dialogue on rural poverty alleviation issues at the country level with governments, donors, and civil society. The principal focus is on local/community level mechanisms for policy implementation, particularly through participatory structures.

At country level, IFAD's role is primarily the financing of agricultural investment programmes. IFAD gives loans to governments on highly concessional, intermediate and ordinary terms, and provides technical assistance grants for some programmes such as the Special Programme for Sub-Saharan African Countries Affected by Drought and Desertification.

**7. Priority Geographic Regions for HIV/AIDS Efforts**

Based on the incidence of the scale of HIV/AIDS, the East and Southern Africa region and the West and Central Africa region are geographic priorities for IFAD.

The key theme in addressing HIV/AIDS in these regions is strengthening community planning and implementation of responses, with particular emphasis on coping mechanisms to reduce impact of HIV/AIDS on rural poverty.

**8. Institutional Priority Setting and Coordination Mechanisms**

Currently, IFAD has three staff in the Africa Divisions reviewing how HIV/AIDS may be mainstreamed into IFAD's operations.

IFAD is looking into the possibility of creating a fund for HIV/AIDS-related activities, staffed by a small number of people. High overhead management costs could be avoided by incorporating HIV/AIDS activities into existing programmes.

Monitoring and evaluation mechanisms are under development as part of the strategy formulation.

**SECTION III: STRATEGIES AND RESOURCES****9. Key Partnerships Required for Successful Institutional Action**

Though currently not focusing on HIV/AIDS, IFAD has partnerships with national governments implementing IFAD-funded projects, with other UN organizations (World Bank, WFP, FAO), bilateral organizations, and NGOs.

The development of new partnerships will be guided by IFAD's future strategy. These partnerships will involve various UN agencies and NGOs/Civil Society Organizations, based on their strengths and comparative advantages with regard to forthcoming initiatives.

## 10. Financial Resources/ Implications

	1995-2001	2001-2005
	Total expenditure (US\$ m)	Total expenditure (US\$ m)
<b>Global</b>		
<b>Regional</b>		
<b>Country</b>	3.55	45
<b>Total</b>	<b>3.55</b>	<b>45*</b>

\* Expected increase US\$ 40-50m. Broadly, these resources would go towards research and studies, and would also be a grant based investment facility for activities aimed at mitigating the effects of HIV/AIDS on rural livelihood

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>	2	1.5		
<b>Regional</b>			3*	
<b>Country</b>				
<b>Total</b>	<b>2</b>	<b>1.5</b>	<b>3</b>	

\* May increase to 4 staff

IFAD has an intra- and internet-based knowledge management system to facilitate institutional learning about its HIV/AIDS programmes and best practice.

## 12. IFAD Staff and Dependants

The UNAIDS handbook "AIDS and HIV Infection: Information for UN Employees and Their Families" is available from the IFAD nurse.

## **WORLD FOOD PROGRAMME (WFP)**

**Organizational Focal Point:** Robin Jackson

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The World Food Programme (WFP) is the food aid arm of the United Nations system. Food aid is one of the many instruments that can help to promote food security, which is defined as access of all people at all times to the food needed for an active and healthy life. The ultimate objective of food aid is the eradication of hunger and poverty. Consistent with its mandate, which also reflects the principle of universality, WFP will continue to:

- use food aid to support economic and social development
- meet refugee and other emergency food needs and the associated logistics support
- promote world food security

WFP delivers food aid to mitigate and/or reduce the negative impact of HIV/AIDS on the food security of households and communities. WFP also makes available its logistics services, network and food distribution sites for prevention activities by other relevant partners. This may include the distribution of condoms and materials for prevention and training for both emergency and development programmes.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

In its Annual Session 2000, the WFP Executive Board noted the “significant human and economic damage caused by HIV/AIDS”, and agreed that in collaboration with other relevant partners it “should explore areas of effective intervention consistent with its mandate”.

#### **3. Major Accomplishments over last 5 Years**

Following the decision of the Executive Board, WFP has undertaken country studies in Africa and Asia to review its experience to-date. These studies explored:

- whether WFP food assistance is having an effect (positive or negative) on populations affected by HIV/AIDS
- how to assist the trade-offs of poor households affected by HIV/AIDS
- how to strengthen the existing partnerships
- how to integrate HIV/AIDS concerns into all WFP programmes - development, emergency relief and recovery.

Based on this experience, WFP is launching food aid interventions in Africa and Asia.

A Guidance Note for country offices has been prepared to assist field staff in designing projects in response to the problem of food insecurity and HIV/AIDS. It will be supplemented by detailed Operational Guidelines (Summer/Fall 2001).

WFP worked closely with the International Food and Policy Research Institute (IFPRI) resulting in a joint to prepare a paper on the impact of HIV/AIDS on livelihood, food security and nutrition. This paper was presented at the ACC Sub-Committee on Nutrition in April 2001.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to supporting UN system efforts to provide care and support to individual households and communities affected by HIV/AIDS and to strengthen capacities required to build partnerships with the private sector and civil society, WFP is particularly focusing its efforts on achieving the following UN system objectives:

- 3.2. To increase policy and programme support to governments seeking to address the needs of children and adolescents particularly vulnerable to HIV/AIDS, including fulfilling their rights to access basic educational, health and social services and legal protections.*
- 4.2. To provide policy services and mobilize programme support to countries seeking to address the basic and HIV/AIDS related needs of (...) migrants, refugees and internally displaced persons.*
- 7.2. To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic.*

### **4. Programming Priorities addressing HIV/AIDS**

WFP's objective is to enable hungry poor people to achieve long-term food security. The role of food aid is to facilitate development, for example, by helping HIV/AIDS-affected households invest in adequate nutrition and education for children, including those orphaned. In other cases, food aid may permit healthy family members to retain or gain assets that contribute to the family's income in the long-term.

WFP also makes available its logistical services and network to other UN system organizations and NGOs. The Guidance Note on HIV/AIDS and food aid will assist WFP field offices to better target and design food aid programmes that mitigate the negative impacts of HIV/AIDS and improve the food security of those families most affected.

### **5. Major Constraints to be addressed**

Since WFP operates in marginalized areas where those most vulnerable to hunger (including HIV/AIDS-affected households and communities) live, it needs to further strengthen its capacity to build and maintain partnerships with local NGOs and CBOs. In order to expand the range of partnerships and capacity-building measures with these organizations, WFP is seeking to leverage co-funding with other UN agencies, donor and private foundations.

## 6. Global and Country Level Efforts which address HIV/AIDS

Through advocacy, WFP continues to support international efforts to achieve global political commitments to fight HIV/AIDS, including a number of goals adopted at previous UN conferences and at the UN Millennium Summit.

WFP is particularly concerned to integrate the issues of food security and nutrition into HIV/AIDS programming at national, regional and international levels, with a special focus on the needs of women and children affected by HIV/AIDS.

## 7. Priority Geographic Regions for HIV/AIDS Efforts

WFP focuses on countries with the greatest need for food aid and targets at least 90 percent of its development resources to the least developed countries (LDCs) and at least 50 percent to low-income, food-deficit countries (LIFDCs). WFP's HIV/AIDS-related activities will focus particularly on sub-Saharan Africa, where more than 40 percent of WFP's resources are directed.

## 8. Institutional Priority Setting and Coordination Mechanisms

An internal task force on HIV/AIDS has been set up to coordinate the development of WFP's HIV/AIDS-related projects and facilitate their implementation at field level. It supports WFP's involvement in the larger Inter-Agency task force in advance of the UNGASS on HIV/AIDS to be held in June 2001.

### SECTION III: STRATEGIES AND RESOURCES

## 9. Key Partnerships Required for Successful Institutional Action

For WFP to operate effectively in a country where the HIV prevalence is high, technical supports and inputs of other agencies and organizations are required. WFP has signed global Memoranda of Understanding (MOU) with major NGOs and has local partnership agreements with over 1,100 NGOs in the field. For HIV/AIDS-related activities, WFP will consider new arrangements with donors, international and national NGOs and other interested parties. A Letter of Understanding will be discussed with UNAIDS in 2001.

## 10. Financial Resources/ Implications

	1996-2000	2001-2005
	Total expenditure (US\$ m)	Total expenditure (US\$ m)
<b>Global</b>	1	
<b>Regional</b>		
<b>Country</b>		
<b>Total</b>	1	



## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

### Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

WFP follows the “UN HIV/AIDS Personnel Policy” adopted by the ACC in 1991. The Division of Human Resources is currently considering how to integrate this into the existing training programmes directed at all staff.

WFP’s Operation, Policy and Personnel Departments have started to look at HIV/AIDS in terms of institutional learning.

HIV/AIDS issues are being integrated into the relevant areas of three departments within WFP: Human Resources, Policy and Operations. These three departments consider training/personnel issues, policy guidance for the field, and implementation of projects.

A new internal web site addresses the issues of HIV/AIDS. In addition, WFP will set up an information network within the organization in order to share experiences in different countries.

## 12. WFP Staff and Dependents

During the year 2000, the UNAIDS handbook “AIDS and HIV infection: Information for UN Employees and Their Families” was distributed to all WFP staff. Information about HIV/AIDS is also included in the Security Awareness Training, and its companion CD-ROM will be distributed to all WFP field offices. By the end of 2001, all WFP staff will have undertaken a Security Awareness Training in which HIV/AIDS is addressed. A wider range of training for staff and their families is planned in high-prevalence countries in order to raise awareness and reduce risk.

Together with some other UN agencies, WFP is distributing Post Exposure Prophylaxis Treatment kits to all the field offices.

WFP will ensure that there is a clear policy including guidelines for HR matters regarding HIV-related issues, such as medical coverage, confidentiality etc.

## **UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST (UNRWA)**

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### **SECTION I:BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) provides education, health, and relief and social services to 3.7 million registered Palestine refugees in Jordan, Lebanon, the Syrian Arab Republic, the West Bank and the Gaza Strip.

UNRWA operates in a low HIV/AIDS prevalence area so it focuses on activities promoting safe sexual behaviour, primarily among the young, through education and information dissemination.

UNRWA supports regional level initiatives in partnership with WHO/EMRO strategies, whilst working with and supporting national HIV/AIDS programmes. Since 1950, under the terms of an agreement with UNRWA, the WHO has provided technical supervision of the Agency's health programme. As such, UNRWA strategies with respect to all programme components are developed consistent with WHO concepts, principles and strategies. The UNRWA Director of Health is chosen from senior WHO staff and seconded on non-reimbursable loan to UNRWA.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

The Director of Health and the Headquarters AIDS Task Force Team are the highest authorities in UNRWA addressing HIV/AIDS. The Annual Report of the Department of Health, which is addressed to Regional Director/EMRO and the UNRWA Commissioner-General, includes information on HIV/AIDS activities.

#### **3. Major Accomplishments over last 5 Years**

In the early 1990's, an AIDS Task Force was formed at UNRWA headquarters and at each of its field sites. A health education programme targeting school children and youth was developed in collaboration with WHO/EMRO in 1995. The outcome was that all the youth in UNRWA schools, trainees in Vocational Training Centres and Women Programme Centres received information on HIV/AIDS. The health education programme on HIV/AIDS was well received by youth and was accepted by parents and the community in general. A Student's kit and a Teacher's guide were produced. In 2000, these educational materials were

reproduced in a self-learning module.

In addition, health care staff have been trained in the safe handling of body fluids and adherence to safe laboratory techniques.

UNRWA is represented in the National AIDS Committees of the Ministries of Health of the host countries (Jordan, Syria, Lebanon and Palestine).

UNRWA's major accomplishments over the last 5 years are:

- broadening the knowledge and attitudes of the refugee community
- ensuring wide observance of World AIDS Day, and
- implementing educational programmes for youth.

UNRWA has learnt the following lesson from its efforts to address HIV/AIDS:

- AIDS education would be more effective if adolescent health education activities, including education on reproductive health and sexually transmitted diseases, are integrated within the school curricula rather than disseminated as extra-curricula enrichment material.
- Involvement of community leaders including religious figures is essential for reducing resistance to the programme.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to activities that support UN system efforts to ensure an extraordinary response to the epidemic; protect human rights and reduce stigma associated with HIV/AIDS, UNRWA is particularly focusing its efforts towards achieving the following UN system strategic objectives:

*3.3. To mobilize international technical and programme resources in support of efforts by national governments and civil society to dramatically increase access to:*

- *information and life skills education for in-school and out-of-school youth,*
- *youth-friendly reproductive health and sexual health services.*

*7.1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including the:*

- *education sector*
- *health sector.*

#### **4. Programming Priorities addressing HIV/AIDS**

The key objectives of UNRWA's work are:

Co-ordinating UNRWA activities with National AIDS Programmes

- Ensuring the diagnosis and management of cases is co-ordinated with National AIDS Programmes
- Maintaining surveillance of STIs and HIV/AIDS in collaboration with the Ministries of Health of host governments

Maintaining respect for the rights of persons infected and affected by HIV/AIDSPromoting healthy lifestyles

- disseminating information and providing education to vulnerable groups especially youth at schools, Vocational Training Centres and Women Programme Centres
- producing health education materials for public distribution, and
- producing educational kits for schoolteachers and students.

Ensuring blood safety and use of disposable syringes and needles in the programme

- Training health staff on safe handling of body fluids
- Following-up on the implementation of staff safety measures

UNRWA has set the following institutional target:

Education on HIV/AIDS for Grade 10 students at all UNRWA schools and all trainees at Vocational Training Centres and Women Programme Centres

**5. Major Constraints to be addressed**

A key constraint is the lack of adequate educational material on reproductive and adolescent health in the national educational curricula. UNRWA finds that the cost of producing HIV/AIDS educational materials and training staff is prohibitive.

**6. Global and Country Level Efforts which address HIV/AIDS**

UNRWA works mainly at country level co-ordinating activities with National AIDS programmes.

**7. Priority Geographic Regions for HIV/AIDS Efforts**

UNRWA concentrates its efforts on the Palestine refugee communities in Jordan, Lebanon, the Syrian Arab Republic, the West Bank and the Gaza Strip as defined by the organization's mandate.

**8. Institutional Priority Setting and Coordination Mechanisms**

The headquarters Task Force team co-ordinates HIV/AIDS activities between the Departments of Education, Health and Social Services as well as with the field sites. Field task force teams coordinate multi-sectoral activities with National AIDS programmes and

with local communities. Together they work to maintain educational programmes for young people and implement activities on and around the World AIDS Day.

Monitoring and evaluation mechanisms include analysis of ongoing surveillance of incidence trends at the national and regional levels, annual KAP surveys of staff and youth

The youth health education programme is followed-up and monitored during the school year and evaluated at the end of each year through a questionnaire administered to schoolteachers and targeted youth.

### SECTION III: STRATEGIES AND RESOURCES

#### 9. Key Partnerships Required for Successful Institutional Action

Partnerships already exist with national governments in respect of National AIDS Programmes and the Preventive Medicine Divisions in the Ministries of Health. Civil society organizations such as the Palestinian Women Associations are also very important. The educational programme on HIV/AIDS and other sexually transmitted diseases has been developed in co-operation with WHO/EMRO. Further partnerships will be instigated with regard to laboratory facilities in host governments.

#### 10. Financial Resources/ Implications

##### Summary of Financial Resources devoted to HIV/AIDS

	<b>1997-1998</b>	<b>1999</b>	<b>2000</b>	<b>2001-2005</b>
	<b>Total expenditure (US\$ 000)</b>	<b>Total expenditure (US\$ 000)</b>	<b>Total expenditure (US\$ 000)</b>	<b>Total expenditure (US\$ 000)</b>
<b>Global</b>				
<b>Regional</b>	100	50	50	250
<b>Country</b>				
<b>Total</b>	<b>100</b>	<b>50</b>	<b>50</b>	<b>250</b>

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

### Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional &amp; Intercountry</b>	All staff involved. No full-time staff working on HIV/AIDS activities			
<b>Country</b>				
<b>Total</b>				

Mechanisms are in place to ensure that UNRWA staff are trained in HIV/AIDS related issues but no formal methods of institutional learning have been developed in relation to its HIV/AIDS programmes and best practice. The HIV/AIDS prevention programme falls under the Disease Prevention and Control Division. The Division is responsible for ensuring the proper implementation of educational and other activities on HIV/AIDS. Although UNRWA does not publish regular bulletins, HIV/AIDS is on the list of notifiable diseases which is published in the Annual Report of the Department of Health.

## 12. UN Staff and Dependents

The UNAIDS handbook has been distributed, and in addition materials concerning World AIDS Days. Staff can obtain counselling, condoms, laboratory and other investigations. Further strengthening may be possible through co-ordination with National AIDS Programmes. UNRWA will continue efforts to implement UN-system-wide principles and strategies regarding the impact of the HIV/AIDS on United Nations personnel and operational policies.

## UNITED NATIONS CONFERENCE ON TRADE AND DEVELOPMENT (UNCTAD)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The United Nations Conference on Trade and Development (UNCTAD) seeks to maximise the trade, investment and development opportunities of developing countries, and to help them face challenges arising from globalisation and integrate into the world economy, on an equitable basis.

UNCTAD's tenth conference in February 2000, adopted a Programme of Action which draws attention to the importance of health and basic education as essential building blocks of development and indispensable for reducing poverty and inequality. With regard to debt, the Conference called for continued action to be given to identifying ways and means of improving the situation and to addressing the causes of indebtedness in African countries so that they can devote more of their resources to basic social needs, including health care and education. Policies must take into account the effects of globalization on basic development requirements.

UNCTAD conducts and supports research and policy analysis, inter-governmental deliberations, technical co-operation, and interaction with civil society and the business sector.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

The Secretary General at the first session of the Intergovernmental Preparatory Committee for the Third UN Conference on the Least Developed Countries expressed the need for well-focused forums aimed at promoting specific programmes in areas such as health (HIV/AIDS).

#### 3. Major Accomplishments over last 5 Years

In 1997, UNCTAD's Commission on Trade in Goods and Services, and Commodities selected health services as the first services sector to be analysed by UNCTAD from a development perspective. Benefits derived from trade in health services, which is becoming one of the most important service industries, could be used to contribute to improving the health and living conditions of domestic populations.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

UNCTAD is particularly focussing its efforts on achieving the following UN system objective:

*8.3 To develop and strengthen international mechanisms and partnerships required for improving access to HIV/AIDS –related commodities in the most affected countries*

#### 4. **Programming Priorities addressing HIV/AIDS**

As the focal point within the UN system for developing countries UNCTAD has devoted its attention over the last 12 months to the organization of the third Least Developed Country Conference. A core element of the Programme for the Conference were the interactive thematic discussions. One of these sessions was devoted to health: health-trade, health-debt and health-aid relations; the implications of a decline of human capital for growth and how improved health may aid the growth process. The issue of HIV/AIDS was addressed in this session.

#### 5. **Major Constraints to be addressed**

Not applicable to UNCTAD

#### 6. **Global and Country Level Efforts which address HIV/AIDS**

UNCTAD primarily works at a global level, as the focal point within the UN system for developing countries.

#### 7. **Priority Geographic Regions for HIV/AIDS Efforts**

Not applicable to UNCTAD

#### 8. **Institutional Priority Setting and Coordination Mechanisms**

Not applicable to UNCTAD

## SECTION III: STRATEGIES AND RESOURCES

#### 9. **Key Partnerships Required for Successful Institutional Action**

UNCTAD in cooperation with other relevant organizations, in particular and where appropriate WIPO and WHO, promotes analysis and consensus-building aimed towards identifying issues that could yield potential benefits to developing countries, including the link between public health and development.



## 10. Financial Resources/ Implications

### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

### Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

## 12. UN Staff and Dependants

## UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

**Organizational Focal Point:** Pirrko Kourula

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The Office of the United Nations High Commissioner for Refugees (UNHCR) is mandated to lead and coordinate international action for the worldwide protection of refugees and the resolution of refugee problems. UNHCR's primary purpose is to safeguard the rights and wellbeing of refugees. In particular, UNHCR strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another state, and to return home voluntarily.<sup>3</sup>

HIV/AIDS is an important issue for UNHCR because:

- in certain countries, persons with HIV/AIDS are discriminated against and/or subject to persecution
- HIV+ status may lead to the undermining of refugee protection and further stereotyping of refugees and asylum seekers ("refugees bring AIDS")
- refugees affected by HIV/AIDS can be (and often are) subjected to discrimination in countries of asylum
- conflict situations lead to social breakdown and massive refugee influxes. This combination facilitates the spread of HIV/AIDS
- refugees often find themselves in remote border areas where HIV/AIDS prevention programmes are non-existent or insufficient
- HIV/AIDS may affect refugees' capacity to participate in programme activities.

UNHCR undertakes global advocacy and normative work, as well as supporting regional initiatives and country programmes. These functions are undertaken with external partners to ensure a comprehensive approach.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

UNHCR's governing body is the Executive Committee of the High's Commissioner's Programme (EXCOM). While EXCOM meets once a year, its Standing Committee meets at least three times a year. During a pre-EXCOM session in 2000, a presentation on UNHCR's work in the area of HIV/AIDS was made to NGOs attending the governing body session. During the 2000 session of EXCOM, a UNAIDS representative addressed UNHCR's governing body for the first time.

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<sup>3</sup> UNHCR Mission Statement

In 2001, UNHCR introduced HIV/AIDS to the 20<sup>th</sup> meeting of EXCOM's Standing Committee (Geneva, 12-14 March) in a Conference Room Paper (EC/51/SC/CRP.7, "*HIV/AIDS: The Refugee Dimension*"). Previously, the Standing Committee had touched on HIV/AIDS and related issues during discussions on refugee health (1995) and refugee health and nutrition (1997). In both instances, the Standing Committee had before it conference room papers (EC/1995/SC.2/CRP.29 and EC/47/SC/CRP.46, respectively). Many of the participating government delegations expressed a keen interest on the issue of refugees and HIV/AIDS.

In follow up to the discussions at the March 2001 Standing Committee meeting, UNHCR convened an informal meeting on 23 May with EXCOM members and observers, including concerned intergovernmental organizations. UNHCR plans to establish an Advisory Group on HIV/AIDS and Refugees, to include representatives from donor and recipient countries, NGOs and intergovernmental organizations.

Since 1988, UNHCR has issued a number of policy documents on refugees and HIV/AIDS:

- Inter-Office/Field Office Memorandum (IOM/78/98-FOM/84/98 "Policy regarding Refugees and Acquired Immune Deficiency Syndrome).
- The Inter-Office Memorandum No. 82/92 - Field Office Memorandum No. 81/92 (12 November 1992) set out the first policy and guidelines on refugee protection/assistance and AIDS.
- Inter-Office Memorandum No. 47/99 - Field Office Memorandum No. 48/99 (11 May 1999) dealt with "HIV/AIDS Post-Exposure Preventive (PEP) Treatment Starter Kits for UNHCR Staff."
- Other policy guidelines and manuals incorporating HIV/AIDS issues include UNHCR Policy on Harmful Traditional Practices and UNHCR Manual, Chapter 4, Section 2.3 on "Refugees with Special Needs".

### **3. Major Accomplishments: 1996-2000**

*Production and dissemination of policies and guidelines* (e.g. the 1996 "Guidelines for Interventions in Emergency Settings" issued jointly with WHO and the UNAIDS Secretariat and the 1999 "Inter-Agency Field Manual on Reproductive Health in Refugee Situations", produced jointly with IOM, UNFPA, UNICEF, WHO and the UNAIDS Secretariat). In 1998, revision/update of policy on HIV/AIDS undertaken in collaboration with UNAIDS.

*Support to operations in the field and creation of partnerships.* For example, a case study on STI/HIV/AIDS prevention and care amongst Rwandese refugees in Tanzania has been developed in collaboration with the London School of Hygiene and Tropical Medicine and AMREF. Also, a Regional Planning Workshop on HIV/AIDS was successfully held in Uganda in May 2000.

While attempts to integrate HIV/AIDS into the 2001 *UNHCR Country Operations Plans (COP)* did not materialize (due to time constraints), the 2002 COPs for relevant countries

show that the issue of HIV/AIDS has been adequately incorporated into the country programmes.

*Participation in country-level UN Theme Groups on HIV/AIDS*, where UNHCR has been trying to expand coverage of national AIDS programmes to include refugees.

*Participation in regional and global meetings*, to underline the refugee *problematique*. These events have included the Special OAU Summit on HIV/AIDS and Other Communicable Diseases (Abuja, April 2001) and the ECA 2001 consultations on HIV/AIDS.

*Inter-agency cooperation* reinforced in the 1990s within the context of strengthening reproductive health activities and following a Cooperation Agreement signed with UNAIDS in 1998.

*Active participation in relevant inter-agency coordination fora*, particularly the IASC Sub-Working Group on HIV/AIDS in Emergencies, the Inter-Agency Advisory Group on AIDS (IAAG) and the Inter-Agency Working Group on Reproductive Health (IAWG).

*Establishment of regional strategies*. The UNHCR Africa Bureau issued in February 2001 a "Strategic Policy Note on HIV/AIDS: A Call for Action", the first such regional document.

#### Lessons learnt

- Country programmes have, until very recently, failed to recognize the threat posed by the HIV/AIDS epidemic to refugees.
- UN agencies and governments have not been willing or able to extend coverage of HIV/AIDS national prevention and care programmes to refugees.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to activities that support an extraordinary response to the epidemic; address cross cutting issues in an expanded response; and address those most vulnerable to and at greatest risk of HIV/AIDS, UNHCR is particularly focusing its efforts towards achieving the following UN system objectives:

*4.1 To promote policies and programme approaches which protect the human rights and reduce the stigmatisation, marginalisation and discrimination of groups most vulnerable to HIV/AIDS*

*4.2 To provide policy services and mobilize programme support to countries seeking to address the basic and HIV/AIDS-related needs of migrants, refugees and other internally displaced persons.*

#### 4. Programming Priorities addressing HIV/AIDS

- Strengthening STI/HIV/AIDS prevention and care component of reproductive health programmes in refugee settings.
- Provision of technical assistance to implementing partners, both governmental and NGOs, including capacity building in the design and implementation of HIV/AIDS prevention and care activities.
- Dissemination of information; research and publication of new guidelines and best practices.
- Setting up an agenda for research and strategy through the Inter-agency Working Group on Reproductive Health in Refugee Situations.
- Establishment of partnerships with UN agencies and UNAIDS Secretariat, as well as with pertinent NGOs and Governments. Partnerships should seek to obtain a serious commitment from specialized agencies to provide adequate responses to refugee situations and establish sustainable prevention, dissemination and education programmes in refugee camps.
- Mainstream the issue through incorporation of HIV/AIDS in pertinent policies, handbooks and training material. For example, the Second Edition of the UNHCR Handbook for Emergencies does not even mention HIV/AIDS, despite the fact that it was issued in 1999.

#### 5. Major Constraints to be addressed

- Weak commitment, awareness and political will, within UNHCR, from Senior Management to field offices.
- Risk of further stigmatization and rejection of refugees and asylum seekers.
- Operational: lack of financial resources and technical expertise in the face of compelling priorities to cover other basic needs of refugees (protection, food, health, water, shelter, primary education, security).
- Lack of support from other UN agencies (UNAIDS and co-sponsors) and limited support capacity and political will from recipient governments.

#### 6. Global and Country Level Efforts which address HIV/AIDS

UNHCR does not have a normative function concerning HIV/AIDS *per se*. Normative guidance is expected from other agencies, particularly WHO and the UNAIDS Secretariat. However, UNHCR may set protection standards for refugees affected by HIV/AIDS.

UNHCR's main role is at global level is to:

- disseminate information, i.e. best practice packages and guidelines;
- advocate HIV/AIDS prevention and care needs of refugees through international, regional and national forum; and
- advocate partnerships.

With respect to its country-level work, UNHCR seeks to liaise with national AIDS prevention, control and care programmes so that refugees and populations living in refugee-

affected areas benefit from HIV/AIDS prevention and care services in accordance with national policies and protocols.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

- Southern Africa (Angola, Botswana, Mozambique, Namibia, South Africa, Zambia)
- West Africa (Côte d'Ivoire, Guinea, Sierra Leone, Liberia)
- East/Horn and Great Lakes Region of Africa (Burundi, Eritrea, Ethiopia, Kenya, Rwanda, Sudan, Tanzania, Uganda)
- South-East Asia (Myanmar, Northern Thailand)
- Russian Federation and CIS countries.

Prioritization is made on the following criteria: number of refugees, returnees and IDPs; partners' interest; maturity of the epidemic; vulnerability of refugees; and resources.

#### Regional Efforts

- Advocacy for integration of HIV/AIDS prevention and care activities into current UNHCR regional priorities and country operations and provision of technical assistance.
- Establishing linkages/networking relationships with regional and sub-regional initiatives (Great Lakes Initiative, IPAA, Inter-country Initiative for Guinea, Liberia and Sierra Leone on HIV/AIDS/STI prevention and care for refugees, internally displaced persons and host communities.)
- Development of a regional action plan for West and Central Africa, in partnership with UNAIDS Inter-Country Team
- Development of a UNHCR inter-sectoral regional action plan for East/Horn/Great Lakes region of Africa
- Development of a sub-regional action plan for Southern Africa (Botswana, Mozambique, Namibia and South Africa).

#### **8. Institutional Priority Setting and Coordination Mechanisms**

An internal Task Force (TF) with representatives from various Departments/Divisions and regional Bureaux will be set up as of June 2001. Its main objective will be to establish a comprehensive medium-term strategy to mainstream HIV/AIDS prevention and care related issues into UNHCR operations and to monitor progress. The TF will focus on promoting the development of regional plans, introducing/reinforcing reporting mechanisms, dissemination of best practices and user-friendly material, and promoting training activities and applied research.

An external Advisory Group on HIV/AIDS and Refugees will assist UNHCR to periodically review progress made and constraints faced in the following areas:

- HIV/AIDS prevention and care strategies and activities, and their impact in refugee situations
- needs, resources and gaps at country level

- cooperation (both technical and financial) received from the various actors according to previously defined roles and responsibilities.

#### Monitoring and evaluation mechanisms

- To be further strengthened by the above mentioned internal Task Force and external Advisory Group
- Through UNHCR Country Operations Plans (COPs) and existing programme/project monitoring tools
- Through improvements introduced by the new Operations Management System (currently being streamlined)
- Through revisions, as appropriate, of the UNHCR Manual (Chapter IV)
- Through the Operations Learning Programme (OLP), to commence in 2001

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

In all operations, NGOs are long-standing, essential partners of UNHCR. In this connection, UNHCR is “operational” only through its partners. UNHCR is aware that strengthening current partnerships and developing new ones is central to achieving success in its efforts to reduce the transmission of HIV and AIDS among refugees. Therefore, UNHCR intends to develop or reinforce partnerships at central, regional and country level, as appropriate, with operational partners. As a priority, UNHCR will strive to strengthen the existing partnership with UNAIDS and its co-sponsors. It will also attempt to develop or strengthen partnerships, as appropriate, with other regional networks, such as the African Council of Aids Services Organizations (AFRICASO), the World Association of Girl Guides and Scouts (WAGGS), the International Council of Women Living with HIV/AIDS (ICW), etc. UNHCR also intends to strengthen its dialogue and cooperation on this issue with all interested governments, both from recipient and donor countries. Example of partnership work include:

- deepening of discussions and agreements with other UN agencies to make sure refugees are included in any UN-supported HIV/AIDS programme
- continued implementation of the cooperation framework between UNHCR and UNAIDS Secretariat
- strengthened participation in relevant inter.-agency coordination bodies, particularly the Inter-Agency Advisory Group on AIDS (IAAG)
- inter-agency collaboration at the regional level (UNFPA, UNAIDS Inter-Country Teams)
- sustained participation in UN Theme Groups at country level

- UNHCR and IFRC are currently discussing the establishment of a cooperation agreement. HIV/AIDS has been singled out as one of the key areas of cooperation to be featured in this agreement
- UNHCR is benefiting from UNFIP (Ted Turner Fund) funds. This funding is being used in 14 countries for 15 projects, spanning three years, in the areas of adolescent sexual/reproductive health and HIV/AIDS prevention.

UNAIDS staff member has been seconded to UNHCR since July 1999. Coordination meetings with UNAIDS Secretariat have been regularized.

#### 10. Financial Resources/ Implications

- UNHCR's budget structure does not allow for a disaggregation of the specific amounts spent on HIV/AIDS
- UNHCR is trying to identify the cost per capita of a comprehensive HIV/AIDS prevention and care programme. To do so, it will seek advice from UNAIDS and governments
- No UNHCR staff member is working full-time on HIV/AIDS issues. At present, it is not possible to give a projection for the years 2001-05.

However, UNHCR field offices have begun to report on specific activities related to HIV/AIDS and their costs and staffing. Time permitting, UNHCR will be able to quantify the resources devoted specifically to HIV/AIDS. The following are just a few examples:

**Ted Turner funding.** Currently, UNHCR is benefiting from funds under the UN Foundation amounting to 2 million USD and covering 15 projects in 14 countries over three years.

**Moldova.** Upon receipt of request from the Department of Health, Chisinau Municipality, UNHCR Chisinau undertook an assessment of the rehabilitation of the National Anti-AIDS Centre. The request to assist the Centre was forwarded by UNHCR at the UN HIV/AIDS Theme Group Meeting. The rehabilitation of the Centre was finally jointly executed by UNICEF, UNHCR and the National Anti-AIDS Centre Administration, with total amount of 18,000 USD (UNICEF – 6,000 USD, UNHCR –10,000 USD, the National Anti-AIDS Centre Administration –2,000 USD). The work was completed in late December 2000 as originally scheduled. The official hand-over took place in March 2001.

**Pakistan.** In 1998-2000, UNHCR spent some 130,000 USD (received from UNFPA) via an NGO (the Union Aid for Afghan Refugees) for reproductive health. In 2001, this programme has been incorporated in the normal budget of UNHCR and a project ("Reproductive Health and HIV/AIDS") of some 60,000 USD is implemented by the International Rescue Committee (IRC).



**Russian Federation.** UNHCR is a member of the UN Theme Group on HIV/AIDS which was set up in 2000 within the framework of the CCA and UNDAF process. As such, UNHCR made appeal for 56,000 USD to implement a project on “Information, Prevention and Protection on HIV/AIDS for Persons of Concern to UNHCR”. The project, to be implemented throughout 2001, aims at training UNHCR staff, implementing partners and relevant Russian authorities and refugees/asylum seekers on HIV/AIDS.

**Southern Africa.** The regional "Young Refugees and Reproductive Health" programme is implemented through NGO partners based in South Africa. While the following NGOs have received funding from UNHCR to undertake the activities described, each has incurred significant additional costs in terms of staff time, project management and production of relevant materials. Each organization has also provided a considerable amount of technical support to the project, as UNHCR Pretoria has no medical / health staff.

- the Margaret Sanger Centre International has provided peer education training and support to young refugees in Namibia and Botswana.
- Planned Parenthood Association of South Africa has employed and trained a young refugee educator to conduct RH workshops and training with young refugees in the Cape Town area; PPASA will employ an additional two educators in 2001.
- the Centre for the Study of Violence and Reconciliation, an NGO specialising in research and trauma counselling, has designed and implemented a baseline survey on RH and young refugees (in 8 languages).

**Tanzania.** WHO has seconded a Reproductive Health Officer to the refugee health programme in 2001. UNFPA is providing condoms to the refugee programme. UNICEF promised to contribute in peer health education among youth and school children in 2001. AMREF supported capacity building of camp medical teams for 3 years, first with UNFPA funds (1997-1998) and then with UNHCR funds for one year (1999-2000).

## 11. **Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives**

The UNHCR Knowledge and Information Management System (KIMS) and the Operations Learning Programme (OLP) have included HIV/AIDS documents.

At Headquarters level: The Health and Community Development Section (HCDS) within the Division of Operational Support (DOS) is the focal point for HIV/AIDS. The Department of International Protection (DIP) and the Africa Bureau have also established focal points for HIV/AIDS.

HCDS groups together a range of technical and functional disciplines related to health, food and nutrition, community services and education. The three-pronged approach of this Section covers:

- monitoring, of basic food assistance and nutritional status, of the general health condition of the refugee population as a whole, of the maintenance of standards of education provision to ensure that all refugee children -male and female- have access to education, and of community support and development activities that ensure community participation, involving all ages -male and female- in all programme planning, implementation, and monitoring and in seeking durable solutions;
- promote compliance with internationally-accepted standards, policies and guidelines in the sectors of education, health, nutrition, and community services;
- training in the effective use of established standards and guidelines in the implementation of field projects.

The general responsibilities of this Section are:

- ensuring that all refugees and other populations of concern to UNHCR, irrespective of their age and gender, are at the centre of all protection and assistance programmes, with the overall aim that refugee populations will maintain or regain responsibility for their own well-being;
- defining health and nutrition policies for refugees, based on internationally accepted standards;
- provide technical support to field operations in health, reproductive health, food and nutrition in order to monitor the health and nutritional status of refugees and to coordinate with health agencies and implementing partners;
- provide technical support and policy guidance on operational issues pertaining to the needs and resources of the refugee communities at large, including in all sectors of education, taking into account specific needs within the refugee communities, with the ultimate aim that communities will be able to take responsibility to respond to these needs themselves;
- act as focal point for liaison with the World Food Programme, for coordinating, with the Bureaux, joint WFP/UNHCR Food Assessment Missions, and for ensuring that food needs are included in programme budgets;
- act as focal point for liaison with UNICEF, UNESCO, UNFPA, UNAIDS, and WHO, in support of specific programmes, to set and update standards, and to operationalize MOUs;
- develop guidelines and practical help tools for field managers for incorporation into the Knowledge and Information Management System (KIMS);
- promote and ensure the integration of gender and age dimensions and specifically the needs of refugee women and children into UNHCR's programmes to improve the impact in these priority areas.

A Task Force was established to oversee the implementation of the UNFIP-funded project on sexual/reproductive health and HIV/AIDS.

At field level: On a case by case basis, UNHCR country programmes establish semi-formal mechanisms. Usually, responsibility for HIV/AIDS activities fall within the purview of a

limited number of UNHCR Health Coordinators, with contributions from Community Services and Refugee Women and Children Coordinators.

There is no specific publication on HIV/AIDS. Some information can be found in UNHCR Global and Mid-Year Progress Reports, The State of the World's Refugees 2000.

## 12. UN Staff and Dependants

- Issue is of extreme concern to UNHCR in view of the size of its staff and its extensive network of field offices, oftentimes located in areas of high prevalence of HIV/AIDS.
- Regarding UNHCR staff (both national and international), the Joint Medical Service has detected, through direct and indirect indicators, an increase in the number of staff members and dependants affected by the HIV virus. It is highly probable that many of them will eventually develop AIDS and hence UNHCR will face an increasing need for medical and psychological support.
- Recent steps undertaken by UNHCR include:
  - By mid 1999, provision to all emergency duty stations of the HIV/AIDS post-exposure treatment (PET) kits for the incidents of sexual violence and/or massive exposure to contaminated blood.
  - Issuance and dissemination of instructions (e.g. IOM/47/99-FOM/48/99 introducing the kits and indicating the purpose and the way of usage) and publications concerning to HIV/AIDS and related issues (e.g. sexual violence).
  - Distribution to all staff of copies of the UNAIDS publication "*AIDS and HIV Infection: Information for United Nations Employees and Their Families*".
  - Participation in inter-agency fora, such as the Technical Task Group on HIV/AIDS under the UNDG Sub-Group on Personnel and Training. This group will improve existing inter-agency materials on HIV/AIDS training programme and establish core set of training materials.
  - Organization of and support to awareness-raising activities, both at Headquarters and in the field.
- For UNHCR, there are several major challenges and concerns, namely:
  - Maintaining a certain level of information and increasing the impact of the information provided to the staff.
  - Making the information available to the dependants of the staff members.
  - Making the policy on HIV/AIDS, together with the entitlement, benefits and insurance coverage, understandable to all UNHCR staff.
  - Keeping up an adequate and regular distribution of PET kits, particularly to field offices located in hardship duty stations where exposure to critical incidents is prevalent.

- Currently, UNHCR is working on a comprehensive strategy that will address these concerns in all UNHCR offices. This will include a survey on the activities to measure their impact so far and making the HIV/AIDS training mandatory for all staff.
- Widespread distribution of the UN HIV/AIDS personnel policy <sup>4</sup>
- Overall survey sent to field offices on how they are proceeding on HIV/AIDS sent during the last quarter of 2000.

Treatment and/or care provided for agency staff and dependents with HIV/AIDS include

- PEP kits.
- Inclusion in health kits of condoms and sterile material (latter in case of need for injections or blood transfusions).
- HIV + international staff reassigned to duty stations where appropriate care and medicines are available.

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<sup>4</sup> IAAG member organizations activities pertaining to HIV/AIDS in the UN workplace (May 1999).

## **OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS (OHCHR)**

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### **SECTION 1: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency Mandate**

The mandate of the Office of the High Commissioner for Human Rights (OHCHR) is to ensure universal enjoyment of all human rights, including the right to development, to remove obstacles to their effective implementation and to enhance coordination and cooperation of human rights-related activities throughout the United Nations system. The role of the OHCHR is global with a focus on normative efforts and advocacy, and includes some work at the regional and national levels. HIV/AIDS is relevant to the mandate of the OHCHR because the epidemic undermines the effective enjoyment of all human rights, and because human rights are a crucial element of reducing the impact of HIV/AIDS as well as for effective HIV/AIDS prevention and control strategies.

OHCHR and UNAIDS have signed a Project Agreement. Implementation of the Agreement is intended to contribute to an effective and sustainable human rights-based response to the HIV/AIDS epidemic at national, regional and international levels. It focuses on enhancing the integration of HIV/AIDS issues within the work of the human rights machinery, including the treaty bodies and Special Rapporteurs, as well as through the promotion of human rights in the context of HIV/AIDS at the global and national level.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

The UN Commission on Human Rights has, since the appointment of a Special Rapporteur to the Sub Commission in the late 1980s, considered the impact of HIV on human rights. Beginning in 1996, the UN Commission on Human Rights has addressed HIV/AIDS as part of its formal agenda on a biennial basis including the adoption of various resolutions on HIV/AIDS and human rights. In 2001, it adopted 2 resolutions on HIV/AIDS. The first (Res 2001/33) focuses on access to medications in the context of pandemics such as HIV/AIDS and recognizes access to HIV-related medication as fundamental to human rights. The second (Res 2001/51) concerns the protection of human rights in the context of HIV/AIDS and calls upon states to ensure implementation of the International Guidelines on HIV/AIDS and human rights.

The High Commissioner for Human Rights has addressed HIV/AIDS in relation to human rights on a number of occasions including in relation to the ACC and to the Coordination Committee Meeting of national human rights institutions.

Increasingly, the treaty bodies are including HIV/AIDS in their dialogues with governments and referring to HIV/AIDS in their recommendations and concluding observations.

### **3. Major Accomplishments over the last 5 Years**

The OHCHR has launched a number of activities in the past five years that have brought attention to human rights in the context of HIV/AIDS at the global and national levels. Of primary importance was production with UNAIDS of the International Guidelines on HIV/AIDS and Human Rights. The Guidelines are a tool to translate international human rights principles into practical strategies at a policy and programmatic level for the response to HIV. In the past several years, much attention has been focused on extensive dissemination of these guidelines to States, NGOs and UN agencies at both global and national level. In addition, training workshops have been held in several countries on the links between HIV/AIDS and human rights.

The OHCHR has helped bring attention to HIV/AIDS related human rights issues at the global level in several other ways as well. The OHCHR has been promoting greater coordination among UN agencies on the issues raised in relation to HIV/AIDS and human rights because of the recognition that better agency co-ordination is necessary for coherence in policies and activities related to HIV/AIDS and human rights. In addition, the OHCHR has worked to ensure attention to HIV/AIDS at the Commission on Human Rights and its Sub-Commission on a biennial basis, as well as through integration of HIV/AIDS issues into the work and activities of the treaty bodies.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

The OHCHR is fully committed to supporting UN system efforts to ensure an extraordinary response to the epidemic. The OHCHR is particularly engaged in work to promote and protect human rights in the context of HIV/AIDS in relation to advocacy; the strengthening of human rights machinery for monitoring and reporting on HIV/AIDS related human rights violations; and the support of efforts to protect the human rights of people living with HIV/AIDS and vulnerable populations in the context of HIV/AIDS. The OHCHR is particularly focussing its efforts towards achieving the following UN system strategic objectives:

*2.1 To intensify UN system advocacy around international treaties, UN resolutions and intergovernmental agreements which help governments to respect, protect and fulfill human rights and reduce stigma related to HIV.*

*2.2 To significantly strengthen UN machinery to monitor and report on HIV/AIDS related human rights violations.*

*2.4 To mobilize policy and programme support to governments seeking to strengthen legislative, legal and human rights frameworks protecting vulnerable populations and people living with HIV/AIDS.*

*4.1 To promote policy and programme responses which protect human rights and reduce the stigmatization, marginalization and discrimination of groups most vulnerable to HIV/AIDS.*

#### **4. Programming Priorities addressing HIV/AIDS**

While the programming priorities for the OHCHR over the next five years have not yet been set, the following activities have been identified as areas of focus:

- provide information on HIV/AIDS, as well as tools and indicators in relation to HIV/AIDS and human rights, to the United Nations organs and bodies with responsibility for human rights, including the UN Commission on Human Rights, the treaty monitoring bodies and the Special Rapporteurs
- provide information on HIV/AIDS and human rights to agencies and NGOs, as well as to other actors of the international community
- strengthen respect for human rights as part of the national, regional and international response to the epidemic
- advocate for the implementation of HIV/AIDS-related rights of populations vulnerable to HIV/AIDS
- advocate with UN agencies and/or national governments on human rights issues within the context of HIV/AIDS
- continue to disseminate the International Guidelines on HIV/AIDS and Human Rights and conduct training regarding implementation at national level.

#### **5. Major Constraints to be addressed**

A major constraint in doing this work effectively is the lack of systematization and coordination in the ways in which human rights are brought into HIV/AIDS work and, concurrently, the ways in which HIV/AIDS is brought into human rights work. The OHCHR is addressing these constraints through close interactions with governments to increase awareness of the links between HIV/AIDS and human rights, and helping to ensure coordination between the various sectors of the United Nations system concerned with HIV/AIDS and human rights-related activities. Additional efforts may include integration of HIV/AIDS activities into the ongoing activities of the various Branches of the OHCHR, as well as training on HIV/AIDS and human rights for OHCHR and UNAIDS staff both at headquarters and at the field level.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

Global level efforts planned to address HIV/AIDS for 2001-2005 include:

- provision of support and information to the United Nations human rights machinery and other relevant bodies
- establishing a monitoring system for assessing the incorporation of HIV/AIDS issues into the activities of United Nations human rights mechanisms and procedures

- developing tools and indicators for monitoring HIV/AIDS related human rights violations
- training of officials responsible for the United Nations human rights procedures and mechanisms, regional and national human rights commission members as well as NGO representatives in the application of the International Guidelines on HIV/AIDS and Human Rights
- preparing updated information materials for public dissemination on HIV/AIDS and human rights.

Country level efforts planned to address HIV/AIDS for 2001-2005 include:

- integrating HIV/AIDS within the policies and activities of National Human Rights Institutions
- integrating HIV/AIDS into national human rights plans of action and activities.

#### **7. Priority Geographic Regions for HIV/AIDS efforts**

OHCHR has not prioritized any region for its HIV/AIDS efforts. Plans are currently under way to begin integration of HIV/AIDS and human rights activities within the work of National Human Rights Commissions. There has been some country-focused activities, for example, OHCHR and UNAIDS Cambodia have been collaborating on the promotion of HIV-related human rights in a variety of ways including training and legal review and reform. Further, plans are currently being put into place to assist the Government in applying a protocol instrument developed by UNAIDS to assess the level of HIV-related discrimination within various institutions and sectors in the country.

#### **8. Institutional Priority Setting and Coordination Mechanisms**

OHCHR has no specific priority setting mechanism for HIV/AIDS. However, the project agreement between OHCHR and UNAIDS creates a full-time HIV/AIDS human rights focal point at OHCHR. The activities undertaken by this officer and by OHCHR are identified and prioritised by both institutions taking into account their comparative advantages; including UNAIDS priority areas and countries of focus. While no general mechanisms exist for monitoring and evaluating HIV/AIDS priorities and targets within OHCHR, specific monitoring efforts are made with respect to each project undertaken.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

The OHCHR recognizes its partnerships with the UNAIDS Secretariat and its Co-sponsors as key, but believes that closer collaboration is also required with other UN agencies which are not co-sponsors of UNAIDS. Partnership with each actor is necessary to adequately integrate human rights into the HIV/AIDS policy, programmes and activities of each institution.



The OHCHR also prioritizes its relationship with NGOs. The OHCHR will continue to collaborate with HIV/AIDS, human rights and development NGOs and other civil society actors working to contribute to an effective rights-based response to the epidemic. The OHCHR has key partnerships with NGOs in consultative status with ECOSOC. Further to building new partnerships, the OHCHR will work to: (i) strengthen its partnerships with AIDS services organizations; (ii) strengthen the inter-relationship between mainstream Human Rights NGOs and AIDS Service NGOs and (iii) strengthen its partnerships with research institutions interested in the relation between HIV/AIDS and human rights.

## 10 Financial Resources/Implications

	1998-1999	2000-2001	2002-2005
	Total expenditure (US\$ 000)	Total expenditure (US\$ 000)	Total expenditure (US\$ 000)
<b>Global</b>			
<b>Regional</b>			
<b>Country</b>			
<b>Total</b>	<b>99*</b>	<b>169*</b>	

\* Extra budgetary funds

## 11. Human Resources, Institutional Learning and Systems, Strengthening. Implications and Objectives

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>	1	1	1	1
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

The OHCHR with UNAIDS Secretariat have organized and intend to continue to organize training sessions on human rights in the context of HIV/AIDS for experts within the UN human rights system and other relevant partners such as States and NGOs. There is no formal mechanism to ensure institutional learning about HIV/AIDS for OHCHR staff, although this is gradually being achieved on an ad hoc basis through integration of HIV/AIDS issues into the work of the human rights mechanisms and procedures and various other HIV related activities of the OHCHR.

The OHCHR does not have any publication that regularly addresses HIV/AIDS. A number of publications have been published on human rights and HIV/AIDS by UNAIDS and other partners, as well as the joint OHCHR/UNAIDS publication entitled "International

Guidelines on HIV/AIDS and Human Rights". Plans for future publications are currently underway.

**12. UN Staff and Dependents**

Information about HIV/AIDS is being provided to staff through the dissemination of the UNAIDS information booklet entitled "AIDS and HIV infection information for United Nations Employees and their families". The issue of treatment and care for OHCHR staff and dependents living with HIV/AIDS is taken up within the context of the general UN policy on HIV/AIDS at the workplace.

## UNITED NATIONS VOLUNTEERS (UNV)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The United Nations Volunteers programme (UNV) serves as an operational partner for mobilizing volunteer contributions in development, humanitarian and peace-building work at the request of UN member states, UN Specialized Agencies, non-governmental organizations (NGOs) and community-based organizations (CBOs).

The main focus of UNV's work in the area of HIV/AIDS is the strengthening of local initiatives for prevention, care and support. It supports country level programme implementation through technical support. It also provides financial support for pilot initiatives that strengthen selective regional and/or global level initiatives.

*UNV is currently in the process of reviewing its strategy on HIV/AIDS.*

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

Since UNV is administered by UNDP, it abides by the resolutions/actions adopted by the Executive Board of UNDP.

HIV/AIDS is one of the UNV Strategy's key thematic priorities and a number of reports (both internal and external) have highlighted the work of UNV in this area. For example, the last two UNV Annual Reports have featured HIV/AIDS activities.

#### 3. Major Accomplishments over last 5 Years

Detailed below are a sample of the projects supported by UNV:

- Zambia has since 1991 been UNV's main HIV/AIDS programme country with a mixed team of international and national volunteers working to reinforce community-orientated HIV/AIDS care and prevention.
- A recently-launched pilot initiative in Malawi and Zambia engages people living with HIV/AIDS as National UN Volunteers (NUNVs) to work in their own communities. UNV, the UNAIDS Secretariat and UNDP have joined forces for this project which is the first of its kind within the UN system. Over 45 people living with or affected by HIV/AIDS have been recruited as NUNV's. The projects promote GIPA principles and contribute to the understanding of volunteers and volunteerism in general. The pilot has now been expanded to Asia and the Caribbean region.

- In support of the National AIDS Programme in Botswana, UNV is providing technical support through 18 International UNV AIDS Advisors at national and district levels.
- Three international specialists in epidemiology, information, education and communication (IEC) and counselling are supporting the multi-sectoral response in Zanzibar, Tanzania.
- Two teams of national volunteers are working on a WHO project in Nepal involving key ministries in the design and implementation of sector-specific HIV/AIDS initiatives.
- UNV laboratory technicians in Jamaica are screening blood for HIV and training national co-workers to manage HIV laboratory operations.
- UNV specialists in India engaged in HIV/AIDS awareness and prevention activities within the governments 'Universities Talk AIDS' programme.

#### Lessons learnt

- Prevention and care efforts are more sustainable if integrated into existing community-based structures and services.
- Effective prevention strategies must utilise IEC tools to empower communities and the general public.
- Involving and/or actively engaging people living with HIV/AIDS helps to reduce stigma and discrimination
- Peer education and community mobilization sustains care and support for people living with or affected by HIV/AIDS and their families.
- Partnerships need to be built with institutions and communities through collaborative activities, networking and information sharing.
- Leadership and an enabling environment are needed for effective implementation of prevention, care and support policies and programmes at all levels.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to helping to strengthen institutional capacities in the health and education sectors, UNV is particularly focusing its efforts towards achieving the following UN system strategic objectives:

*3.6 To advance strategies and mechanisms required for an expanded response that increase the participation of people living with and affected by HIV/AIDS in the response to the epidemic, and*

*3.3 To mobilize international technical and programme resources in support of efforts by national governments and civil society to dramatically increase access to:*

- *information and life skills education for in-school and out-of-school youth,*
- *youth-friendly reproductive health and sexual health services,*
- *basic education, health, social and vocational services for children affected by HIV/AIDS, in particular orphans.*

#### 4. **Programming Priorities addressing HIV/AIDS**

UNV's institutional priorities in support of these UN system objectives are as follows:

- building government and community capacity in relation to IEC skills for HIV prevention
- providing micro-grant to women's groups and support groups of PLWA
- training communities (women groups, community leaders, youth, etc) for increased volunteer roles in prevention, care and support activities.

#### 5. **Major Constraints to be addressed**

UNV lacks the necessary funding to scale-up activities. The limited scope of programme activities also limits the number of staff that can be fully engaged in HIV/AIDS work.

#### 6. **Global and Country Level Efforts which address HIV/AIDS**

UNV's efforts are primarily at country level.

#### 7. **Priority Geographic Regions for HIV/AIDS Efforts**

##### Africa

In Zambia, Botswana, Malawi, Kenya, Uganda, Tanzania, Gambia, Central African Republic and Benin the key themes for UNV activities are:

- Improving community-based care and prevention
- Integrating HIV/AIDS into volunteer education programmes
- Providing training and skills development
- Mainstreaming HIV/AIDS activities within the work of NGOs/CBOs.

In Rwanda, Malawi and Zambia the key themes for UNV activities are:

- Promoting and actively engaging people living with and affected by HIV/AIDS

##### Asia/Pacific

Key themes for UNV activities are:

- Promoting the principle of GIPA (Cambodia and India).
- Enhancing IEC programmes for youth (India, Cambodia and Mongolia).

##### Latin America/The Caribbean

Key themes for UNV activities are:

- Promoting GIPA in six Caribbean countries (Cuba, Dominican Republic, Haiti, Guyana, and Jamaica, Trinidad and Tobago).

#### 8. **Institutional Priority Setting and Co-ordination Mechanisms**

An ad-hoc working group on HIV/AIDS has been set up involving programme staff and senior managers. Its responsibility is mainly to support the work of the Focal Point on HIV/AIDS. UNV 's HIV/AIDS strategy review will address key issues such as structures for priority setting, the focus of UNV programmes and funding requirements and resource

mobilization. Monitoring and evaluation is an area in which UNV needs to work closely with UNAIDS to further develop and refine.

### SECTION III: STRATEGIES AND RESOURCES

#### 9. Key Partnerships Required for Successful Institutional Action

UNV's partnerships are mainly with bilateral donors through its Trust Fund arrangements. The donors are varied and they differ in the magnitude of funding. UNV is promoting the role of Private Sector/Corporate Volunteering within the new strategy currently being developed. Within this context, it is planned to develop key partnerships with the private sector and foundations.

#### 10. Financial Resources/ Implications

##### Summary of Financial Resources devoted to HIV/AIDS

	1996-1998	1999	2000	2001-2005
	Total expenditure (US\$ 000)	Total expenditure (US\$ 000)	Total expenditure (US\$ 000)	Total expenditure (US\$ 000)
<b>Global</b>	7	10	10	3
<b>Regional</b>	50			
<b>Country</b>		685	500	1600
<b>Total</b>	<b>57</b>	<b>695</b>	<b>510</b>	<b>1603</b>

#### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

There is no formal mechanism established for training UNV staff on HIV/AIDS issues. The only formal staff training in HIV/AIDS was held in 1995. However, regular updates and information are sent to staff or posted on the inter/intra-net. This is an area that needs to be strengthened in consultation with UNAIDS.

Within the Programme Development and Operations Group, the Section Chief Meetings and the Programme Specialists meetings as well as the Project Appraisal Committee Meetings for Senior Staff provide the appropriate forum for institutional learning about HIV/AIDS. Expert missions by UNAIDS and/or UNDP provide through interaction with staff additional learning opportunities. The Focal point on HIV/AIDS works closely with Research and Development and Evaluation Units, both in terms of documenting best practices and promoting institutional learning.

Summary of Human Resources devoted to HIV/AIDS

	<b>1996-1998</b>	<b>1999</b>	<b>2000</b>	<b>2001-2005</b>	
	<b>Actual Staff</b>	<b>Actual Staff</b>	<b>Actual Staff</b>	<b>Actual Staff</b>	<b>FTE</b>
<b>Global</b>	2	3	3	3	
<b>Regional</b>					
<b>Country</b>		2*	2*		
<b>Total</b>	<b>2</b>			<b>3</b>	

\* To be confirmed

## 12. UN Staff and Dependants

UNV widely disseminates the UNAIDS handbook to staff based at headquarters and its field-based staff, i.e. the Programme Officers, Programme Managers and Administrative Assistants. Care and treatment is provided under the normal medical coverage provided to staff and dependants. No special care is provided at present, as there is no information on the number of staff or their dependants with HIV/AIDS.

## UNITED NATIONS DEVELOPMENT FUND FOR WOMEN (UNIFEM)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency Mandate

As the United Nations Development Fund for Women, UNIFEM has a mandate to support innovative activities that promote women's human rights, economic security and political participation at the national, regional and global levels. It is also asked to be a catalyst in promoting UN system efforts to support women's empowerment and mainstream gender in its policies and programmes. In view of the pervasive effect of HIV/AIDS on all aspects of women's lives, UNIFEM recognizes the need to bring its operational and inter-agency experience into efforts to address the pandemic from a gender perspective.

UNIFEM's programme on HIV/AIDS falls within its work to advance women's human rights through advocacy and targeted interventions. Its focus is on strengthening responses to the epidemic through enhancing the understanding of NGOs, governments and UN partners of the intersection between human rights, gender and HIV/AIDS, and working to strengthen processes that can positively impact on the lives of women and men affected by the epidemic.

The HIV/AIDS programme has the following primary components:

- capacity building for community-based organizations, governments and multi-lateral agencies to provide a holistic rights- and gender-based response to HIV/AIDS that addresses prevention, treatment, care and support
- advocacy for the importance of a gender analysis for understanding and responding to the development challenges of HIV/AIDS
- brokering partnerships to create and sustain momentum on gender, human rights and HIV/AIDS, and
- identifying best practices.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

UNIFEM's Consultative Committee has been extremely supportive of the Fund expanding its programme to incorporate HIV/AIDS over the past few years. Specifically, its 41st Session (January 25-26, 2001) passed a resolution stating "the Consultative Committee supports the up-scaling of UNIFEM's work to address the gender dimensions of the HIV/AIDS epidemic, in line with the priorities of the 45th session of the CSW and the General Assembly Special Session, and welcomes the partnerships UNIFEM is forging with other UN partners, in particular UNAIDS".



UNIFEM's Executive Director regularly reports on UNIFEM's activities on Gender and HIV/AIDS in the context of the Secretary General's Report to the UN General Assembly.

### **3. Major Accomplishments over last 5 Years**

UNIFEM's work has sought to catalyse an expanded response to the epidemic that fully incorporates the gender implications of HIV/AIDS. Within the past 5 years, activities have primarily focused on the first phase of a pilot initiative, working at the global, regional and national levels entitled: "Gender Focused Responses to Address the Challenges of HIV/AIDS". This programme has been piloted in 6 countries. Phase II will include institutionalizing the methodology, and expanding the project to 12 additional countries.

The HIV/AIDS programme aims to broaden partnerships at global and regional levels, influence mainstream development at the national level, contribute towards sustainable development through training and pilot initiatives, identify community-based best practices on HIV/AIDS that address the transformation of gender relations and generate public discourse to positively impact the lives of people living with HIV/AIDS. A few key successes have been:

- The support for community-based research in six countries, the findings of which provide a basis for influencing policy.
- The production of a manual, in collaboration with UNFPA and UNAIDS, on gender, Human Rights and HIV/AIDS which has been the basis for highly successful workshops for NGOs, government officials, UN staff at the country and regional level, and media, and has resulted in developing and strengthening commitment and activism in this regard. The manual has been used and adapted by many different organizations. In Mexico, portions of the UNIFEM training manual on gender, HIV and human rights have been incorporated into the university curriculum for social workers.
- In Swaziland, a workshop organized by UNIFEM on Gender and HIV has resulted in increased media advocacy and enabled the creation of a trust fund for Swazi AIDS orphans.
- A workshop for journalists from six countries resulted in a proliferation of articles in national papers that were written from a distinct gender perspective.
- In Nigeria, supporting gender and HIV/AIDS advocates to lobby for the integration of a gender based approach into the activities of the National Programme on HIV/AIDS. The government has since requested UNIFEM to support implementation.

## SECTION II: PRIORITIES AND TARGETS

### UN System objectives

UNIFEM is fully committed to supporting UN system efforts to ensure an extraordinary response to the epidemic. UNIFEM is particularly engaged in work to reduce gender based inequalities, and to promoting a gender based response to the epidemic. UNIFEM is focussing its efforts towards achieving the following UN system strategic objectives:

*2.1 To intensify UN system advocacy around international treaties, UN resolutions and intergovernmental agreements which help governments to respect, protect and fulfil human rights and reduce stigma related to HIV.*

*2.4 To strengthen evidence based advocacy of policies and programmes which assist governments to address gender-based inequalities fuelling the HIV/AIDS epidemic.*

*2.5 To mobilize technical and programme support to governments seeking to reduce the inequality of access for women to essential HIV/AIDS related information, services, legal protection and commodities.*

### 4. Programming Priorities addressing HIV/AIDS

The HIV/AIDS Programme is currently launching a programme of action that includes the following objectives:

- to strengthen the capacity of governments, NGOs and multi-lateral organizations to apply a gender-based analysis to planning, implementing, monitoring and evaluating HIV/AIDS interventions
- to draw national and global attention to the inherent gender dimensions of the HIV/AIDS pandemic, in order to create momentum for an informed gender-based response
- to facilitate a concerted effort to understand and address the gender dimensions of the HIV/AIDS epidemic, through the formation of networks and partnerships
- to monitor a rights and gender-based response to the pandemic that respects the inherent dignity of all individuals, and the respect, protection and fulfilment of their human rights
- to engender National AIDS plans and the work of National Councils on AIDS.

Institutional targets that will reflect these priorities are currently being developed.

### 5. Major Constraints

Interagency work especially on sensitive issues like gender and sexuality requires massive time inputs and a reasonably strong team. The numbers of persons working on these issues will need to be increased both at headquarters and in the field. Broader constraints that impact negatively on gender work include:

- attitude blocks to gender and sexuality and a lack of perception by governments and key stakeholders of the gender dimensions of HIV/AIDS
- gaps and lack of sex disaggregation in data and statistics
- difficulties in integrating HIV/AIDS as a cross-cutting issue
- a disempowered constituency of people living with the HIV virus

- insufficient support and understanding for work by women's organizations on gender and HIV/AIDS.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

UNIFEM's programme on HIV/AIDS works at the global and country level, and plans are under way to initiate regional activities in Africa. The focus at the global level is on advocacy to ensure sufficient attention to gender, human rights and HIV/AIDS in international meetings and fora. UNIFEM's efforts include advocacy around commitments made at international conferences and international human rights instruments relevant to gender and HIV/AIDS.

Two Regional Advisors on HIV/AIDS have been appointed. UNIFEM will be increasing its country level activities. UNIFEM has placed full time National Programme Officers on Gender and HIV/AIDS in the offices of UNIFEM's Regional Programmes in India, Mexico, Kenya, Senegal, Nigeria and Zimbabwe,

#### **7. Priority Geographic Regions for HIV/AIDS efforts**

Priority regions for UNIFEM's HIV/AIDS programme are Africa and Asia. Fifty percent of its resources for HIV/AIDS are assigned to programmes in Africa.

#### **13. Institutional Priority Setting and Coordination Mechanisms**

The primary mechanism for ensuring that HIV/AIDS is brought into, and maintained within UNIFEM's agenda is through the work of the Advisor for Gender and HIV/AIDS who is responsible for coordinating UNIFEM's Gender and HIV/AIDS programme.

A Steering Committee has been set up to oversee the project on "Gender focused responses to address the challenges of HIV/AIDS" that is composed of UNIFEM, UNAIDS, UNFPA, Population Council, and representatives of PLWHAs. Likewise, an Advisory Committee to the programme as a whole is currently being established.

Specific results and indicators are being developed for UNIFEM's global HIV/AIDS work. UNIFEM will explore cross-regional assessments of its work on HIV/AIDS beginning in 2003.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

UNIFEM has forged successful partnerships with NGOs, bilateral donors, and other UN agencies in relation to its work in HIV/AIDS. A significant Cooperation Framework has been signed between UNAIDS and UNIFEM. Key relations with other agencies include the ongoing partnership with UNDP, UNFPA, ILO and UNICEF. In addition, UNIFEM is developing new partnerships with UNV and DPKO.

UNIFEM maintains a strong commitment to its work with NGOs, which includes in particular NGOs working on gender and women's human rights issues, as well as with NGO and community based organizations working directly on HIV/AIDS. Expanded partnerships with national-level women's organizations will be needed in the next five years for gender to be effectively taken up at the national level. Collaborative programmes are being initiated between UNIFEM and the Commonwealth Secretariat.

#### 10. Financial Resources/Implications

UNIFEM estimates that \$8 m will be needed over the period 2001-2005 for its work at both global and country level, of which \$2 m exists in the core budget.

##### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>			<b>8*</b>	<b>25</b>

\* Global and Country level

#### 11. Human Resources, Institutional Learning and Systems, Strengthening. Implications and Objectives

##### Summary of Human Resources devoted to HIV/AIDS

	1999	2000	2001-2005	FTE
	Actual Staff	Actual Staff	Actual Staff	
<b>Global</b>	1	1	5	
<b>Regional</b>			8	
<b>Country</b>	4*	5	**	
<b>Total</b>	<b>5</b>	<b>6</b>	<b>6</b>	

\* Part-time staff

\*\* Work to be implemented at regional level

UNIFEM has an Organizational Learning and Resource Development Section that focuses on institutional learning. Mechanisms are being developed to identify best practices on gender and HIV/AIDS at the community level, with the view to replicating these.

UNIFEM has published several documents in relation to gender and HIV/AIDS. The training manual "Gender, HIV and Human Rights" currently exists in English, French and Spanish and is available both in hard copy and on the web site, and has been translated into Hindi in India. A Resource Guide on Negotiating Safer Sex has been written and is to be published by mid-2001. Publications for the UNGASS include issue papers on the subject of the Round Tables which analyse the gender implications of each of the Roundtable themes, and the results of the community-based research.

## **12. UN Staff and Dependents**

UNIFEM Headquarters has held a lunchtime series on Gender and HIV/AIDS to enhance the understanding of all staff and to create an environment of care and support within the organization. UNIFEM includes HIV/AIDS prevention and care issues in strategic planning workshops that are attended by UNIFEM Programme Staff from the field and Headquarters, with support staff representation. UNIFEM regional offices benefit from UNDP's HIV/AIDS programme for staff members. Some regional offices are developing measures to support staff who are responsible for family members living with HIV/AIDS.

## UNITED NATIONS RESEARCH INSTITUTE FOR SOCIAL DEVELOPMENT (UNRISD)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The United Nations Research Institute for Social Development (UNRISD) is an autonomous agency undertaking multidisciplinary research on the social dimensions of contemporary problems. The Institute attempts to provide governments, development agencies, grassroots organizations and scholars with a better understanding of how development policies affect different social groups. UNRISD promotes exchange of views and knowledge across cultures and regions, as part of its comparative research mandate. It aims to promote original research in developing countries through supporting the work of local institutions.

The HIV/AIDS epidemic fundamentally affects both the policy environment and the broader course of social and economic change throughout the developing world. It is therefore an important issue for UNRISD, which demands innovative research.

UNRISD has the unusual capacity to span disciplines and also to integrate different levels of analysis and action (global, national and local) within a programme of research and dialogue on HIV/AIDS.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

UNRISD is not an inter-governmental agency, and it does not mobilize political support for its programmes. The Board of the Institute is composed of ten distinguished social scientists from various regions of the world, who discuss proposed research programmes and review ongoing work.

At the meeting of the Institute's Board in July 2000, a proposal for work on HIV/AIDS and Development was presented and approved. Board members are well aware of the critical importance of the subject. Funding can now be sought from foundations and bilateral or multilateral donors for a large comparative research programme.

#### 3. Major Accomplishments over last 5 Years

The Institute has not sponsored research on HIV/AIDS before 2000. It has, however, developed an increasingly well-known programme on Social Policy; and its advice is sought by a number of agencies working in this field, including UNDP, WHO and UNICEF. UNRISD also sponsors an excellent research network on Gender, Poverty and Well-being,

which has produced many innovative ideas and approaches of fundamental importance for the study of HIV/AIDS.

In 2000, the Institute accepted an invitation from UNAIDS to prepare an issues paper on HIV/AIDS and Development. This paper reviewed the available literature and suggested over a dozen areas in which new research could usefully be undertaken.

While preparing this issues paper, UNRISD began to form a network of well-known researchers (social scientists, activists and medical specialists) with an interest in further work on HIV/AIDS.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

UNRISD is focussing its efforts on the achievement of the following UN system strategic objective:

*6.1. To mobilize governments, the private sector, foundations, and the international research community to increase investments in high priority research required to improve understanding of the epidemic and actions to address it.*

#### 4. Programming Priorities addressing HIV/AIDS

The Institute's goal in the field of HIV/AIDS is to generate new knowledge about the course and consequences of the epidemic, as well as new ideas on how to strengthen the capacity of particular societies to deal with HIV/AIDS.

Specifically, the UNRISD programme will pursue this goal through:

- creating more productive links between national social scientists and national AIDS programme
- using focused research to help local government structures to understand the relation between AIDS and existing local policies
- creating opportunities for comparative international research on key AIDS-related issues
- sponsoring national and international conferences and seminars
- widespread (electronic and printed) dissemination of research results.

UNRISD research should allow policy makers, NGOs and concerned citizens to respond better to the numerous factors that are driving the pandemic in specific national and local contexts. It should also contribute to the ongoing debate about how to improve the international policy context for dealing with HIV/AIDS. In addition, UNRISD seeks to strengthen research capacities in LDCs.

#### 5. Major Constraints to be addressed

The major constraint will be financial. Supporting new research in developing countries is expensive; yet new research is precisely what is needed to provide up-to-date, in-depth

knowledge of the complex environment within which the epidemic continues to advance. Therefore, UNRISD will need significant support from donors and foundations.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

In the 1990s, UNRISD sponsored research in over 70 countries around the world on issues such as environment and development; social policy; gender and poverty; and others. None of these efforts has focused specifically on HIV/AIDS, although the lessons from many of them are relevant to understanding the progress of the epidemic, as well as the public policy issues associated with it.

UNRISD facilitates debate and dialogue at the international level. It organizes a number of international conferences each year, for example events associated with both Copenhagen Plus Five and Beijing Plus Five.

UNRISD staff serve as resource persons for various UN agencies, bilaterals and foundations. They also serve on the Advisory Boards of academic journals and other research institutes.

The UNRISD web site ([www.unrisd.org](http://www.unrisd.org)) provides a point of reference for many social scientists, activists and policy makers who need access to research on social development.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

The Institute plans to do research on HIV/AIDS in Africa, Asia and Latin America.

#### **8. Institutional Priority Setting and Coordination Mechanisms**

UNRISD research on HIV/AIDS will be managed by an authority in this field. It will be his/her responsibility to co-ordinate the programme, to keep colleagues directing other UNRISD research programmes informed of the course of work, and to link emerging findings on HIV/AIDS and Development to findings in other research areas of the Institute.

When the UNRISD programme on HIV/AIDS and Development gets under way, it will be important to ensure adequate participation by the Institute in system-wide efforts to deal with the epidemic. This will strengthen links between research, policy and action.

All UNRISD research will follow guidelines and timetables established in project proposals and funding requests. Since the Institute must seek funding for all its work from donors and foundations, there are always monitoring and evaluation elements built into its programmes.



### SECTION III: STRATEGIES AND RESOURCES

#### 9. Key Partnerships Required for Successful Institutional Action

UNRISD systematically involves key NGOs and activists, as well as interested policy makers and donors, in its research programmes. Developing new partnerships will constitute a fundamental pillar of the UNRISD research effort.

#### 10. Financial Resources/ Implications

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>			0.5	20
<b>Regional</b>			0.4	20
<b>Country</b>			1.5	
<b>Total</b>			<b>2.4</b>	

#### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

At the global level, it is envisaged that there will be one full-time director, one full-time research assistant, and a part-time secretary working on the HIV/AIDS and Development Programme. At the country level, there would be ten part-time project coordinators and approximately five researchers in each of the ten countries.

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>			3	
<b>Regional</b>				
<b>Country</b>			15	
<b>Total</b>			*	**

\*Total estimate to be confirmed

\*\*Up to 55 staff in 10 countries estimated. Total of 57.5 FTE estimated

UNRISD is a small institution, with a staff of around 20 people. The initiation of a large comparative research programme on HIV/AIDS will contribute to strengthening awareness of HIV/AIDS-related issues among staff and across all the research programmes of the Institute.

When the programme gets under way, research insights and findings will appear regularly on the UNRISD web site ([www.unrisd.org](http://www.unrisd.org)) and throughout the range of Institute publications (newsletter, conference reports, occasional papers, and commercially published books). To highlight the effort, a special Programme Paper series on HIV/AIDS will be

initiated, as well as a special web site on HIV/AIDS and Development. Research results will also be summarized in the Institute's new Policy Insights series.

In addition, findings will be discussed at international and national conferences; and research projects in specific countries will publish books, papers and newspaper articles locally, in local languages.

## **12. UNRISD Staff and Dependants**

UNRISD has no internal departments dealing with staff issues. It relies entirely upon UN personnel guidelines and upon the UN Medical Service in Geneva.

The Institute has disseminated material on HIV/AIDS produced by the UN Medical Service for UN staff.

## **DEPARTMENT OF PEACEKEEPING OPERATIONS (DPKO)**

**Organizational Focal Point:** Christen Halle

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The Department of Peacekeeping Operations (DPKO) serves as the operational arm of the Secretary General for all United Nations peacekeeping operations and is responsible for the conduct, management, direction, planning and preparation of those operations. UN peacekeeping missions normally include military and civilian personnel who implement, or monitor the implementation of, arrangements relating to the control of conflicts and their resolution.

In relation to HIV/AIDS DPKO is required:

- to consider the role of the uniformed services and other peacekeeping forces in the prevention of the spread of HIV
- to ensure minimum standards of prevention and awareness for troops and other personnel before, during and immediately after participation in peacekeeping operations.

The DPKO has a role both as a global advocate for peacekeeping as well at country level to provide guidance, particularly in supporting training for trainers in certain countries providing peacekeepers.

A Cooperation Framework between UNAIDS and DPKO was agreed on 19 January 2001 which outlined the following areas of cooperation: Codes of Conduct, Training, HIV Testing, Developing resource material and Best Practices.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

UN Security Council resolution 1308 (17 July 2000) expressed concern at the potential damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel. The Resolution encourages all interested Members to consider developing, in cooperation with the international community and UNAIDS, where appropriate, effective long-term strategies for HIV/AIDS education, prevention, VCT, and treatment of their personnel, as an important part of their preparation for their participation in peacekeeping operations. It requests the Secretary-General to take further steps towards the provision of training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS and to continue the further development of pre-deployment orientation and ongoing training for all peacekeeping personnel on these issues.

The Special Committee on Peacekeeping Operations (SCPKO) has recognised the high risk of HIV/AIDS transmission facing UN peacekeeping and other personnel in the field. It has requested the DPKO to incorporate language into the Guidelines for Military and CIVPOL Participation in Peacekeeping Operations manuals, to further raise peacekeeper's awareness. The Committee requested the DPKO training unit to conduct awareness raising through the train-the-trainers programme.

### 3. Major Accomplishments over last 5 Years

- Production of a comprehensive set of lectures and written materials on HIV/AIDS by Civil-Military Alliance (CMA) for troop contributors
- Emphasis on HIV and AIDS in medical preparations for peacekeeping missions and in briefings for present and potential troop contributors
- Decision to supply condoms and make them freely available in all missions for troops and UN-staff
- Train-the-trainers programme has integrated HIV/AIDS in its curriculum
- In collaboration with UNAIDS, DPKO is in the process of placing an HIV/AIDS Advisor to the Special Representative for the Secretary General within each major peacekeeping operation, notably UNMASIL, UNMEE, UNTAET, MONUC and UNMIK
- Together with UNAIDS, DPKO is in the process of producing and distributing an 'Awareness Card' on HIV/AIDS and relevant Codes of Conduct (including an inside pocket for condoms) to the above mentioned peacekeeping operations, starting with UNAMSIL
- A joint UN mission comprised of UN AIDS, DPKO, UNFPA and UNIFEM undertook an assessment mission to UNAMSIL, Sierra Leone, in February 2001, resulting in a comprehensive workplan and set of recommendations on which future work regarding HIV/AIDS will be based.

#### Lessons learnt

HIV/AIDS can not be ignored, especially in the context of peacekeeping operations. In the past six months (December 2000 to May 2001), HIV/AIDS has been taken more seriously not only at the Assistant Secretary General level but within the missions themselves.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

DPKO is particularly focusing its efforts towards achieving the following UN system strategic objective:

*7.1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in military and uniformed services.*

#### **4. Programming Priorities addressing HIV/AIDS**

DPKO institutional priorities in support of UN system objectives are as follows:

- HIV/AIDS education of mission personnel
- provision of condoms for peacekeeping operations
- awareness and prevention in peacekeeping operations
- military personnel code of conduct
- guidelines for voluntary and confidential counselling and testing (produced in 1998 by Medical Services Division for UN personnel).

##### Institutional targets

- To institutionalise the position of an HIV/AIDS Advisor in all missions
- To institutionalise a system for addressing HIV/AIDS issues from the early planning stages of peacekeeping missions
- To further develop the function of the HIV/AIDS focal point in DPKO
- To improve the formal and informal participation of DPKO in the global network of partners implementing programmes addressing HIV/AIDS in this context

#### **5. Major Constraints to be addressed**

The United Nations does not have a standing army and is dependent upon Member States for peacekeeping personnel. DPKO can only advise Member States about the requirements for HIV/AIDS training.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

DPKO provides training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS. Training Cells are currently being established within each mission to ensure induction training, incorporating information on cultural and local aspects of the mission, is provided on an ongoing basis. Although all pre-deployment training is formally the responsibility of each Member State contributing troops, DPKO in some cases, as with the train-the-trainer programme, supports training before deployment. The United Nations currently has deployed approximately 38,000 military personnel many of whom come from countries with high HIV infection rates. Most are deployed in countries with high infection rates.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

DPKO does not prioritise any geographical regions as all regions either provide or receive peacekeepers. The African missions and the UNTAET mission are presently the most affected mission areas, but are not given priority as such.

#### **8. Institutional Priority Setting and Co-ordination Mechanisms**

DPKO has a focal point function. Other mechanisms for institutional priority setting, co-ordination mechanisms and monitoring and evaluation are yet to be determined.

### SECTION III: STRATEGIES AND RESOURCES

#### 9. Key Partnerships Required for Successful Institutional Action

The key implementing partnerships are with UNFPA, CMA, and OASD (US). The key policy partnerships are with the UNAIDS Secretariat, through input from the steering committee on security constituted after the UNAIDS Expert Strategy Meeting on HIV/AIDS as a Security Issue.

#### 10. Financial Resources/ Implications

The current development of the HIV/AIDS Advisor posts and the expansion of the Medical Support Unit means that financial resources can not be identified but as part of the cooperation agreement with the UNAIDS Secretariat a transfer of \$800,000 to DPKO is being envisaged for 2001-2002.

#### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

#### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

DPKO staff training requirements with regard to HIV/AIDS are still to be determined. This will be largely dependent on the transfer of funds between UNAIDS and DPKO which will be used mainly for the HIV/AIDS Advisor posts within each Mission as well as strengthening the focal point within DPKO Headquarters. DPKO has existing mechanisms to ensure that their staff are trained. The Medical Services Division has the same mechanism for civilian international staff.

There is no system at present for updates to enable priority setting, but this will be an important function for focal points when they are in place. There will be at least one policy post, and probably another focusing on training and follow up, in each major mission.

Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

**12. UN Staff and Dependents**

A concise but comprehensive booklet 'Protect yourself against AIDS' which describes the disease, highlights risk factors and teaches the reader how to prevent contracting HIV/AIDS has been produced jointly by DPKO and UNAIDS. Other publications include: HIV Prevention and Behaviour in International Military Populations; Policy guidelines on HIV/AIDS Prevention and Control for UN Military Planners and Commanders.

Treatment is the responsibility of the contributing nation for uniformed personnel and for the insurance company for civilian staff.

## **THE DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS (DESA)**

**Organizational Focal Point:** Edith Castellares      **Email:** castellares@un.org

### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The Department of Economic and Social Affairs (DESA) is part of the United Nations Secretariat and derives its mandate from decisions and resolutions adopted by the General Assembly, in particular its Second and Third Committees. As the Secretariat servicing the Economic and Social Council, it receives guidance and policy orientation from the Council, through the observance of the resolutions and decisions adopted by the Council, in the area of economic, social and human rights.

DESA's mandate is to promote broad-based and sustainable development through a multidimensional and integrated approach to economic, social, environmental, population and gender related aspects of development. It is responsible for ensuring coordination and follow-up to resolutions passed in global conferences and UN Commissions and Committees. In addition, it provides official UN demographic estimates and projections.

In accordance with General Assembly resolution 55/13 and ECOSOC resolution 1999/36, DESA will continue to cooperate closely with UNAIDS to intensify efforts to combat HIV/AIDS. In particular, DESA will help to harmonize and coordinate UN system efforts, and strengthen advocacy.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

Commission on Population and Development: In its resolution 2000/1 the Commission requested the Population Division (DESA) in conducting its research on population policies, levels and trends, to "pay particular attention to the gender dynamics and demographic implications of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic...".

By its decision 2000/1 the Commission on Population and Development decided that the special theme for the Commission at its thirty-fifth session in 2002 should be "reproductive rights and reproductive health, with special reference to human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)". By the same decision the Commission requested the Population Division, DESA, to give due attention to the impact of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the preparation of reports for the forthcoming theme sessions of the Commission on Population and Development for the years 2001-2003.



### 3. Major Accomplishments over last 5 Years

DESA has served as the Secretariat for the following UN Commissions and Committees, in which important Resolutions on HIV/AIDS have been adopted:

- Commission on the Status of Women: Resolutions 43/2 and 44/2 on women, the girl child and HIV/AIDS urged governments with support from the international community to intensify efforts against HIV/AIDS, particularly in Africa, to create supportive environments for those infected with HIV, protect their rights, enable those who are vulnerable to access counselling services; take care of and support children orphaned by AIDS; adopt long-term AIDS prevention policy tailored to the needs of women and girls.
- Committee on the Elimination of Discrimination against Women: Concluding comments to reports of States parties to the Convention on the Elimination of All Forms of Discrimination against Women frequently refer to gender and HIV/AIDS and made recommendations thereon.
- Five-year reviews of the General Assembly of global conferences:  
The twenty-first special session of the General Assembly to review and appraise the implementation of the Programme of Action of the International Conference on Population and Development (ICPD+5) in 1999 called for reductions in new infections by 25 per cent among 15 to 24 year-olds in the most affected countries by 2005, support in ensuring that at least 90 per cent of young people have access to the necessary information, education and services to protect themselves against HIV/AIDS infection by 2005, and at least 95 per cent by 2010.
- The overall review and appraisal of the implementation of the outcome of the World Summit for Social Development (2000) encouraged the twenty-five African countries most affected by HIV/AIDS to adopt time-bound targets for reducing infection levels, such as a target of reducing infection in young people by 25 per cent by 2005.
- The outcome document of the twenty-third special session of the General Assembly on "Women 2000: gender equality, development and peace for the twenty-first century (2000) identified HIV/AIDS as one of the major challenges affecting the full implementation of the Beijing Declaration and the Platform for Action. A number of recommendations for further action were adopted relating to the prevention and treatment of HIV/AIDS in line with key actions coming out of ICPD+5.

The fourth session of the World Youth Forum of the United Nations system, which will be held in Dakar, Senegal, August, 2001, will have a two-fold objective: a) to review progress achieved and obstacles encountered in the implementation of the Braga Youth Action Plan of 1998; and b) to identify new opportunities for empowering youth and for implementing the Plan at the local, national and regional levels. The Braga Youth Action Plan, contains a reference to AIDS in paragraph 68, where the signees commit themselves to elaborating programmes of information, education, communication and campaign awareness among young women and young men to fight HIV/AIDS and sexually transmitted diseases. It is

expected that a renewed commitment from youth organizations will be made in August in Dakar.

The high-level segment of the substantive session of the Economic and Social Council in 2001 will be devoted to the theme "The Role of the United Nations System in Supporting the Efforts of African Countries to Achieve Sustainable Development", and the relevant report of the Secretary-General to be submitted to ECOSOC will include a chapter on the issue of HIV/AIDS in the context of the African continent.

Additional achievements include:

DESA organized jointly with WHO and the UNAIDS Secretariat an Expert Group meeting on 'The HIV/AIDS Pandemic and its Gender Implications' in Windhoek (Namibia) 13-17 November 2000;

DESA published a 'Box' on the economic impact of HIV/AIDS in the World Economic and Social Survey 2000 (p. 90). The Under-Secretary-General for Economic and Social Affairs addressed HIV/AIDS in his statement to the World Bank Development Committee, April 2000.

#### Lessons learnt

They include the need to carry out all related activities in partnership with United Nations entities working on HIV/AIDS, in particular UNAIDS.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

DESA is particularly focusing its efforts on achieving the following UN system objectives:

*2.4. To strengthen evidence-based advocacy of policies and programmes which assist governments to address gender-based inequalities fuelling the HIV/AIDS epidemic.*

*3.1. To strengthen evidence-based advocacy of policies and programme approaches which ensure maximum protection of children and young people from HIV/AIDS, and more fully involve young people in the response to the epidemic.*

### **4. Programming Priorities addressing HIV/AIDS**

Key strategic activities pursued by DESA include those which:

- ensure follow-up of resolutions passed by global conferences and UN Commissions
- encourage and contribute to international dialogue on development co-operation with a view to building consensus on economic and social issues
- assist member states in developing integrated and co-ordinated policy responses to development issues and to emerging global problems

- facilitate access by Governments to information on population trends and their interrelationships with social and economic development i.e. demographic impact of HIV/AIDS
- incorporate the impact of HIV/AIDS into official United Nations population estimates and projections so as to facilitate the assessment of the overall past and expected future effect of the epidemic on the size, distribution by age and sex, and dynamics of the population of the most affected countries
- undertake policy analysis from a gender perspective
- in accordance with the World Summit for Social Development (1995) Declaration and Programme of Action, attempt to assess the on-going impact of the HIV/AIDS epidemic on families and their members as well as on family policies in developing and developed countries; and explore policy options and strategies in approaching the HIV/AIDS crisis from a family policy and development perspective.

Currently, DESA is preparing the following publications:

- United Nations (2000). World Population Prospects: The 200 Revision, and
- HIV/AIDS: Population Impact and Policies, 2001 (UN wall chart)

## **5. Major Constraints to be addressed**

In general, there are no major constraints to be addressed. However, a zero-growth budget may limit new activities, in particular advocacy in the fight against HIV/AIDS.

## **6. Global and Country Level Efforts which address HIV/AIDS**

While DESA is mainly involved in normative work with little direct support for implementation in countries, advisory services, provided upon request by Governments, are planned to include gender and HIV/AIDS.

## **7. Priority Geographic Regions for HIV/AIDS Efforts**

- Africa
- Small island developing states

Currently, DESA is undertaking a study on Families in the Most HIV/AIDS-affected countries, the aim and purpose of which is to prepare a technical reference paper on HIV/AIDS and its impact on families among the most affected countries in several regions of the world. The study is a key component of DESA's activities for the preparations for, and observance of, the Tenth Anniversary of the International Year of the Family (2004). In addition, DESA will also address the key issue of gender and HIV/AIDS, and related advisory services will be provided in Africa.

## **8. Institutional Priority Setting and Coordination Mechanisms**

DESA is responsible for the integrated and coordinated implementation of and follow-up of major UN conferences and summits, DESA will ensure that HIV/AIDS is maintained as a high-level issue. It coordinates follow-up across the UN system.

### SECTION III: STRATEGIES AND RESOURCES

#### 9. Key Partnerships Required for Successful Institutional Action

DESA, as the focal point for the United Nations Secretariat on the issue of HIV/AIDS, participates in the Inter-Agency Advisory Group (IAAG) on AIDS. It also participates as an observer in the United Nations AIDS Programme Coordinating Board (PCB). A representative of DESA, on behalf of the United Nations Secretariat, makes a statement at the PCB annual meeting. DESA also participates in the United Nations Reference Group Meeting in preparation for the 26th Special Session of the General Assembly on HIV/AIDS.

#### 10. Financial Resources/ Implications

	1996-1998		1999		2000		2001-2005	
	Total expenditure (US\$ 000)	% of core budget	Total expenditure (US\$ 000)	% of core budget	Total expenditure (US\$ 000)	% of core budget	Total expenditure (US\$ 000)	% of core budget
Global	200	100	80	100	210	90	520	90
Regional								
Country								
<b>Total</b>	<b>200</b>	<b>100</b>	<b>80</b>	<b>100</b>	<b>210</b>	<b>90</b>	<b>520</b>	<b>90</b>

All figures cover specifically Human Resources in the compilation of demographic data

#### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

	1996-1998		1999		2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE	Actual Staff	FTE	Actual Staff	FTE
Global	6	1	6	1	6	1	6	1
Regional								
Country								
<b>Total</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>1</b>

#### 12. DESA Staff and Dependents

While the main responsibility rests with the United Nations Medical Services, DESA continues to cooperate with these Services in addressing related issues.

## **UNITED NATIONS FUND FOR INTERNATIONAL PARTNERSHIPS (UNFIP)**

**Organizational Focal Point:** Elena Pozdorovkina

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The United Nations Fund for International Partnerships (UNFIP) is an autonomous Trust Fund headed by an Executive Director. It serves as the primary interface with the United Nations Foundation (UNF), on behalf of the Secretary-General.

UNFIP's role is to:

- facilitate programme and project development for channelling UNF funds into the UN system
- collaborate with UNF in its fundraising efforts in support of UN causes
- work to build new and additional partnerships and to mobilize resources for the UN system
- establish arrangements to monitor and evaluate UNF funded projects.

Within its Children's Health and Women and Population Programmes, the UN Foundation has identified the prevention of HIV/AIDS as a priority area of emphasis.

UNF is supporting UN programmes working to break the silence and stigma surrounding HIV/AIDS, thereby opening an interactive dialogue between health experts and the public on HIV/AIDS, its prevention and treatment.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

The UNF Board has approved several HIV/AIDS projects (see below).

#### **3. Major Accomplishments over last 5 Years**

A range of HIV/AIDS projects have been approved, including:

- Prevention of Mother-to-child-transmission of HIV/AIDS
- AIDS Prevention and Health in Ukraine
- Slowing the Spread of HIV/AIDS among the Youth in Southern Africa
- Innovative HIV Prevention Strategies in Four African Countries
- Youth-to-Youth Communication against HIV/AIDS in Tanzania
- District initiative on HIV/AIDS in Zimbabwe
- Joint UN Support to HIV/AIDS Operational Plan in Zambezia Province, Mozambique.

On March 23, 2000 the United Nations Foundation (UNF) announced a major new round of investments totalling more than \$17 million to support 11 UN projects around the world. Special focus in this round of funding was given to support women's health projects, including HIV/AIDS prevention programmes.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System objectives**

UNFIP is particularly focusing its efforts on achieving the following UN system objective:

*1.5. To mobilize and assist in channelling the financial and technical resources required for urgent and expanded national responses.*

#### **4. Programming Priorities addressing HIV/AIDS**

UNFIP'S programme priorities are children's health, and women and population. In all its projects, UNF emphasizes community-based action and district strengthening.

#### **5. Major Constraints to be addressed**

N/A

#### **6. Global and Country Level Efforts which address HIV/AIDS**

Recent initiatives include:

- Southern Africa Initiative on Youth and HIV/AIDS (approved in November 2000)
- Global resource mobilization campaign/project (approved in November 2000), involving partners from UN system, business, and civil society

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

Southern Africa: Madagascar, Malawi, Mali, Nigeria, Senegal, Tanzania, Zambia, Zimbabwe

#### **8. Institutional Priority Setting and Coordination Mechanisms**

The UNFIP Advisory Board reviews all project proposals and makes funding recommendations to the UNF Board for final determination. Project proposals are evaluated against the Foundation's programme priorities and criteria, including:

- programming priorities: women and population, children's health
- geographic priority: Southern Africa (for 2000/2001)
- theme group submissions, showing integrated workplans
- interventions related to prevention and youth, e.g. peer education, youth-friendly reproductive health services, VCT, micro-credit
- approaches to fostering policy change
- community activities in support of vulnerable groups
- communication activities.

Once a given project is approved respectively by the UNFIP and UNF Boards, UNFIP notifies the implementing partner and is then responsible for making sure that UNF funds are properly channelled.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

UNFIP has strong partnership with several UN Organizations, such as WHO, UNICEF, UNDP, and UNAIDS, to whom it provides financial assistance. It also has partnerships with research institutions such as Johns Hopkins University and Emory University, and NGOs such as the Population Council and various civil society institutions.

#### **10. Financial Resources/ Implications**

Not applicable to UNFIP

#### **11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives**

Not applicable to UNFIP

#### **12. UNFIP Staff and Dependants**

Not applicable to UNFIP

## UNITED NATIONS MEDICAL SERVICES (UNMS)

**Organizational Focal Point:** Sudershan Narula

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The UN Medical Service provides and/or ensures access to adequate health services for UN staff, including preventative services and health promotion and provides medical advice for administration such as recruitment, reassignment, and certification of sick leave and recommendation for disability benefit from the UN System Joint Pension Fund.

In accordance with its mandate the principal responsibilities of the UN Medical Service (UNMS) are (1) the prevention of HIV among UN staff, and (2) facilitating staff access to adequate medical care. The UNMS aims to ensure compliance with the 1991 UN policy on HIV/AIDS in the workplace and also to the policy for peacekeeping missions.

Since UN staff are distributed worldwide, the role of the UNMS can be considered as global with regard to providing and facilitating staff (and their dependants) access to adequate medical care.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

Medical Directors at twice yearly meetings discuss HIV/AIDS issues and ensure best practices are adopted for prevention, treatment and care. The biannual reports of Medical Directors include statistics about known HIV/AIDS cases and also quarterly reports from dispensary physicians.

#### 3. Major Accomplishments over last 5 Years

- undertaking systematic assessments of various medical facilities (private hospitals, governmental hospitals, laboratories, blood banks, and pharmacies) during field missions and disseminating key recommendations regarding their use by UN staff
- contributing to the development of a clinicians' network covering 15 African countries during the Dakar Conference on access to antiretroviral therapy in Africa in collaboration with the World Bank
- participating in training workshops organised for medical staff of the UNMS including dispensaries, assisting in the training of staff in general and providing technical input for the development of related training materials
- contributing to development of VCT for staff and providing support for VCT services



- providing condoms, disposable syringes and information regarding HIV/AIDS in UN travel medical kits. Condoms and syringes were made available at many field duty stations and peacekeeping missions from 1992 onwards, and
- providing technical support for the introduction of post exposure prophylactic - PEP - kits in country for UN staff in collaboration with UNICEF which provided procurement and distribution services.

#### Lessons learnt

- HIV/AIDS raises issues in relation to the extent of health insurance coverage for UN staff
- HIV/AIDS has highlighted the difficulty of implementing prevention programmes across profound cultural differences.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

UNMS is particularly focusing its efforts towards UN system actions to improve access to HIV/AIDS care and support for staff, and policies that strengthen the response to HIV/AIDS in the UN workplace.

#### **4. Programming Priorities addressing HIV/AIDS**

The UNMS's key priorities are as follows:

- ensuring access to treatment and care for field staff and their dependants
- providing travel advice and health promotion
- developing a regional network of facilities, physicians and counsellors
- undertaking on-going evaluation of local medical facilities
- revising the UN dispensary catalogue and re-defining role of UN dispensary staff
- raising the HIV/AIDS awareness of UN examining physicians
- ensuring greater diffusion of health education materials, PEP Kits and information
- contributing to development of UN health net
- raising awareness and building the confidence of staff through training, conferences, health fairs and other special events
- encouraging VCT for staff
- respecting and maintaining confidentiality in communication with administration on medico-administrative issues
- extending training courses for physicians/nurses to update their knowledge prevention and treatment regarding medical advances in HIV/AIDS, and
- providing advice on medico-administrative matters such as recruitment and reassignment.

**5. Major Constraints to be addressed**

- inadequate medical insurance coverage for staff on short-term contract
- lack of resources to address the key priorities including travel funds and human resources.

**6. Global and Country Level Efforts which address HIV/AIDS**

Preventative services are provided through health education, pre and post travel medical briefings and the supply of travel and vehicle medical kits. The UNMS contributes to the development of training materials and participates in training, distributes available education/information material, and organises special events.

Staff access health services in field duty stations through dispensaries, at the pre-identified local medical facilities and where medically justified in one of the regional medical evacuation centres. The UNMS provides support to UN field dispensaries in 42 countries and 5 civilian UN clinics in peacekeeping missions and provides advice to UN military medical facilities on their prevention programmes. It ensures UN field stations have adequate supplies of disposable syringes, condoms and medical staff liaison in providing health education and counselling. Also PEP Kits are available in all field duty stations including peacekeeping missions. Every effort is made to ensure staff access to quality care.

**7. Priority Geographic Regions for HIV/AIDS Efforts**

UN staff based in African countries are UNMS's key priority at present because of the prevalence of HIV, the lack of facilities for care and the absence of antiretroviral drugs. Key themes for addressing HIV/AIDS in this region:

- enabling access to care for UN staff and their dependants
- ensuring the appropriate prevention measures are instituted

**8. Institutional Priority Setting and Co-ordination Mechanisms**

The UNMS's main priority setting and co-ordinating mechanism is through the biannual Medical Directors co-ordinating meetings. The Medical Directors provide clinical and technical expertise to all task forces and working groups on HIV/AIDS. Monitoring of activities addressing HIV/AIDS is achieved through regular self-evaluation undertaken by all the medical services and through field visits.

**SECTION III: STRATEGIES AND RESOURCES****9. Key Partnerships Required for Successful Institutional Action**

The UNMS collaborates with WHO on networking with local medical facilities worldwide and with the scientific community. New partnerships in 2001-2005 could possibly be with organizational insurance providers. Liaison will be necessary with WHO and UNAIDS to

ensure updated information is available on antiretroviral therapy and the prices of these drugs in different countries.

#### 10. Financial Resources/ Implications

The IAAG meeting in March 2001 recommended that a dedicated post be provided in the UNMS to co-ordinate and monitor the implementation of the UN Personnel Policy on HIV/AIDS.

##### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

#### 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

The UNMS requires additional resources in order to ensure adequate training and updates are provided to UNMS staff but these have not been quantified at this moment. Institutional learning may occur through the UNMS web page and through participation in training aimed at developing educational materials. Medical services facilitate access to HIV/AIDS information sources.

##### Summary of Human Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

#### 12. UN Staff and Dependants

Details of the information and services provided to staff are detailed in section 6. In order to strengthen inputs for HIV/AIDS the UNMS will require additional resources.

## **WORLD TRADE ORGANIZATION (WTO)**

**Organizational Focal Point:** Alain Frank

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The basic purpose of the multilateral trading system as embodied in the World Trade Organization is to facilitate economic growth and the enhancement of public welfare by creating conditions that will enable the development of international trade and economic growth in member countries. There is a strong relationship between economic growth and the health care capacity of countries.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

Issues concerning health and access to medicines are under consideration in the Council for Trade-Related Aspects of Intellectual Property Rights, including in the context of the General Council's preparatory work for the Doha Ministerial Conference in November 2001.

#### **3. Major Accomplishments over last 5 Years**

- Developing country members are entitled to all the trade liberalisation that has been negotiated, mainly between the main industrialised nations, over more than 50 years of GATT/WTO operations.
- WTO has made major efforts towards the universal removal of trade barriers by industrialised countries on virtually all their imports from the least developed countries
- As a result of the Uruguay Round of Trade Negotiations, the EC and ten other industrialised nations have committed to the elimination of customs duties on over 7,000 pharmaceutical products and active ingredients. This liberalisation in tariffs for pharmaceuticals, as well as other HIV-related commodities such as condoms, testing equipment and products to ensure blood safety, is less well advanced in developing countries. WTO has a mandate to negotiate regularly the reduction of tariffs, and this is likely to be an important component of any new round of trade negotiations.
- Under the WTO General Agreement on Trade in Services, some 30 WTO members have made commitments to liberalise their trade in distribution services by allowing increased access for foreign-service suppliers. Member countries can use GATS as a vehicle for liberalising trade in health services.
- The WTO is working on a possible multilateral agreement aimed at transparency in government procurement procedures, which is important for making best use of limited public funds in the health sector as in other sectors.

## SECTION II: PRIORITIES AND TARGETS

### 4. Programming Priorities addressing HIV/AIDS

The WTO's work relates primarily to the following UN system strategic objective:

*7.3 To develop and strengthen international mechanisms and partnerships required for improving access to HIV/AIDS-related commodities in the most affected countries.*

### 5. Major Constraints to be addressed

Not applicable to WTO

### 6. Global and Country Level Efforts which address HIV/AIDS

The WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) has been included in the debate focused on access to HIV/AIDS drugs since these products are often still under patent protection in some countries and can be expensive. The aim of the TRIPS Agreement is to find an appropriate balance in the protection of intellectual property between maximising access and promoting creativity and innovation.

On the one hand, the TRIPS Agreement requires that inventions (e.g., pharmaceuticals) must be eligible for 20-year term of protection from the filing date of the patent application (the period left after marketing approval of a new drug is usually less, sometimes significantly).

On the other hand, the Agreement offers flexibility. For example, it provides for the possibilities of granting compulsory licences or having public non-commercial use without the authorization of the patent holder on certain conditions. The Agreement was found by a WTO panel last year to allow for early working by generic competitors as a form of the "limited exceptions" allowed under TRIPS. The TRIPS Agreement also makes it clear that the practices of WTO members with regard to parallel importing cannot be challenged in the WTO.

The WTO Council for TRIPS is scheduled to hold a special discussion on access to drugs at its next meeting (18-22 June 2001). It will aim to clarify the interpretation and application of relevant TRIPS provisions with a view to clarifying the flexibility available to developing countries in the agreement.

In April 2001, the WTO and WHO Secretariats jointly organised a Workshop of experts on the subject of differential pricing (i.e., under which prices are adapted to the purchasing power of the consumer and set in the poorest countries as close as possible to the marginal cost of production) and financing of essential drugs. The aim was to better understand the issues, notably the conditions that need to be put in place for differential pricing. The report can be found on the WHO and WTO websites.

### 7. Priority Geographic Regions for HIV/AIDS Efforts

WTO focuses its efforts globally.

**8. Institutional Priority Setting and Coordination Mechanisms**

Not applicable to WTO

**SECTION III: STRATEGIES AND RESOURCES****9. Key Partnerships Required for Successful Institutional Action**

The WTO co-operates wherever appropriate with UNAIDS and WHO. The UNAIDS Secretariat attends WTO Ministerial Conferences as an observer. The WTO Secretariat participates in the Inter-Agency Advisory Group on AIDS and the Contact Group on accelerating access to HIV/AIDS-related care. With regard to WHO, the WTO Secretariat co-operates in the implementation of the parts of the revised drugs strategy relating to international trade agreements. The WHO has *ad hoc* observer status at the TRIPS Council. WTO has worked collaboratively with WHO on exploring the requirements for enabling affordable access to essential drugs through differential pricing and also on the financing of these drugs.

The WTO Secretariat cooperates with developing countries, sometimes in conjunction with other intergovernmental organizations, such as WHO or WIPO, in seeking to assist in TRIPS implementation - including the flexibility available under it. The WTO Secretariat acts as a channel for communication and dialogue with civil society in regard to HIV/AIDS-related matters as well as others.

**10. Financial Resources/ Implications**

Not applicable to WTO

**11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives**

Not applicable to WTO

**12. UN Staff and Dependents**

WTO staff can consult the in-house medical service on HIV/AIDS matters and any necessary treatment is covered by the WTO sickness plan. The medical service provides WTO staff going on missions with prophylactics and information on the risk of HIV/AIDS.

## WORLD TOURISM ORGANIZATION (WTO)

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### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The World Tourism Organization (WTO) is the only intergovernmental organization that serves as a global forum for tourism policy and issues. Its members include 138 countries and territories (2000), as well as more than 350 affiliate members from the public and private sectors. WTO's mission is to promote and develop tourism as a significant means of fostering international peace and understanding, economic development, and international trade.

In the current work programme (2000-2001), HIV/AIDS does not feature as a specific priority. However, within the Quality of Tourism Development Programme, HIV/AIDS is covered in the activity "Safety and Security" (including health issues). HIV/AIDS is also addressed in the WTO-led campaign against sexual exploitation of children in tourism, also known as "child sex tourism".

WTO's role is mostly global with a focus on advocacy. It is supplemented by regional level initiatives (through regional commissions) and supporting country programmes (largely technical cooperation financed by UNDP).

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

On the submission of the Executive Council, WTO's General Assembly adopted "WTO Statement on the prevention of organized sex tourism" in 1995. The statement does not refer to HIV/AIDS specifically, but to "grave health consequences" in general. (In the preamble, the Assembly affirms that it is "aware of the grave health as well as social and cultural consequences of this activity for both tourist receiving and sending countries, especially when it exploits gender, age, social and economic inequality at the destination visited").

In 1999, the WTO General Assembly adopted a "Global Code of Ethics for Tourism" in which it reaffirmed the 1995 Statement on the prevention of organized sex tourism. In article 2, the Code refers to "the exploitation of human beings in any form, particularly sexual, especially when applied to children". HIV/AIDS, or any other specific health problem, however, is not singled out in the Code. At present, WTO is preparing to put in place the "Protocol of Implementation" of the Code, to be adopted in October 2001.

### **3. Major Accomplishments over last 5 Years**

Since WTO has had no specific activity on HIV/AIDS over the last years, accomplishments can only be referred to in an indirect way. After the adoption of the "WTO Statement" mentioned above and as a follow-up to the World Congress Against the Commercial Sexual Exploitation of Children (Stockholm, 1996), WTO organized an international task force against child prostitution in tourism. As a result, all major tourism industry organizations have adopted codes of conduct or policy statements. The present focus is on implementation of the Certified Code of Conduct for Tour Operators and capacity building of National Tourism Administration and local destination focal points in the campaign.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

WTO is contributing to the achievement of the following UN system strategic objective:

*3.1. To strengthen evidence-based advocacy of policies and programme approaches which ensure maximum protection of children and young people from HIV/AIDS, and more fully involve young people in the response to the epidemic.*

### **4. Programming Priorities addressing HIV/AIDS**

Due to the lack of WTO resources to deal with all major issues confronting tourism development, HIV/AIDS is not addressed as a priority issue.

### **5. Major Constraints to be addressed**

Not applicable to WTO

### **6. Global Level Efforts which address HIV/AIDS**

WTO works basically through government departments, known as National Tourism Administrations (NTAs), who were alerted in the late eighties to the threat of HIV/AIDS for tourism development. However, NTAs, in the great majority of cases, did not take up the issue at the national level, nor did they ask the Organization to consider it as a priority topic to deal with in the subsequent work programmes.

### **7. Priority Geographic Regions for HIV/AIDS Efforts**

Africa, South Asia, and South America are expected to benefit from WTO-led activities against child sex tourism.

### **8. Institutional Priority Setting and Coordination Mechanisms**

In the WTO structures no special mechanism exists to address HIV/AIDS specifically. However, the Quality Support Committee (a subsidiary body of the Executive Council) monitors the implementation of the Quality of Tourism Development programme (including health issues and child sex tourism). As mentioned earlier, a special Task Force was created to monitor the development of the Anti-Child Sex Tourism Campaign.



**SECTION III: STRATEGIES AND RESOURCES****9. Key Partnerships Required for Successful Institutional Action**

WTO's main partners are National Tourism Administrations. Its Affiliate Members are private companies, business organizations, NGOs, and educational institutions. There is little experience of working with foundations, and few programmes benefit from bilateral donor support.

New partnerships with the public and private sectors are currently under discussion.

**10. Financial Resources/ Implications**

Not applicable to WTO

**11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives**

Not applicable to WTO

**12. WTO Staff and Dependents**

Not applicable to WTO

## **INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)**

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in IOM's Mandate**

The International Organization for Migration (IOM) is committed to the principle that humane and orderly migration benefits migrants and society.

As an intergovernmental body, IOM acts with its partners in the international community to:

- assist in meeting the operational challenges of migration
- advance understanding of migration issues
- encourage social and economic development through migration
- uphold the human dignity and well being of migrants.

IOM is responsible for ensuring the care and well being of migrants under its auspices at pre-departure and during the process of resettlement/reintegration or return. The organization's role is mostly global and regional. IOM has 79 member states and 73 regional or country offices throughout the world.

A cooperative framework with UNAIDS was signed in September 1999.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

The Deputy Director General has stressed the importance of issues of HIV/AIDS and population mobility in speeches at the XIII International Conference on AIDS in Durban (July 2000) and at the African Development Forum (December 2000). The IOM Council accepted the designation of HIV/AIDS as a priority area for the organization in November 2000.

#### **3. Major Accomplishments over last 5 Years**

- a regional consultation on AIDS and migration in Southern Africa was organized in March 1999
- background Papers on AIDS and migration have been published for 5 regions
- in collaboration with the UNAIDS secretariat, IOM oversaw two publications Technical Update on Population Mobility and AIDS, and Background Paper on 'Migrants' Right to Health'
- a strategy paper for 'integrating HIV/AIDS issues into IOM's programmes' has been developed and distributed widely within IOM

- IOM staff in regional and country offices are increasingly taking up membership in UN theme groups on AIDS
- a survey of AIDS prevention and care programs for mobile populations in Africa has been launched (2000), in collaboration with the UNDP/UNAIDS Regional Task Force on Mobile Populations and HIV Vulnerability
- an Italian-funded AIDS prevention program in Balkans (1998-1999), managed by IOM Geneva, was re-financed for 2001, and is to be run from IOM Rome
- in Central America the IOM regional office is represented on the board of, and has provided a migration consultant to, a regional project addressing HIV/AIDS prevention among mobile populations
- a DFID-funded HIV/AIDS component has been integrated into a project on 'Return and reintegration of retrenched mine workers in Lesotho', started in 2000, by IOM Pretoria
- an HIV/AIDS element was integrated into 'Measures to counter trafficking in Nigerian women and minors' project, (2000), by IOM Rome and Dakar
- in Addis Ababa, IOM is a partner in a project to carry out VCT for mobile and resident populations in high risk zones along major land routes, and has several other projects in preparation
- in Bangladesh, IOM is to undertake an assessment mission in collaboration with the ILO to prepare for HIV/AIDS prevention efforts among departing migrant workers, and
- a proposal to address the HIV/AIDS needs of return and transit migrants in Algeria has received initial funding from the French government.

#### Lessons learnt

Projects must be developed in collaboration with local partners, and must fit within IOM's mandate of dealing with mobile population.

## **SECTION II: PRIORITIES AND TARGETS**

### **UN System Objectives**

In addition to supporting UN System efforts to increase international recognition on the issue of HIV/AIDS and migrant and mobile populations, highlighting gender issues as they affect mobile populations, and promoting access to adequate AIDS prevention, care and support, IOM is focusing its efforts towards achieving the following UN system strategic objectives:

*4.1 To promote policy and programme approaches which protect the human rights and reduce the stigmatisation, marginalisation and discrimination of groups most vulnerable to HIV/AIDS.*

*4.2 To provide policy services and mobilize programme support to countries seeking to address the basic and HIV/AIDS related needs of migrants, refugees and internally displaced persons.*

#### **4. Programming Priorities addressing HIV/AIDS**

Key IOM priorities in support of these UN system objectives are:

- protecting human rights and reducing stigmatisation, marginalisation and discrimination in accordance with core IOM's principles
- advocating for the protection of migrants' rights, including to information, for decent living working and living conditions, and for access to health promotion and care
- ensuring that the needs of migrants and mobile populations are fully integrated into national and regional HIV/AIDS strategies
- integrating HIV/AIDS into related activities, such as counter-trafficking and de-mobilization
- enhancing capacity building for expertise in the field
- promoting access to adequate HIV/AIDS prevention, care and support for migrants and mobile populations. Including by carrying out model programmes, and
- identifying and disseminating knowledge concerning best practices in HIV/AIDS prevention and access to care for migrants and mobile populations.

#### **5. Major Constraints to be addressed**

A key issue is the overall lack of interest in a population group that fall between the responsibilities of different countries. IOM is a relatively small organization, essentially project driven for HIV/AIDS activities, and there is little reserve, or margin, within which to develop them.

#### **6. Global and Country Level Efforts which address HIV/AIDS**

Most activity has been focused on policy and programme implementation at country level. Standard-setting functions have only been present in the areas of advocacy and promoting the integration of migrant populations into HIV/AIDS plans. Recently, however, the Organizations directorship has called for increasing involvement in policy dialogue and in policy setting.

#### **7. Priority Geographic Regions for HIV/AIDS Efforts**

Criteria for prioritization

- need - HIV/AIDS issues that relate to population mobility, not already covered by other major actors.
- opportunity - IOM staff willing and able to address such issues.

Priority Geographic Regions:

- Southern Africa
- Horn of Africa
- Eastern Europe (Balkans and Russia)
- Caribbean (in collaboration with UNAIDS Secretariat )
- Central America (in collaboration with National Institute of Public Health, Mexico)
- Southeast Asia (in collaboration with UNDP/UNAIDS Regional Task Force on Mobile Populations and HIV Vulnerability)

- West Africa (in collaboration with the West African Initiative for a Response to the HIV/AIDS Epidemic).

#### **8. Institutional Priority Setting and Coordination Mechanisms**

No formal mechanisms exist at present. Activities are currently centred on the headquarters HIV/AIDS focal point. Regional offices are identifying HIV/AIDS focal points, and it is expected that IOM regional centres of expertise in AIDS and migration will develop. The co-ordination mechanisms in place at present will need to be reinforced if IOM is to increase its involvement in HIV/AIDS. Monitoring and evaluation will take place through regular meetings with UNAIDS. The results from the monitoring and evaluation of the first IOM HIV/AIDS projects will be extremely important in assessing progress towards IOM's stated objectives.

### **SECTION III: STRATEGIES AND RESOURCES**

#### **9. Key Partnerships Required for Successful Institutional Action**

The IOM aims to strengthen its partnerships with UNAIDS, with AIDS service organizations, donors and with other actors in the field of HIV/AIDS.

Specific agency efforts and partnerships to be developed include:

- joint action with OHCHR in relation to human rights, with UNHCR in relation to people displaced by conflict and with UNHCR and UNICEF in relation to child protection
- collaboration with UNDCP in relation to HIV and human trafficking
- strengthening and expanding regional surveys of HIV/AIDS programmes for mobile populations such as those currently being carried out in collaboration with UNDP
- joint work with ILO in relation to labour migration and migrant workers (pre-departure preparation, reception and working conditions, return reintegration)
- joint work with FAO on migration and sustainable development
- joint work with UNFPA to improve access of mobile populations to reproductive health information and services
- consolidation of links with the private sector (e.g. mining companies in South Africa), and
- knowledge sharing and capacity building with international, regional and community-level NGOs (e.g. CARAM in Asia)

## 10. Financial Resources/ Implications

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>				

The number of HIV/AIDS prevention or access to care projects operational has increased from 1 in 1996-8, to 6 in 2000 and for the period 2001-2005, 20 projects were in development at the end of 2000.

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

A UNAIDS-funded HIV/AIDS Co-ordinator was recruited at IOM headquarters in 1999 in order to introduce a more holistic perception of HIV/AIDS within IOM and its global activities. A UNAIDS-funded HIV/AIDS focal point at IOM Pretoria prepared the ground for further activities in the Southern Africa region for 6 months during 1999. A similar post was created for 11 months within the IOM Addis Ababa office - responsibilities are for Ethiopia and the Horn of Africa.

IOM and UNAIDS have organized and intend to continue to organize training sessions for exchange of knowledge on population mobility and on HIV/AIDS, both at headquarters and in field offices.

The HIV/AIDS focal point sits within the migration health service of IOM. Links are being created with other units (e.g. counter-trafficking, information campaigns, programme development, research, donor relations) who will increasingly integrate HIV/AIDS issues into their own activities.

The Migration and Health Newsletter, (published four times a year) may carry articles about HIV/AIDS.

Summary of Human Resources devoted to HIV/AIDS

	1999		2000		2001-2005		
	Actual Staff	FTE	Actual Staff	FTE	Actual Staff	FTE	
<b>Global</b>	1	0.5	1	0.8	2-3	2	
<b>Regional</b>	1	0.5*	1	0.2**	7-8	6	
<b>Country</b>							
<b>Total</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>9-11</b>	<b>8</b>	

\*6 months

\*\* 2 months

**12. IOM Staff and Dependents**

- The UNAIDS booklet is regularly distributed in the field and at headquarters
- Condoms and sterile syringes are included routinely in the medical kit for IOM staff members undertaking duty travel and are assured in all IOM missions
- Both counselling and advice on prevention are included as part of briefing and debriefing
- IOM has joined the UN system of inter-agency post exposure preventative treatment starter (PEP) kits that ensure each IOM mission has access to a PEP kit if necessary

The IOM Occupational Health Unit (OHU) will aim to ensure appropriate information is provided to local staff in their own language; provide information on safe blood supply; ensure availability of PEP kits to all IOM staff at risk, and co-ordinate HIV/AIDS policy with those on TB and other serious chronic diseases.

IOM administration will examine the possibility of providing comprehensive health insurance, including treatment for all HIV-related disorders, to local staff and family members and to list requirements for HIV testing on vacancy notices for field assignments. The governing body will aim to formally adopt an IOM personnel policy on HIV/AIDS that would be broadly based on the UN HIV/AIDS personnel policy.

## **FEDERATION OF INTERNATIONAL CIVIL SERVANTS' ASSOCIATIONS (FICSA)**

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### **SECTION I: BACKGROUND AND CONTEXT**

#### **1. HIV/AIDS in Agency's Mandate**

The mandate of the Federation of International Civil Servants' Associations (FICSA) is to promote and defend the rights and interests of international civil servants, primarily within the United Nations system. FICSA monitors the implementation of the UN system Personnel Policy on HIV/AIDS, which covers the health and safety of staff members at the workplace and outside, and that of their dependants, including the provision of health insurance, disability benefits and survivor benefits in case of death.

#### **2. Governing Board/Executive Board Actions addressing HIV/AIDS**

The FICSA Executive Committee reports regularly to FICSA's Council on progress made in implementing the UN personnel policy on HIV/AIDS. Executive Committee members monitor progress at the country level through field visits. They present annual progress reports to the Consultative Committee on Administrative Questions (CCAQ) and will continue to report to the High-Level Committee on Management (HLCM). The Standing Committee on Social Security and Occupational Health and Safety advises the Executive Committee on the Federation's policy on HIV/AIDS in the UN workplace.

#### **3. Major Accomplishments over last 5 Years**

- FICSA's Council sanctioned work with UNDP and UNAIDS to implement two pilot projects - Mark Hamilton Project - that aimed at improving access to drugs and treatment for staff members, and training medical care providers in Zambia and Ethiopia. The UNDP/UNFPA/UNOPS Staff Association, which is a member of FICSA, raised funds for the projects.
- A consultant reviewed the implementation of the UN personnel policy on HIV/AIDS in Namibia and Senegal. His report identified key areas for improvement at the two duty stations, and informed discussions at the 17th session of IAAG in March 2001.
- FICSA contributed to the Declaration for the United Nations General Assembly Special Session on HIV/AIDS by submitting a text on Key Principles underlying HIV/AIDS in the UN workplace.



## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

FICSA is particularly focusing its efforts towards UN system actions to improve access to HIV/AIDS care and support for staff, and policies that strengthen the response to HIV/AIDS in the UN workplace.

#### 4. Programming Priorities addressing HIV/AIDS

FICSA's priorities are determined by its aim to ensure that appropriate preventative HIV/AIDS measures are taken in relation to UN staff, and that those staff members and dependants that are infected with HIV/AIDS receive adequate care, support and treatment, with costs reimbursed by insurance coverage. The Federation's key priorities are:

##### Providing an environment free from fear of discrimination

*To ensure there is no discrimination against United Nations System staff on the basis of real or perceived HIV status.* This requires that HIV/AIDS is recognized as a workplace issue and that measures are taken to ensure staff are not denied employment, confirmation, redeployment or career advancement, or be terminated solely because of their HIV status. Health insurance should be provided to all employees and dependants at premiums unaffected by HIV status.

##### Confidentiality

*To ensure that the right of staff to confidentiality with regard to the disclosure of HIV status and/or HIV-related personal information is maintained.* Staff members cannot be forced to take an HIV/AIDS test, report their status to an employer and have the right for their medical treatment to be kept confidential.

##### Increasing awareness and understanding

*To ensure that managers, staff members and their representatives promote a climate of co-operation and trust on the issue of HIV/AIDS in the UN workplace.* This requires accurate and up-to-date information about HIV/AIDS, education programmes covering risk assessment and coping strategies, and training at all levels to increase awareness and understanding of HIV/AIDS issues. Medical personnel, UN dispensary staff and local physicians need ongoing training, as they have an important role in prevention, care and co-ordination of external services.

##### Quality and availability of care and treatment at the country level

*To map the situation at country level to identify the areas where information and training are needed and where improvements are required in the provision and availability of care and treatment for United Nations System staff members.* Free and confidential voluntary counselling and testing, and medications for the treatment of HIV infection and related

diseases, including anti-retroviral therapy should be provided for UN staff members and their dependants.

Coverage of care and treatment, and payment of benefits

*To ensure United Nations medical insurance schemes cover drugs and treatments for HIV/AIDS, including anti-retroviral medications, subject to the standard co-payment/co-insurance provisions.* Where disability or death resulting from AIDS, the applicable benefits should be payable to the staff member or the staff member's beneficiaries.

Urgent actions are required to:

- harmonise the different agency medical insurance schemes to ensure that no staff member is disadvantaged
- review the contractual status of short-term staff members and consultants to ensure that the contracts do not disadvantage staff members with regard to access to health insurance
- ensure the United Nations Personnel Policy on HIV/AIDS is strictly enforced, and its application regularly monitored. UN Resident Co-ordinators are responsible for the implementation of the policy at country level. The HLCM will have overall responsibility for the implementation of the UN Personnel Policy on HIV/AIDS
- create a dedicated post in the UN Medical Service to co-ordinate and monitor the implementation of the UN Personnel Policy
- incorporate mandatory co-financing arrangements into the core UN budget to provide funds for the above measures.

FICSA will work together with the HLCM and the International Labour Organization (ILO) in reviewing the applicability of the 'Draft ILO Code of Practice on HIV/AIDS and the World of Work' to the UN workplace.

## **5. Major Constraints to be addressed**

FICSA has taken steps to address the following constraints with its Member Associations and Unions, HLCM, IAAG, UNAIDS, the UN Medical Service and Executive Heads:

- Need for transparency and accountability
- Lack of demonstrated political will to date within the UN system
- Need for a dedicated post to ensure that recommendations become action
- Need for identification of focal points at the country level
- Lack of resources.

A review of the status of agency efforts on staff and dependants (10 March 2001) showed that the implementation of the UN personnel policy is inconsistent, with an over-reliance on single actions, such as the distribution of the UNAIDS booklet.

## **6. Global and Country Level Efforts which address HIV/AIDS**

FICSA aims to build political support and increase financial resources for the full implementation of the UN personnel policy on HIV/AIDS across the world. Executive

Committee members will continue to monitor the situation at the country level through field visits. FICSA will disseminate information via electronic publications and a website which now provides an electronic forum.

FICSA keeps the Member States at the UN General Assembly informed through its advocacy campaigns and the distribution of FICSA Updates to the Permanent Missions to the United Nations in New York, Geneva and Vienna.

**7. Priority Geographic Regions for HIV/AIDS Efforts**

N/A

**8. Institutional Priority Setting and Coordination Mechanisms**

The Standing Committee on Social Security and Occupational Health and Safety addresses the health and safety of staff members at the workplace and outside, and that of their dependants, including the provision of adequate health insurance, disability benefits and survivor benefits. The Committee has carried out comparative reviews of UN system health insurance schemes and benefits packages with a view to harmonising them according to best practice

### **SECTION III: STRATEGIES AND RESOURCES**

**9. Key Partnerships Required for Successful Institutional Action**

FICSA has 28 Member and Associate Member Associations and Unions, 25 Members with consultative status, and 17 Federations of United Nations Staff Associations. It supports the local Federations of United Nations Staff Associations (FUNSAs) and individual Member Associations and Unions in their efforts to improve access to prevention, care and treatment and to promote the implement the UN personnel policy on HIV/AIDS. The Membership advises the Executive Committee on policies and strategies to ensure that action is taken to address the concerns and requirements of staff members affected by HIV/AIDS.

FICSA is a member with an observer seat on the Executive Board of Public Services International (PSI). It works with PSI and its 20 million affiliated public service workers to identify best practice on workplace HIV/AIDS issues and initiatives, and seeks its support for the implementation of the UN personnel policy.

FICSA works with IAAG, HLCM and the UN System Task Force on HIV/AIDS to push for action on UN workplace HIV/AIDS issues.

**10. Financial Resources/ Implications**

FICSA has a very small budget, so initiatives are undertaken in tandem with visits to staff associations and unions in field duty stations. It seeks the assistance of volunteers who use the opportunity of their own duty travel to push FICSA's HIV/AIDS agenda.

**11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives**

The Standing Committee on Social Security and Occupational Health and Safety is the principal body ensuring institutional learning on HIV/AIDS issues. FICSA seeks to reach out to staff through its publications and website. FICSA does not have a post that is dedicated to this issue. It has published its own brochure on the UN personnel policy on HIV/AIDS. The World of International Civil Servants will in June include a special supplement on HIV/AIDS in the UN Workplace.

**12. UN Staff and Dependents**

FICSA's policy reflects that of the World Bank and UNOPS, and ensures that locally recruited staff are not discriminated against with regard to prevention, care, treatment, support and access to drugs, insurance and social benefits. Contractual status should in no way prevent a staff member, even on very short-term arrangements, from access to all the aforementioned treatments and benefits.

## UNAIDS SECRETARIAT

**Organizational Focal Point** Kathleen Cravero

**Email** craverok@unaids.org

### SECTION I: BACKGROUND AND CONTEXT

#### 1. HIV/AIDS in Agency's Mandate

The establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) was endorsed in 1994 by the Economic and Social Council (ECOSOC) to ensure a coordinated response to the HIV/AIDS epidemic from UN system programmes and agencies. UNAIDS has been operational since 1 January 1996 and is administered by the UNAIDS' Secretariat in Geneva. The UNAIDS' Programme Coordinating Board (PCB) acts as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. The administrative support to the PCB is provided by the UNAIDS' Secretariat.

The primary purpose of the UNAIDS' Secretariat is to support and strengthen the UN system in providing leadership to an expanded global response to the epidemic. It is the lead advocate within the UN system for an urgent and coordinated response. The UNAIDS' Secretariat has three main functions:

- **first**, through policy and strategic leadership and coordination, including its work to provide relevant policy and strategy guidance in support of the UN system response;
- **second**, through the mobilization of political, technical and programme resources including enhanced global and national political commitments and the mobilization of the broad range of partners required to fight the epidemic;
- **third**, through enhanced access to strategic information, including assisting partners to generate, analyse and disseminate the information that policy makers, advocates, and programme managers need to direct their resources against the epidemic in the most effective way.

#### 2. Governing Board/Executive Board Actions addressing HIV/AIDS

Established by ECOSOC in 1994, the UNAIDS Programme Coordinating Board (PCB) has met ten times from 1996 to 2000, and will hold its eleventh meeting in May-June 2001. The PCB is comprised of 22 Member States appointed by the ECOSOC, 5 NGO Members representing each of the geographic regions, and a representative from each of the UNAIDS Cosponsoring Organizations. By definition, it has solely addressed HIV/AIDS-related governance issues. Some illustrative examples of PCB's involvement in various domains are provided below.

The PCB has been instrumental in pushing through a number of UN system interagency processes leading to better coordination among the UNAIDS' Cosponsors and the Secretariat as well as other partners in the area of HIV/AIDS.

- From its inception, the PCB had been requesting more integration and rationalization of HIV/AIDS-related activities among the UNAIDS' Cosponsors and the Secretariat. In 1999, it considered and approved the first UNAIDS' Unified Budget and Workplan for 2000-2001, noting that it represented a real step forward in interagency cooperation which should enhance the UN system response to HIV/AIDS at all levels.
- In order to provide an overall framework for the development of the second Unified Budget and Workplan (2002-2003), the PCB approved a Global Strategy Framework on HIV/AIDS in December 2000. Within the context of this Global Strategy Framework, 29 UN system organizations – including the UNAIDS' Cosponsors and Secretariat – engaged in the preparation of a UN System Strategic Plan for HIV/AIDS for 2000-2001 aimed at guiding the UN system response over the five-year period. This Plan will be submitted to the PCB at its eleventh meeting for approval.

The PCB also held major policy discussions in a number of specific thematic areas. In addition to giving continuing primary attention to access to care and drugs, it reviewed a global strategic framework on young people and HIV/AIDS in 1998. In 1999 and 2000, the PCB discussed the increasing impact of HIV/AIDS on the education sector and the development of a coordinated strategy in this area to support and strengthen regional and national responses.

The PCB has also been following progress in UNAIDS' operations at country level, especially through the functioning of UN Theme Groups on HIV/AIDS. Regarding regional strategy processes, the PCB endorsed the concept and principles of the International Partnership Against AIDS in Africa in 1999; in 2000, it endorsed a Framework for Action as the basis for country strategies within the Partnership.

### **3. Major Accomplishments over last 5 Years**

In the 5 years since it was established, UNAIDS has been a major catalyst in the global mobilization on the HIV/AIDS epidemic. The first programme of its type in the UN system, the UNAIDS effort has been successful in effecting a major mobilization within the UN system and beyond on HIV/AIDS. In its role as Secretariat to the UNAIDS Programme Coordinating Board, major accomplishments over the last 5 years include:

**Governance support** to the establishment and strengthening of the PCB, the CCO and the CCO Working Group, and to the strengthening of the UN Interagency Advisory Group on HIV/AIDS (IAAG), including innovations in the support to Thematic Meetings of the PCB and the use of new information technology tools to improve information flow and the participation of PCB and CCO Members in the governance process.

**Advocacy** with government, the international media, UN system organizations and their governing boards, civil society, the private sector and major foundations resulting in increased global awareness of the epidemic, and increased mobilization of technical and financial resources for the response. For example, HIV/AIDS has been placed on the agenda of international and regional political bodies such as: the G8, Economic Commission for Africa (ECA), the South Asian Regional Development Council, the Caribbean Community Secretariat (CARICOM), and the Association of South-East Asian Nations (ASEAN).

**Policy coordination** enhanced in the international response, notably through the development and dissemination of the UNAIDS Best Practice Documentation across the wide array of HIV/AIDS related advocacy and programming areas.

**Strategic Information** access improved with respect to tracking the global epidemic and the response at country level, including financial resource tracking and the efforts of the programme and coordination efforts of the UN system organizations.

**Technical resources** mobilized and coordinated at the global and regional level through support to Inter-agency Task Teams in key programme areas and through support to regional level technical networks through the UNAIDS Inter-country Teams.

**Strategy Development** improved at the global level, including the preparation of the Global Strategy Framework through a broad-based consultation process, and at the regional level through regular priority setting and workplan reviews among UNAIDS collaborating partners.

**Improved Planning** at the global and regional levels through the development of the UN System Strategic Plan for 2001 to 2005 and at the country level through support to the development of UN system Integrated Workplans (IWPs) in priority countries and support to the development and implementation of National Strategic Plans. UN Theme Groups have helped to advance national responses to HIV/AIDS in East Asia and the Pacific, India, sub-Saharan Africa, Eastern Europe, and Latin America.

**New Partnership Development** with civil society, through a wide array of cooperative agreements with NGO partners and with the corporate sector through, through direct advocacy and negotiations, and through the support of the Global Business Council on HIV/AIDS.

## SECTION II: PRIORITIES AND TARGETS

### UN System Objectives

In addition to efforts to protect human rights and stigma associated with HIV/AIDS; address those most vulnerable and at greatest risk of HIV infection; strengthen human resource and

institutional capacities in key sectors, develop policies and programmes to address the socio-economic impact of HIV/AIDS; and develop regional strategies. The UNAIDS Secretariat is particularly aiming to achieve an extraordinary response to the epidemic through achieving the following UN system objectives

*1.1 To more effectively mobilize global, political and public support, including top level leaders in the response to the epidemic.*

*1.2 To fully engage the UN system leadership, and its policy and programme resources in addressing HIV/AIDS.*

*1.3 To strengthen the institutional partnerships required to generate epidemiological and strategic information needed to guide the response to the epidemic.*

*1.4 To mobilize and coordinate increased international support for national efforts to develop and implement National Strategic Plans on HIV/AIDS.*

*1.5 To mobilize and assist in channelling the financial and technical resources required for urgent and expanded national responses.*

#### **4. Programming Priorities addressing HIV/AIDS:**

Working through the United Nations System, especially the UNAIDS Cosponsors, the Secretariat's major functions and priorities in addressing the epidemic are:

- to provide the strategic leadership and policy coordination required for an expanded global response to the HIV/AIDS epidemic
- to support the mobilization of political, social and programme resources required to move to scale the global response to the epidemic
- to improve access to the strategic information required by advocates, policy makers and programme managers to more effectively guide the response to the epidemic.

#### **5. Major Constraints to be addressed**

In the area of strategic leadership and policy coordination:

- capacity of key partners to commit the staff resources required to generate the consensus required on key strategic issues to enable coordination
- limitations in accountability systems within and among key partners, including their internal capacities for policy coordination and performance monitoring.

In the area of mobilization of political, social and programme resources:

- limited capacity of key institutional players to make the up-front human resource and financial investments required for effective partnership development.

In the area of improving access to strategic information required by advocates, policy makers and programme managers:

- limited use of common reporting instruments between partners
- inadequate investment and capacity in information systems among partners
- limited capacity at country level in the basic monitoring systems.



## **6. Global and Country Level Efforts which address HIV/AIDS**

UNAIDS Secretariat global and regional level functions are focused on mobilising resources for national efforts through: modelling the epidemic and tracking the global response; advocacy, resource mobilization and partnership building; identification and dissemination of best practice; technical resource networking; and policy and strategy analysis, development and coordination.

At the country level, the UNAIDS Secretariat provides support to the UN Theme Groups on HIV/AIDS and the UN Country Teams through a range of efforts including support through the UNAIDS Country Programme Advisors and through the Programme Acceleration Fund (PAF). The PAF provides catalytic resources for the purpose of strengthening the programme planning, design, and monitoring and evaluation capacities of the UN system organizations required to support the national response.

## **7. Priority Geographic Regions for HIV/AIDS Efforts**

In 1999, the PCB recommended that the UNAIDS' Secretariat include Central America and the Caribbean as priority regions for strategic support under special regional initiatives, together with the African, Eastern European and Asian regional efforts, in conformity with the criteria developed by the UNAIDS' Secretariat and endorsed by the PCB.

As a result, considerable steps forward were made in regional collaboration, with frameworks for action being agreed in all regions. Based on the growing recognition of the value that regional and sub-regional initiatives can bring to national efforts, sub-regional initiatives have been developed in the Caribbean and Latin America, the Baltic States, South-East Asia and in Africa under the umbrella of the International Partnership Against AIDS in Africa.

## **8. Institutional Priority Setting and Coordination Mechanisms**

Established by ECOSOC in 1994, the UNAIDS Programme Coordinating Board (PCB) has met ten times from 1996 to 2000, and will hold its eleventh meeting in May-June 2001. The PCB is comprised of 22 Member States appointed by the ECOSOC, 5 NGO Members representing each of the geographic regions, and a representative from each of the UNAIDS Cosponsoring Organizations. By definition, it has solely addressed HIV/AIDS-related governance issues. Some illustrative examples of PCB's involvement in various domains are provided below.

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### SECTION III: STRATEGIES AND RESOURCES

#### 9. Key Partnerships Required for Successful Institutional Action:

Beyond the major focus of work with the UNAIDS Cosponsors, with governments, and the regional partnerships described above, major partnership efforts required include:

**Cooperation Frameworks with UN agencies** which are not Cosponsors, such as ILO, IOM, FAO, and UNHCR to facilitate more effective collaboration by clarifying respective responsibilities, approaches and support arrangements.

**Cooperation Frameworks with civil society partners** across a broad range of efforts such as: the Civil-Military Alliance to Combat HIV/AIDS to help establish and strengthen AIDS programmes within military services in Africa, Asia and Latin America; the Global Health Council; World Association of Girl Guides and Girl Scouts (WAGGGS) to elaborate their new HIV/AIDS program; with Caritas Internationalis to identify Catholic youth organizations in Africa to work on advocacy care and support with the UN Theme Groups on HIV/AIDS. With HIV/AIDS service organizations such as: the Salvation Army, a long-time partner in innovate care and support approaches; Liga Colombiana de Lucha Contra el SIDA, helping HIV positive women in Latin America; the International Community of Women Living with HIV/AIDS (ICW), Global Network of People Living with HIV/AIDS

(GNP+); and the International Council of AIDS Service Organizations (ICASO); and the Asia Pacific Council of AIDS Service Organizations.

**The private sector** – businesses, labour and philanthropy – to expand its response, both in the workplace and in the wider community at the **global** level through entities such as the Global Business Council (GBC), the Prince of Wales Business Leaders Forum, the United Nations Foundation, the Gates Foundation, and the Funders Concerned about HIV/AIDS; at the national level through the creation and strengthening of national business councils on HIV/AIDS; and at the **individual company** level through assistance on the development of corporate workplace and outreach strategies, or through negotiations on partnership and/or price, such as with the pharmaceutical industry.

## 10. Financial Resources/Implications

### Summary of Financial Resources devoted to HIV/AIDS

	1996-2000		2001-2005	
	Total expenditure (US\$ m)	% of core budget	Total expenditure (US\$ m)	% of core budget
<b>Global</b>	160	46	171.5	38
<b>Regional</b>	31	9	33	7
<b>Country*</b>	84	24	100.3	22
<b>Total</b>	<b>275</b>		<b>305</b>	

\* Includes Country Programme Advisers, Programme Acceleration Funds and Task Teams.

## 11. Human Resources, Institutional Learning, and Systems Strengthening: Implications and Objectives

	1996-2000		2001-2005	
	Actual Staff	FTE	Actual Staff	FTE
<b>Global</b>				
<b>Regional</b>				
<b>Country</b>				
<b>Total</b>	<b>129</b>		<b>139*</b>	

Figures exclude Support staff

\* Increase in country staff

## 12. UN Staff and Dependants

The brochure on AIDS and HIV Infection, Info for UN Employees and their families is disseminated. Copies have been sent to the UN Theme Groups on HIV/AIDS. In addition, the New Staff Orientation features a session on GIPA and Sensitivity Training to HIV/AIDS in the workplace.

Care and treatment for Geneva based staff is provided by specialists in consultation with Joint Medical Services. The care and treatment that UNAIDS staff receive in the field will depend on the availability of medical and drug treatments. Support staff in country are employed on UNDP contracts.

## Framework for Agency Summaries

### Section I: Background and Context

<b>Key Questions to be Addressed</b>	
<b>1. HIV/AIDS in Agency's Mandate</b>	<p><i>What is your agency's mandate with respect to HIV/AIDS?</i></p> <p><i>Are your agency's HIV/AIDS related efforts (1) mostly global with a focus on advocacy and normative work, (2) mostly supporting regional level initiatives, or (3) mostly supporting country programmes (either implementation, technical or financial support)?</i></p>
<b>2. Governing Board/Executive Board Actions addressing HIV/AIDS</b>	<p><i>What resolutions/actions addressing HIV/AIDS have been adopted by your agency's governing board? Has the issue of HIV/AIDS been addressed in reports to or from your Executive Board?</i></p>
<b>3. Major Accomplishments over last 5 Years</b>	<p><i>What have been your agency's major accomplishments been over the last 5 years in the area of HIV/AIDS? In particular please give details of key efforts to influence political support for HIV/AIDS initiatives.</i></p> <p><i>Please give details of major achievements in implementing programmes that address HIV/AIDS. What major lessons has your agency learned from its work related to HIV/AIDS?</i></p>

### Section II: Priorities and Targets

<b>Key Questions to be Addressed</b>	
<b>4. Programming Priorities addressing HIV/AIDS</b>	<p><i>What are your agency's key HIV/AIDS related priorities?</i></p> <p><i>Does your agency have institutional targets that reflect these priorities?</i></p>
<b>5. Major Constraints to be addressed</b>	<p><i>What are the major constraints that your agency anticipates it will need to overcome to address the priorities listed above?</i></p>
<b>6. Global and Country Level Efforts which address HIV/AIDS</b>	<p><i>Does your agency focus its efforts on standard setting (its normative function) with little direct support for implementation in individual countries? If so what on?</i></p> <p><i>How are these aimed at strengthening national level programmes?</i></p>
<b>7. Priority Geographic Regions for HIV/AIDS Efforts</b>	<p><i>Please indicate three priority regions (if they exist). On what criteria is this prioritisation made? What are the key themes addressing HIV/AIDS in these regions?</i></p>
<b>8. Institutional Priority Setting and Coordination Mechanisms</b>	<p><i>Does your agency have a formal mechanism for promoting HIV/AIDS in priority setting and for coordinating programmes addressing HIV/AIDS (for example inter-departmental task force, working group or committee responsible for HIV/AIDS)?</i></p> <p><i>How does your agency view its role on this task force? Are the mechanisms adequate for addressing the priorities of the next five years?</i></p> <p><i>What monitoring and evaluation mechanisms will be required to ensure your agency knows when it is and is not addressing its HIV/AIDS priorities and targets?</i></p>

## Section III: Strategies and Resources

## Key Questions to be Addressed

<b>9. Key Partnerships Required for Successful Institutional Action</b>	<p><i>Does your agency have key partnerships, particularly with NGOs, the private sector, bilateral donors, foundations? What are they?</i></p> <p><i>What new partnerships will need to be developed in the 2001-2005 period?</i></p>																														
<b>10. Financial Resources/ Implications</b>	<p><i>For each box in the table below can you give figures for the estimated necessary funds, and then indicate in brackets the percentage of that figure that comes from core funds?</i></p> <table border="1" data-bbox="505 674 1388 869"> <thead> <tr> <th></th> <th colspan="2">1996 - 2000</th> <th colspan="2">2001 - 2005</th> </tr> <tr> <th></th> <th>Total Estimated</th> <th>Core Funds</th> <th>Total Estimated</th> <th>Core Funds</th> </tr> </thead> <tbody> <tr> <td><b>Global</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Regional</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Country</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		1996 - 2000		2001 - 2005			Total Estimated	Core Funds	Total Estimated	Core Funds	<b>Global</b>					<b>Regional</b>					<b>Country</b>					<b>Total</b>				
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<b>11. Human Resources, Institutional Learning, and Systems Strengthening : Implications and Objectives</b>	<p><i>How many staff within your agency will need to work on HIV/AIDS issues (absolute and/or in full time equivalents) to achieve objectives outlined in Section 1 and 2? (How many work at present?)</i></p> <table border="1" data-bbox="505 1058 1388 1253"> <thead> <tr> <th></th> <th colspan="2">1996 - 2000</th> <th colspan="2">2001 - 2005</th> </tr> <tr> <th></th> <th>Actual Staff</th> <th>FTE*</th> <th>Actual Staff</th> <th>FTE*</th> </tr> </thead> <tbody> <tr> <td><b>Global</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Regional</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Country</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*FTE=Full Time Equivalent</p> <p><i>Does your agency have the necessary mechanisms in place to ensure staff will be trained in HIV/AIDS related issues or regularly updated to enable priority setting and programme strengthening to fully address HIV/AIDS?</i></p> <p><i>Does your agency have formal/structural mechanisms or a specific department, committee or working group responsible to ensure institutional learning about its HIV/AIDS programmes and best practice? What are they?</i></p>		1996 - 2000		2001 - 2005			Actual Staff	FTE*	Actual Staff	FTE*	<b>Global</b>					<b>Regional</b>					<b>Country</b>					<b>Total</b>				
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<b>12. UN Staff and Dependants</b>	<p><i>What information is being disseminated to agency staff and dependants to reduce their risk of HIV/AIDS? Does your agency disseminate the UN Handbook, AIDS and HIV Infection: Information for UN Employees and Their Families?</i></p> <p><i>What provision for treatment and/or care is provided/planned for agency staff and dependants with HIV/AIDS? How will these need to be strengthened in the next five years?</i></p>																														