



## **PROGRAMME COORDINATING BOARD**

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### **Report of the Executive Director, 2002–2003**

#### **Executive Summary**

This Report of the UNAIDS Executive Director to the Programme Coordinating Board (PCB) is intended to update the PCB on the status of the epidemic, to summarize key developments in advancing the global and UN system response to the HIV epidemic over the first part of the 2002–2003 biennium and to identify the challenges that lie ahead, as well as the overall direction of the Programme in addressing them. This report focuses on substantive developments and issues, rather than providing a complete account of UNAIDS (Cosponsors and Secretariat) activities and is structured to reflect the endorsed five cross-cutting functions of the Programme (PCB(13)02.4).

The report shows support from the Programme to increased national leadership in HIV/AIDS responses, together with the engagement of community, faith and mass volunteer organizations and businesses. Support has been given nationally and regionally to organizations of people living with HIV/AIDS. UNAIDS has increased capacity to support monitoring and evaluation, indicator development has been streamlined and information sources improved. New technical and policy guidance has been provided in key areas of the response. Requirements for mobilizing additional financial, political and technical resources are highlighted. The implications of the PCB's December 2002 decisions on the future directions of UNAIDS are considered in the light of efforts already under way to strengthen accountability and action by UN Theme Groups on HIV/AIDS, provide greater coherence and support in strengthening national capacity on AIDS, and address cross-cutting issues, including the impact of AIDS on food insecurity in southern Africa. Increasing UNAIDS work with humanitarian and related partners is noted.

The report notes the future challenges to UNAIDS in responding to the increasing impact of AIDS in the worst affected countries, addressing newly emerging HIV epidemics, integrating HIV/AIDS into development practice, and redressing the epidemic's impact on women and girls.

#### **Action required at this meeting**

The PCB is asked to endorse the report, and to provide strategic guidance to the Programme on the challenges and priority actions identified for the upcoming biennium.



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**Abbreviations and acronyms used**

ACHAM	African Centre for HIV/AIDS Management
AIDS	Acquired immunodeficiency syndrome
APN+	Asia-Pacific Network of People Living with HIV/AIDS
ARV	Antiretroviral
ASEAN	Association of South-East Asian Nations
CARICOM	Caribbean Community Secretariat
CIS	Commonwealth of Independent States
CRIS	Country Response Information System
DFID	UK Department for International Development
ECA	Economic Commission for Africa
ECOWAS	Economic Community of West African States
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
FAO	Food and Agriculture Organization
GIPA	Greater involvement of people living with or affected by HIV/AIDS
GNP+	Global Network of People Living with HIV/AIDS
HIPC	Heavily Indebted Poor Countries
HIV	Human immunodeficiency virus
ICASO	International Council of AIDS Service Organizations
ICW	International Community of Women Living with HIV/AIDS
IFAD	International Fund for Agricultural Development
IMF	International Monetary Fund
IPAA	International Partnership against AIDS in Africa
ILO	International Labour Organization
IOM	International Organization for Migration
MAP	World Bank's Multi-Country HIV/AIDS Program
MSF	<i>Médecins sans Frontières</i>
NACO	National AIDS Control Organisation
NEPAD	New Partnership for Africa's Development
NGO	Nongovernmental organization
OAU	Organization of African Unity
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAF	Programme Acceleration Funds
PCAP	Pan-Caribbean Partnership against HIV/AIDS
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of HIV transmission to pregnant women, mothers and their children
SIDALAC	Regional Initiative on AIDS for Latin America and the Caribbean
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
UBW	UNAIDS Unified Budget and Workplan
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations Drug Control Programme (see UNODC)
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WFP	World Food Programme
WHO	World Health Organization

## SECTION I: INTRODUCTION

This Report of the Executive Director to the 14th meeting of the UNAIDS Programme Coordinating Board (PCB) is intended to update the PCB on the status of the HIV epidemic, to summarize major developments to date in advancing the global and UN system response to the epidemic during the first part of the 2002–2003 biennium, and to set out the overall direction of the Programme in meeting the challenges that lie ahead. This report highlights key developments and issues, rather than providing an all-inclusive report of UNAIDS<sup>1</sup> activities.

Full activity details will be provided at the end of the biennium in the UNAIDS Unified Budget and Workplan 2002–2003 Performance Monitoring Report and the provisional Financial Report for the 2002–2003 biennium.

## SECTION II: STATUS OF THE HIV EPIDEMIC

During the past year, UNAIDS issued two major publications on the epidemic: the *Report on the global HIV/AIDS epidemic 2002*, a biennial reporting of HIV estimates by country, together with analysis of key features of the global AIDS response, and the annual *AIDS Epidemic Update—December 2002*. Details of the changing dynamics of the epidemic by region, as well as an analysis of the response, are outlined in these reports and will not be elaborated upon here. An overview of the epidemic follows below, with highlights of the response provided in Section III C.

Globally, in 2002, the HIV epidemic claimed more than 3 million lives, and an estimated 5 million people acquired the human immunodeficiency virus (HIV)—bringing to 42 million the number of people living with HIV/AIDS (PLWHA). For the first time, women constitute 50% of those infected globally, while, in Africa, women now account for 58% of total adult prevalence. Infections are continuing to increase worldwide, although in a growing number of localities, reductions in incidence have been witnessed.

**Eastern Europe and Central Asia** continue to have the world's fastest-growing HIV/AIDS epidemic. Up to 90% of registered infections have been attributed to injecting drug use, and most infections occurred among young people under 29 years of age.

**Since 2001, Asia and the Pacific** have witnessed a 10% increase of the number of people living with the virus. In this region, China and India account for the majority of estimated infections and approximately a third of infections occurred in young people (aged 15–24). In the Pacific, Papua New Guinea is seeing sustained rises in HIV rates. In several countries experiencing the early stages of the epidemic, significant economic and social changes are giving rise to conditions that favour the rapid spread of HIV. In Cambodia, HIV prevalence among pregnant women in major urban areas declined from 3.2% in 1996 to 2.7% at the end of 2000. A broad HIV/AIDS response, with significant reductions in high-risk behaviours, appears to have stabilized the epidemic.

**Sub-Saharan Africa** remains by far the worst-affected region, and is now home to 29.4 million people living with HIV/AIDS. Only 1% of the estimated 4 million Africans in need of antiretroviral treatment actually receive it (see Section

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<sup>1</sup> UNAIDS refers to AIDS activities of the 8 cosponsoring organizations: UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank, together with the UNAIDS Secretariat

III, C). In four southern African countries, national adult HIV prevalence has risen higher than ever thought possible, exceeding 30%: Botswana (38.8%), Lesotho (31%), Swaziland (33.4%) and Zimbabwe (33.7%). The food crises faced in the latter three countries are linked to the prolonged effects of the HIV/AIDS epidemic (Section VI). However, there is increasing evidence that HIV rates can be turned around on the continent, with measured declines among young women in urban centres in Ethiopia and Malawi, in South Africa and parts of the United Republic of Tanzania, and sustained long-term reductions across Uganda.

In **North Africa and the Middle East**, systematic surveillance of HIV remains inadequate, confounding efforts to deduce accurate trends. Sexual contact remains the dominant mode of transmission, but outbreaks of HIV among injecting drug users have occurred, and increases in HIV have been notable in Libyan Arab Jamahiriya and Iran.

With an adult HIV prevalence rate of 2.3%, the **Caribbean** is the second-worst-affected region after sub-Saharan Africa. Responses in both the Caribbean and **Latin America** are hampered by poor HIV surveillance. Furthermore, resources are often insufficiently allocated to address the needs of those most at risk of HIV infection, primarily due to the stigma surrounding marginalized groups. However, access to antiretrovirals in these regions is better than elsewhere in the developing world.

In **high-income countries**, the introduction of antiretroviral therapy has dramatically reduced HIV/AIDS-related mortality, although this trend has now levelled off. However, such achievements have occurred in a context where complacency has become pervasive and where prevention efforts have dwindled. The epidemic is now progressively shifting into poorer and marginalized sectors of the community.

Across the world, implementation of national AIDS strategies continues to be slow, largely due to a lack of resources, technical capacity and, in some cases, political will. Commendable programmes fail to achieve their full impact because they remain small and lack a comprehensive approach but, where they have taken hold (as seen in a number of countries, particularly in Africa), HIV prevalence among young people has declined. While many countries report progress in implementing measures aimed at combating stigma and discrimination and reducing vulnerability, the effectiveness of many programmes is hindered by HIV-related stigma and the continued marginalization of vulnerable populations.

## **SECTION III: UNAIDS SUPPORT FOR ACTION IN COUNTRIES**

### **A. Leadership and advocacy for effective action**

#### *i) Nationally*

During 2002 and the first part of 2003, UNAIDS has continued to promote national leadership action to implement the Declaration of Commitment on HIV/AIDS and, support the mobilization of a society-wide response based on multisectoral action and partnerships.

Whole of government or multi-ministry responses to AIDS are made operational through National AIDS Councils or Commissions, which now exist in nearly all heavily affected countries and many others, and increasingly are chaired at

the highest level of government. During 2002–2003, AIDS responses were boosted in the education sector, and multisectoral AIDS-related action was taken in response to the southern Africa food crisis. However, major operational responses to AIDS beyond the health and education sectors are still largely lacking.

**Promoting the Declaration of Commitment on HIV/AIDS.** The Declaration of Commitment, adopted at the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, continues to provide guidance and coherence for advocacy efforts. It has resulted in galvanized national responses in many countries.

For example, in Indonesia, the world's fourth-most populous nation, leadership on AIDS has grown greatly since the Special Session, especially with evidence of increasing infection levels. In 2002, the Cabinet held a special meeting on AIDS, a National AIDS Movement 2002–2010 was launched, the National AIDS Strategy 2003–2007 was completed and Indonesia's President has spoken about the rights of people living with HIV/AIDS. UNAIDS has supported the Indonesian response technically, financially, and by building partnerships and disseminating information.

In China, consistent advocacy by the UN Theme Group on HIV/AIDS on the epidemic's threat to China was reinforced in visits by both the UN Secretary-General and the UNAIDS Executive Director. In 2002, the Ministry of Health acknowledged that there were more than 1 million people living with HIV in China and warned that this number could increase to 10 million by 2010 unless effective prevention measures were taken. Better regional understanding has resulted from high-level delegations supported by UNDP; UNFPA and WHO initiatives in China have resulted in increased blood safety and condom use, and decreased levels of sexually transmitted infections; and UNICEF and the UNAIDS Secretariat have supported local HIV/AIDS information websites.

**Inclusive responses.** Leadership in response to AIDS does not only come from governments: it also comes from popular and cultural organizations, faith communities and businesses. In South Asia, UNODC has supported paintings by well-known artists on HIV and substance abuse themes, and has developed public advocacy campaigns with youth groups, politicians, media and nongovernmental organizations. The World Bank has supported regional training for journalists, national programme staff and people living with HIV/AIDS from Bangladesh, Nepal, Pakistan and Sri Lanka. UNDP's 'Leadership for Results' programme has increased collaboration across sectors in Cambodia, Ethiopia, Nepal, South Africa and Swaziland. In Ukraine, the programme has helped the creation of a support system for people in the final stages of AIDS; enlistment of religious leaders for assistance on prevention; establishment of the first Singles Club for People Living with HIV/AIDS; the creation of a theatre group by people in drug rehabilitation; and the first-ever voluntary testing campaign by, and for, men who have sex with men.

UNAIDS has supported the explicit inclusion of civil society in national AIDS coordination mechanisms—for example, Russia's recently created advisory council on AIDS, which will involve civil society and people living with HIV/AIDS. UNAIDS has supported the inclusiveness of the new Country Coordinating Mechanisms required by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Their formation was greatly facilitated in countries where partnership forums were pre-existing (e.g. Botswana, Burkina Faso, Kenya, Malawi, Nigeria, South Africa and the United Republic of Tanzania).

*ii) Regionally*

**Eastern Europe and Central Asia.** The May 2002 Summit of the Commonwealth of Independent States (CIS) endorsed the Programme of Urgent Response of the CIS Member States to the HIV/AIDS Epidemic. It was developed with UNAIDS support, including that of the World Bank on estimating resource needs, that of WHO on access to care, and that of UNFPA on demographic impact. Regional Directors of all UNAIDS Cosponsors, and the UNAIDS Executive Director, have met to focus UN system efforts on key priorities in the region. Heads of government have designated high-level national coordinators with authority over broad multisectoral responses. CIS education and labour committees are being encouraged to address HIV/AIDS, and the CIS Parliamentary Committee is preparing model HIV/AIDS legislation based on the Declaration of Commitment. The decision to include national nongovernmental representatives on the CIS Coordinating Council on HIV/AIDS is ground-breaking for an intergovernmental body in the region. As a result of UNODC needs assessments on HIV and drug issues, professionals are being trained and HIV prevention and drug treatment projects implemented in CIS and Central Asian countries. Public opinion research commissioned by the World Bank in Albania and the Kyrgyz Republic will help to shape communication efforts in these countries. A South Eastern European Conference on HIV/AIDS, organized by UNDP, pledged to defend HIV-related human rights.

In the **Caribbean**, regional cooperation has intensified, particularly through the Caribbean Community (CARICOM), and regional efforts have facilitated extension of access to care. Membership of the Pan Caribbean Partnership against HIV/AIDS (PANCAP), launched in 2001, has reached some 63 institutions, including UN agencies, regional NGOs, multilateral and bilateral donors, private sector enterprises and all the governments of the Caribbean region. Joint advocacy action, led by CARICOM, together with the UNAIDS Secretariat and WHO (through its regional body, PAHO), has assisted national and regional planning for care access, and successful negotiation of reduced antiretroviral prices. Under the aegis of PANCAP, the William J. Clinton Foundation is assisting in the provision of HIV care and treatment in the Bahamas, the Organization of Eastern Caribbean States, Haiti and the Dominican Republic. UNDP organized a high-level seminar for representatives of 12 countries towards raising awareness and commitment among leaders towards an integrated approach to the response.

The **Asia Pacific** Leadership Forum on HIV/AIDS and Development was initiated by the Australian Minister for Foreign Affairs and launched in August 2002 at an ASEAN Ministerial meeting. Its implementation is coordinated by the UNAIDS South-East Asia and Pacific Intercountry Team. In 2003, Forum-supported training courses, targeting senior civil servants in ministries not yet engaged in HIV/AIDS, will be held in East Asia, the Pacific and South Asia. As well, the Forum has organized activities at the Asian Forum of Parliamentarians on Population and Development and the 59<sup>th</sup> session of the UN Economic and Social Commission for Asia and the Pacific. Resource support for the Forum comes from Australia, the European Union, Japan, New Zealand, the United Kingdom (UK) and the United States of America (USA). The Forum complements the advocacy strategy of the UN Subregional Theme Group on HIV/AIDS in South-East Asia and the Pacific, and the UNDP South Asia Political Advocacy Project. The UNICEF regional office for South Asia in Kathmandu and UNAIDS assembled ministers of health and, in some cases,



finance and labour, from across the region to boost regional HIV efforts and awareness. UNDP has helped alert governments to the special vulnerabilities of migrant workers and developed a portal for Asia and the Pacific ([www.youandaids.org](http://www.youandaids.org)) covering development and HIV-related issues—rated as a highly used website, according to a top Internet search engine. A Joint Parliamentary Forum on HIV/AIDS was formed in India in 2002, supported by UNAIDS.

In **Africa**, UNAIDS advocacy has been directed at integration of HIV/AIDS into regional leadership action, and greater attention to the increasingly evident impact of AIDS. The African Centre for HIV/AIDS Management is being established with the support of UNAIDS. It will support the work of AIDS Watch Africa—a group of African Heads of State—by providing policy analysis and information dissemination. Progress in implementing the 2001 Abuja Declaration is being monitored by the African Union and the UN Economic Commission for Africa, in collaboration with WHO and the UNAIDS Secretariat. During 2002, UNAIDS placed particular priority on mainstreaming HIV/AIDS into the New Partnership for Africa's Development (NEPAD), including by maintaining close contact with the NEPAD Secretariat and supporting its technical work. With NEPAD currently developing sectoral plans, UNAIDS has made detailed proposals for HIV/AIDS to be tackled under the headings of peace and security, economic governance, human resource development, agriculture, environment, culture and science.

UNICEF's work with senior leaders in Africa has put the issue of orphans more prominently on the regional agenda, including a September 2002 event focussing on 'Urgent action for children on the brink', convened at the request of Nelson Mandela and Graça Machel. The Interagency Task Team on orphans and vulnerable children is developing toolkits for parliamentarians, religious leaders, government officials and traditional leaders on this issue.

African leadership responses to HIV/AIDS were boosted with the announcement by the UN Secretary-General in February 2003 of the Commission on HIV/AIDS and Governance in Africa. The Commission, located within the UN Economic Commission for Africa and chaired by its Executive Secretary, will conduct a wide-ranging inquiry over the next 18 months into the impacts of the epidemic in Africa and responses to it. The UNAIDS Secretariat and all Cosponsors will be closely involved in the conduct of the Commission. The establishment of the Commission represents a further step in the evolution of African ownership and leadership in response to HIV/AIDS on the continent, and will provide practical guidance in responding to the unprecedented impact of AIDS on the social and economic fabric of Africa.

In 2002, the First Ladies of Africa established the Organisation of African First Ladies, with support from UNAIDS, together with the International AIDS Trust. The First Lady of Cameroon also established the 'Synergie' initiative to tackle a broad range of issues, including AIDS. UNAIDS has developed an advocacy pack for use by First Ladies from Asia and the Pacific.

### *iii) Globally*

**UN bodies and campaigns.** The General Assembly, at its 58<sup>th</sup> Session in October 2002, received the first report of the Secretary-General on implementation of the Declaration of Commitment and resolved to hold a day's debate and supporting programme when it receives the 2003 report. The Millennium Development Goals (MDGs) recognize the centrality of AIDS to development, by specifically targeting

the need to halt, and begin to reverse, the HIV epidemic. UNAIDS takes an active part in the Millennium Development Project, which is coordinated by UNDP.

The World AIDS Campaign in 2002 focussed on stigma and discrimination and its key messages were relayed in virtually every country in the world. The World Bank Institute hosted a global video conference entitled, 'Addressing the Social Dimensions of HIV/AIDS for Better Results'. World AIDS Day on 1 December again provided advocacy opportunities in tens of thousands of communities, supported by global messages and media outreach. The World Bank, together with UNESCO, used the Global Development Learning Network videoconference facilities to engage young people from around the world in discussing HIV-related stigma. In collaboration with PLWHA groups, UNDP produced a photo book—*The Quiet Storm*—as an advocacy tool against stigma. It was initially released in India and is being translated into Chinese and Mongolian.

**Key advocates.** During 2002, UN Secretary-General Kofi Annan has continued his leading role in HIV/AIDS-related advocacy. His public speeches on AIDS have drawn attention to the impact of the epidemic on women, the need for broad partnerships in responding to AIDS, and the 'deadly triad' of AIDS, food insecurity and inadequate governance—an issue he brought to the attention of a special committee of the G8. In many of his country visits, he has raised AIDS awareness both publicly and directly with leaders. The Secretary-General and Mrs Annan made a television appearance with Kami the HIV-positive muppet, developed by Sesame Street Workshops, with advice from UNAIDS. Kami made its debut in South Africa, to worldwide acclaim.

In 2003, the Secretary-General appointed Sir George Alleyne, retiring head of the Pan-American Health Organisation, as his Special Envoy on AIDS in the Caribbean, and Professor Lars Kallings, who had served as the leading figure in the International AIDS Society since its inception, as his Special Envoy on AIDS in Eastern Europe and Central Asia. They join Stephen Lewis, Special Envoy for AIDS in Africa, who, in 2002/2003, continued to boost international attention to the continent, especially with his joint work with James Morris (Special Envoy on the Humanitarian Crisis in Southern Africa), and Nafis Sadik, Special Envoy for AIDS in Asia, who has raised the issue of AIDS in many regional leadership forums.

The UNAIDS Secretariat's advocacy capacity has been boosted with a significant grant from the Bill and Melinda Gates Foundation, directed towards a stronger policy base and expanded advocacy efforts embracing new partners.

**International conferences.** The UN General Assembly's Special Session on Children, held in May 2002, paid considerable attention to the impact of AIDS on children, and its outcome document—*A world fit for children*—includes HIV/AIDS as a priority area for action. Building on the Millennium Development Goals, it endorsed the goals and targets of the UNGASS on HIV/AIDS.

The biennial International AIDS Conference held in Barcelona in July 2002 attracted a higher number of participants than ever before. A series of leadership events at the Conference was convened by the UNAIDS Secretariat and the International AIDS Trust. Unprecedented high-level political involvement increased global attention to the Conference and to leadership responses to AIDS. Given its success, a leadership track is planned for formal inclusion in the Bangkok Conference in 2004. As well, in Barcelona, leaders from Eastern Europe and Central Asia met at the Conference, with support from UNDP and the UNAIDS Secretariat. To coincide

with the conference, UNAIDS published the 'Barcelona Report' ([Report on the global HIV/AIDS epidemic, 2002](#)) which serves as the key reference point on the course of the epidemic and responses to it.

The World Summit on Sustainable Development was held in August–September 2002 and, while its formal programme paid relatively little attention to HIV/AIDS, UNAIDS contributed an analysis entitled "*HIV/AIDS, human resources and sustainable development*" to the Summit. The Plan of Implementation adopted by the Summit endorsed implementation of the Declaration of Commitment on HIV/AIDS.

The World Economic Forum (WEF) has continued to give HIV/AIDS a high profile, with the collaboration, in particular, of the UNAIDS Secretariat and WHO. As well as numerous sessions on AIDS at its annual forum in New York in January 2002 and Davos in January 2003, WEF has made AIDS a centrepiece of discussion at its regional forums, including the South-East Asia Economic Summit, which was co-chaired by the UNAIDS Executive Director.

## **B. Strategic information required to guide the efforts of partners**

Analysis of the epidemic and the response underpins and informs all UNAIDS' work. Ensuring the contemporary relevance of information requires continual review, based on new sources of information about shifts in the epidemic, changes to the global environment and in-country responses and realities. UNAIDS has successfully provided lead strategic information to assist in policy formulation, the prioritization of investments and the implementation of programmes.

The External Evaluation of UNAIDS affirmed the widespread appreciation for UNAIDS documentation on HIV/AIDS. Similarly, a recent poll of its members by the International AIDS Economics Network (IAEN) (<http://www.iaen.org>) found that, of 700 HIV/AIDS-related information sources, the UNAIDS Secretariat emerged as the lead resource, followed by IAEN and the World Bank. Achievements in tracking the epidemic and the response are detailed elsewhere (Section II, and Section III, C, respectively). Details of additional achievements are provided below, with an emphasis on practical information to support implementation.

### ***i) Nationally***

As countries develop HIV/AIDS policies and strategic plans, support for practical 'how to' guidelines are increasingly being requested. In 2002–2003, UNAIDS has continued to revise and source new information on the epidemic, tracking costs and available resources, and identifying in-country actors contributing to the response. This year, systematic country-by-country documentation of this information will be made available by the UNAIDS Secretariat through individual country-specific websites, as part of the Country Response Information System (Section III C).

### ***ii) Regionally***

**Resource gaps in Eastern Europe and Central Asia.** The World Bank, alongside the Futures Group and the UNAIDS Secretariat, assisted the Commonwealth of Independent States in assessing resource requirements for HIV/AIDS. A study covering all 30 countries in Eastern Europe and Central Asia demonstrated that scaling up essential AIDS programmes will require funding to be increased from

about US\$200 million in 2001 to US\$1.4 billion in 2007, and would avert 70% of the 2.6 million additional HIV infections expected between 2003 and 2007. This analysis has helped countries formulate and cost proposals and has led to increased funding in the region (see Section III, E).

**The nature of HIV transmission in Africa.** In response to reports that questioned the relative importance of unsafe sex in driving the HIV/AIDS epidemic in Africa (and suggesting that unsafe injections may be the principal driver), the UNAIDS Secretariat and WHO reviewed available information with lead scientists, concluding that sexual transmission remains by far the main contributor to infection in this region. This analysis has helped governments to continue investing in the promotion of safe sex, while also supporting improvements in health-care safety.

**Programmatic tools in Africa.** To help accelerate programme implementation and strengthen accountability, the World Bank published a monitoring and evaluation manual with UNAIDS, as well as comprehensive guidelines for the Bank's Multi-Country AIDS Program (translated into French and Portuguese, and updated following consultation with MAP national programme managers). Other manuals are under way on financial management, procurement, community funds, and early childhood development. Special tools/guidelines are being developed to address: orphans and vulnerable children; prevention of mother-to-child transmission; education; nutrition; early childhood development; private sector involvement and safeguards; and HIV impact assessment. In addition, UNDP developed methods and tools to assess the impact of HIV on key economic sectors.

**Analysis of HIV/AIDS in Middle East and North Africa.** In 2002, the World Bank, the World Health Organization (WHO) (through its Eastern Mediterranean Regional Office), and the UNAIDS Inter-Country Team for the Middle East and North Africa produced an *Overview of the HIV/AIDS Situation in the Middle East and North Africa and Eastern Mediterranean Region*. It highlights the human costs and potential macro-economic impact of HIV, providing a framework for multisectoral strategic action. In December 2002, UNODC and the UNAIDS Secretariat produced a review entitled *Drug abuse and HIV/AIDS in the Middle East and North Africa*.

**Resource allocation in Latin America and the Caribbean.** In Latin America and the Caribbean, the World Bank produced a model that allows policy-makers to determine the resource allocation that will prevent the maximum number of new HIV infections at any given budget level. This has been applied in Guatemala, Honduras and Panama.

**South Asia.** UNDP reviewed HIV data, policy and legislation, as well as the impact of conflict and emerging issues, for its *Regional Human Development Report (HDR) on HIV/AIDS and Development in South Asia*. UNDP, together with local institutions in many countries in the region, researched HIV-related stigma and discrimination in hospital settings, developing relevant indicators, and mapped legal and ethical developments to inform legal and policy reform. It has produced a series of documents on trafficking and women's vulnerability in the region.

*iii) Globally*

In 2002, and in the first quarter of 2003, the UNAIDS Secretariat received more than 20 000 requests for information. Most UNAIDS publications are on the UNAIDS website to maximize dissemination, and the demand is considerable. For example, approximately 60 000 copies of the *AIDS Epidemic Update–December 2002* have been downloaded each month since its release.

Forty-five new titles in the UNAIDS Best Practice Collection were produced in a range of thematic areas. Such documents and others jointly produced with Cosponsors, and others inside and outside the UN, are increasingly being concurrently produced in English, French, Russian and Spanish and, following successful pilot experiences in Russian, translation and production is increasingly being decentralized. In line with recommendations (PCB (13) 2.6), a newly established Best Practice Reference Group has established criteria for identifying and responding to 'best practice' needs, with an emphasis on follow-up and evaluation of impact.

Key UNAIDS publications, guidelines and advice issued in the first part of the 2002–2003 biennium are shown in the following table.

<b>Issue</b>	<b>Publication/activity</b>	<b>Partners</b>	<b>Key conclusions</b>
Education for all	<i>Education for All Global Monitoring Report</i>	UNESCO	AIDS adds US\$975 million annually to the costs of universal primary education, through replacement and temporary teachers, curriculum costs and social subsidies for children from AIDS-affected families
Children	<i>Children on the Brink 2002</i>	UNICEF UNAIDS Secretariat USAID	The most comprehensive resource for statistics, trends and challenges on orphans and vulnerable children.
Young people	<i>Young People and HIV/AIDS: Opportunities in Crises</i>	UNICEF UNAIDS Secretariat WHO	Benchmarks against which Declaration of Commitment targets can be measured, need for more prevention for young adolescents (resulting in development of an action agenda by WHO, UNICEF, UNFPA, the UNAIDS Secretariat, with the Population Council and the Institute of Tropical Medicine in Antwerp)
The world of work	<i>Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual</i>	ILO	A practical guide in eight modules on implementing the Code of Practice, including discussion of the gender dimension of HIV and work, HIV and the informal economy, and implementing workplace HIV care programmes.
Male and female condoms programming	Various tools and guidelines	UNFPA UNAIDS Secretariat	Analysis of the interaction between condom promotion and other prevention initiatives
Sexually transmitted infections	a) STI case management guidelines b) Trainers' guide for health personnel c) Guidelines for a comprehensive approach to STIs and reproductive tract infections	WHO	Management guidelines have been updated and comprehensive approaches including counselling, prevention, screening, case finding and management adapted to different settings.

	d) Guidelines for STI prevention and care with refugee populations	UNHCR UNAIDS Secretariat	
Prevention successes	A database on prevention success for all regions	UNAIDS Secretariat	
Prevention	<i>Access to HIV Prevention: Closing the Gap</i>	Global HIV Prevention Working Group, co-chaired by the Bill and Melinda Gates Foundation (includes representatives of WHO, World Bank, UNICEF and UNAIDS Secretariat)	Fewer than one in five people at risk of HIV infection today have access to prevention programmes, and annual global spending on prevention falls US\$3.8 billion short of what will be needed by 2005
Scaling up prevention	“Can we reverse the HIV/AIDS pandemic with an expanded response?” <i>The Lancet</i> Vol. 360, 6 July 2002	WHO, UNAIDS Secretariat and a group of international experts	Scaled-up implementation of 12 essential prevention responses globally by 2005 would prevent 29 million new infections by 2010, but any delay markedly reduces the number of infections averted
Prevention of HIV transmission to pregnant women, mothers and their children	Guidelines on a) voluntary counselling and testing for HIV in pregnant women; b) antenatal care for HIV-infected women; c) labour and delivery care for HIV-infected women; d) post-pregnancy care of HIV-infected mothers and their infants.  Manual on integrating HIV prevention into maternal health (under development)	WHO (on behalf of the Inter-Agency Task Team)  UNFPA	Support for the scaling up of PMTCT interventions.
HIV treatment	<i>HIV/AIDS Prevention and Treatment</i> (The Lancet Vol. 360, 6 July 2002)	WHO World Bank UNAIDS Secretariat	Large-scale access to antiretroviral treatment is a necessary and cost-effective intervention, counters recurring myths that allocation of resources for antiretroviral treatment is ineffective, or that HIV treatment in itself can replace prevention efforts.
HIV diagnosis and treatment	a) Scaling up <i>Antiretroviral Therapy in Resource-Limited Settings: Guidelines for a Public Health Approach</i> b) inclusion of 12 antiretroviral medicines in the WHO Essential	WHO  WHO	Assistance to national policy-makers and programme managers plan national care programmes  Supports rational procurement, inclusion in national lists of essential medicines,

	Medicines List c) prices and sources of HIV medicines and diagnostics	WHO UNICEF UNAIDS Secretariat <i>Médecins sans Frontières</i>	differential pricing for developing countries and encourages generic manufacturing
The greater involvement of People Living with and affected by HIV/AIDS	The faces, voices and skills behind the GIPA Workplace Model in South Africa	UNDP UNAIDS Secretariat	A case study.
Human rights	HIV/AIDS and Human Rights International Guidelines Revised Guideline 6	OHCHR UNAIDS Secretariat	A commentary and recommendations for implementation of the Human Rights Guidelines in relation to access to prevention, treatment, care and support

In addition to the major new information resources and activities detailed above, UNAIDS has advanced strategic guidance for AIDS responses in the following areas.

**Young people.** UNFPA and the UNAIDS Secretariat have produced guidelines for peer education for young people and training for peer educators has been supported by UNICEF and UNFPA regional offices for Eastern Europe and Central Asia. UNFPA and other Cosponsors have mapped regional and global agency activity supporting HIV prevention among young people, in order to identify gaps. As part of the exercise, UNFPA is documenting methodologies for scaling-up, based on case studies of interventions in five countries: Chad, Namibia, Nepal, the Dominican Republic and South Africa.

**Prevention of HIV transmission to pregnant women, mothers and their children.**

UNAIDS is developing programming guidelines on infant feeding in the context of HIV. Data from UNICEF pilot interventions have guided further interventions and resulted in practical tools to improve service uptake and delivery. An evaluation has also been conducted of 11 of the pilot sites and the lessons learned as a result are currently being disseminated.

**HIV treatment.** WHO, with support from UNICEF and the UNAIDS Secretariat, is engaged in assessing and providing strategic information on the quality of brand-name and generic HIV medicines to promote procurement in countries. This involves examination of product dossiers and inspections of pharmaceutical manufacturing facilities.

The UNAIDS Secretariat, in collaboration with the African Regional Office of WHO, the French Agence Nationale de Recherches sur le SIDA and the West African Health Organization, is developing the West African Pricing Observatory for a number of countries in the Economic Commission of West Africa (ECOWAS), to provide consistent information on pricing and supplier performance. WHO has assessed the quality of 15 new HIV test kits (for urine, saliva, whole blood and serum/plasma) and provided advice on appropriate HIV testing strategies. Materials and training on laboratory requirements and diagnostic support for monitoring antiretroviral therapy have also been provided.

**Economics.** Strategic information on costing and financing HIV care is being exchanged through the Financing Global Care Network led by the Brazilian National School of Public Health, with support from the Government of France and the UNAIDS Secretariat. The network is a good example of both South-South and North-South collaboration.

Various units in the World Bank, including The Global HIV/AIDS Program (GHAP) and the Human Development Network, established an HIV/AIDS Economic Working Group (AEWG) in November 2002 to coordinate and share analytical work on the economics of HIV/AIDS, including a major assessment of the macroeconomic impact of the epidemic. GHAP also supports the International HIV/AIDS Economics Network ([www.iaen.org](http://www.iaen.org)) and works with the UNAIDS Reference Group on Economics to coordinate and advance economic analyses in this field.

### **C. Monitoring and evaluation of the epidemic and the response**

The reporting period has seen major increases in resources for HIV/AIDS. As countries make a shift towards expanding responses, additional funding becomes contingent upon demonstrating results through recognized monitoring and evaluation protocols. Furthermore, at global level, measuring progress towards realization of the Millennium Development Goals and the UN Declaration of Commitment on HIV/AIDS requires a systematic and rigorous framework to monitor access to services and to measure impact.

#### ***i) Monitoring and evaluation of the epidemic***

National programmes continue to require support for monitoring the progress of programmes and to obtain essential behavioural and infection surveillance data to establish benchmarks against which progress can be measured. Countries find it difficult to respond to multiple demands for data, especially where data for global surveillance do not serve local programme management needs. Consequently, UNAIDS has increased efforts to strengthen countries' capacity in monitoring and evaluation. Monitoring and evaluation activities within the UNAIDS Secretariat are now led by a Monitoring and Evaluation Unit and resource-tracking activities (see below) are part of the comprehensive monitoring and evaluation portfolio.

**Country Response Information System (CRIS).** Developed to meet the need for improved and accessible information and analysis, CRIS will streamline, and add to the usefulness of, core data that serve national and global purposes, including the indicators monitoring the implementation of the UNGASS Declaration of Commitment on HIV/AIDS. Software development has been swift. The CRIS database and user guides now exist in English, French and Russian, with a Spanish version soon to follow. By April 2003, more than 40 countries in Africa, Asia and Eastern Europe had completed the training, with the participation of Cosponsors and other partners. As a result, CRIS has been installed and data entry has commenced in these countries. The tool has been widely appreciated as a means of adding value to, and simplifying, monitoring and evaluating requirements. Alongside continued training, the UNAIDS Secretariat and Cosponsors have made progress in harmonizing CRIS with other information systems to streamline monitoring and evaluation efforts and better share information with national and international partners.



**Nationally-led reviews.** In December 2002, the PCB recommended (PCB (13) 5) greater facilitation of country-led reviews of national AIDS programmes. In 2002 and early 2003, government-led reviews or joint reviews were carried out with the help of UN Theme Groups on HIV/AIDS in several countries. In Kenya, in both 2002 and 2003, the UN Theme Group on HIV/AIDS has participated in, and UNAIDS has lent technical support to, the government's Joint Annual Programme Review of the national AIDS programme, which has brought all stakeholders together to in a comprehensive examination of strategic objectives. Similarly, a national review of the mid-term plan in Papua New Guinea resulted in recommendations to formalize mechanisms for partnerships, to review the medium-term plan on AIDS, and progress in capacity-building, with an emphasis on gender, community and the greater involvement of people living with or affected by HIV/AIDS (GIPA).

**Harmonizing monitoring and evaluation at country level—the UN system.** The UNAIDS 2000 guide for monitoring and evaluation of national programmes was the result of a global effort involving many partners. As requested by the PCB (PCB (9) 7), the UNAIDS Secretariat has provided coordination and oversight through its Monitoring and Evaluation Reference Group (MERG). The MERG primarily standardizes common indicators and gains consensus around the definition and introduction of new indicators. In 2002 MERG reviewed the indicators arising from the UN Declaration of Commitment on HIV/AIDS, and considered the outcomes of the UNAIDS External Evaluation. In 2003 MERG will review new monitoring guidelines and indicators in the areas of HIV care and support; orphans and vulnerable children; prevention of HIV transmission to pregnant women, mothers and their children; voluntary counselling and testing; and young people.

UNAIDS has also established a Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) at the World Bank. GAMET's primary focus is to coordinate and support country-level monitoring and evaluation efforts; train national staff; and provide technical assistance. GAMET is one of the first efforts to harmonize UN and donor commitments and approaches in monitoring and evaluation. To complement GAMET, the UNAIDS Secretariat has established a network to train and provide technical assistance to monitoring and evaluation experts. A database of experts and HIV/AIDS monitoring and evaluation opportunities has been established and, in the coming year, local institutions will be identified to take on the role of servicing the network.

In 2003, WHO and UNAIDS partners, in collaboration with health and education agencies in 10 African countries, launched the Global School-based Student Health Survey to provide comparable data on health-related behaviours among 13–15-year-old students, including sexual behaviours and drug and alcohol use.

**Monitoring programmes and measuring impact.** The biennial UNAIDS report on the status of the epidemic and responses to it, and the annual epidemic updates are among the most sought-after publications on HIV/AIDS.

WHO and the UNAIDS Secretariat have continued to provide guidance on HIV/AIDS surveillance. A new document—*Implementing Second Generation HIV Surveillance Systems: Practical Guidelines*—was published in 2002 and widely disseminated. The second generation surveillance system has been field-tested (with financial assistance from the European Community) in eight countries in Africa, Asia

and Latin America. This experience has prompted a research and implementation agenda for surveillance, in which several partner agencies are participating.

In 2002, the UNAIDS Reference Group on Estimates, Modelling and Projections recommended improved methodologies to estimate mortality and orphan numbers, in order to better refine country-specific and regional estimates. This methodology and software is being disseminated to build in-country capacity through subregional workshops. UNAIDS has also assisted 25 African countries to develop national monitoring and evaluation plans. Short-term courses have also been organized in Africa, Asia and Central America, with the assistance of Measure Evaluation Project (USA). UNAIDS is updating the *National AIDS Programmes: Guide for Monitoring and Evaluation* with new guides being developed in the areas of preventing HIV transmission to pregnant women, mothers and their children, young people, care and support, and orphans.

**Multiple Indicator Cluster Survey.** One of UNICEF's key contributions to monitoring the epidemic is the Multiple Indicator Cluster Survey (MICS)—one of the largest population-based surveys of social indicators for children (including child health, well-being, education and vulnerability) in 70 countries. UNICEF is finalizing the analysis of the 2000/2001 Multiple Indicator Cluster Survey (MICS) data. The next round of the MICS will be conducted in 2004, and preparation of the guidelines and tools for the 2004/05 round of surveys has already begun and will include extensive data on HIV/AIDS.

**UN Declaration of Commitment on HIV/AIDS and the Millennium Development Goals (MDGs).** At the global level, considerable efforts have been made to maximize coordination between partners involved in monitoring and evaluation. The MDG target to 'Have halted by 2015 and begun to reverse the spread of HIV/AIDS' is entirely compatible with the more focused and detailed targets set out in the UN Declaration of Commitment on HIV/AIDS. A single monitoring framework informs country-level development instruments, such as the Common Country Assessments and the UN development frameworks, as well as the Country Response Information System, and guides the global follow-up of the implementation of both the UN Declaration of Commitment and the MDGs.

**Report of the UN Secretary-General.** The first report of the UN Secretary-General on the implementation of the Declaration of Commitment on HIV/AIDS to the General Assembly (October 2002) established the baseline against which future progress could be measured. Despite this modest intent, the document provided valuable insights into the status of national responses as well as an indication of the major obstacles to achieving the targets set out in the Declaration—primarily difficulties in coordinating multiple sectors, and the lack of technical and financial resources.

The 2003 report of the UN Secretary-General and the supporting programme to this year's General Assembly debate will reflect progress in overcoming these difficulties and seek to offer suggestions on how to translate policies into programmes and action. Member State governments were asked by the UN Secretary-General to report back on a set of 13 core indicators and questions covering the main areas of action set out in the Declaration. These national reports, as well as data from separate sources that are maintained by UNAIDS, will be used to monitor progress towards

reaching the 2003 goals. A review and analysis of this data will be presented by the Secretary-General to the 58<sup>th</sup> Session of the General Assembly on 22 September 2003.

*ii) The response and future challenges*

The following table indicates some key areas where gaps in HIV prevention remain to be filled:

**Gaps in provision in key selected prevention areas**

Issue	Measure	Outcome
Prevention: awareness	Awareness among women and girls that sticking to one partner is an important way to avoid infection <sup>1</sup>	60%
Prevention: those at high risk	Percentage of populations at higher risk of HIV with access to effective prevention programming	< 20%
Women's vulnerability to HIV	National policies and practice targeting women's vulnerability	Lacking in nearly 40% of countries worldwide
PMTCT	Access to services for prevention of HIV transmission to pregnant women, mothers and their children <sup>2</sup>	50% of countries have access; 3% of women have access
Voluntary counselling and testing	Additional costs of services to reach 175 million people by 2005	US\$1.75 billion
Orphans and vulnerable children	Countries with a national strategy for care and support of children affected by the epidemic <sup>3</sup>	50%
Condom use	Percentage actually spent of the US\$339 million needed annually for condom procurement <sup>4</sup>	13.5%

1. In a survey of 23 African countries

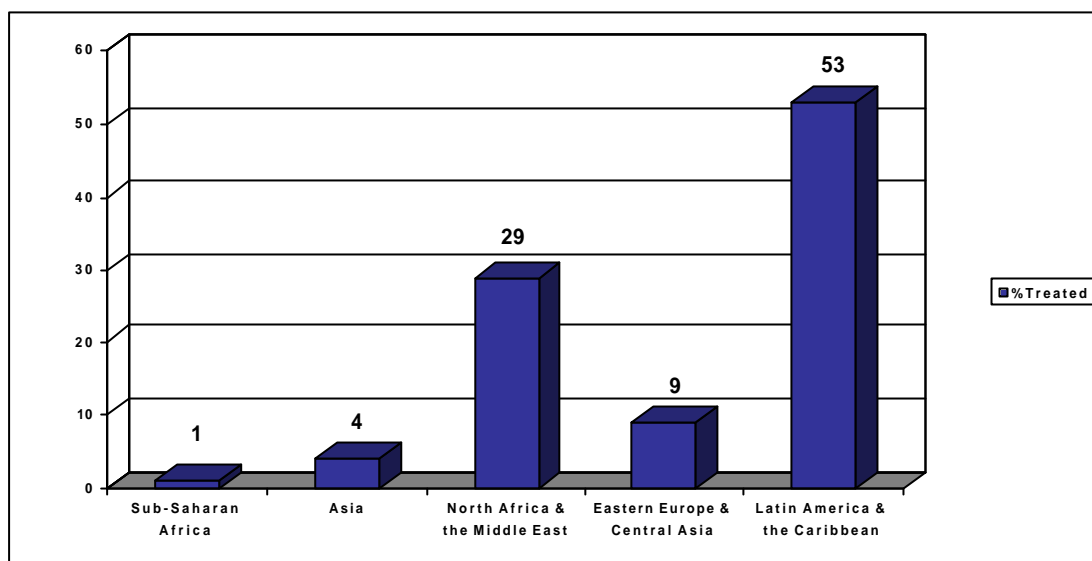
2. WHO survey of 70 low income countries in 2001

3. UNICEF and UNAIDS Secretariat estimate, noting there are currently approximately 14 million orphans due to AIDS and by 2010, this number is expected to increase to 25 million.

4. UNFPA estimate

**Antiretroviral therapy: the coverage gap.** WHO estimates that some 5.5 million adults in developing countries currently need antiretroviral therapy. At the end of 2002, however, only some 300 000 (5%) of those infected had access to such therapy. Of these, more than one-third were located in Brazil. Excluding Brazil, antiretroviral use has increased by 50% in developing countries overall and by nearly two-thirds in Africa during 2002—a total increase of some 70 000 people. Nevertheless, the 'treatment gap' remains unacceptably large.

### Percentage of those in need receiving antiretroviral treatment



While two-thirds of national HIV/AIDS strategic plans have included antiretroviral treatment with specified antiretroviral coverage targets, most national programmes are still struggling with resource constraints. Efforts are also required to strengthen diagnostics and laboratory services to support the safe and effective implementation of antiretroviral therapy.

#### D. Civil society engagement and partnership development

The Declaration of Commitment on HIV/AIDS, adopted at the UN General Assembly, calls for, by 2003, “strengthening mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS”. The results of the External Evaluation of UNAIDS, and the consequent decisions of the PCB, confirm the Programme’s continuing commitment to strengthening and expanding its partnerships with civil society.

##### *i) Nationally*

UNAIDS has supported civil society organizations to promote the full implementation of the Declaration of Commitment on HIV/AIDS and has acted to ensure that civil society representatives are part of decision-making forums, especially in relation to new resource allocation mechanisms. Opportunities for business engagement have been identified and supported.

**Partnership forums.** The Programme has promoted and supported the establishment of partnership forums led by government and bringing together international organizations, the community sector and the private sector. The aim of such forums is to coordinate the development and implementation of National Strategic Plans on HIV/AIDS. Eleven partnership forums now exist in Asia and the Pacific, 20 in Africa and 12 in Eastern Europe and Central Asia. As a result, civil society organizations are playing a larger role in national decision-making, and National AIDS Commissions are better able to coordinate national responses.

**Business engagement.** In 2002, UNAIDS has focussed on developing advocacy and partnership tools, alongside the implementation of workplace policies centred around implementation of the ILO's Code of Practice on HIV/AIDS and the World of Work. The UNAIDS Secretariat and ILO have worked with the Global Business Coalition on HIV/AIDS to support business action on AIDS, with new national Business Councils on AIDS (e.g., Zambia), involvement of mainstream business confederations (e.g., Botswana), and regional coalitions (e.g., the Global Coalition's July 2002 partnership agreement with the Asian Business Coalition on AIDS). A number of members of the Global Business Coalition, including Anglo American, Anglo Gold and De Beers, announced in 2002 that they would provide antiretroviral drugs to their workforce.

The UNAIDS Secretariat, UNDP and WHO have advised the World Economic Forum's Global Health Initiative. Together with the Forum, UNAIDS has developed partnership menus, including one featuring the ILO code of conduct, to give business organizations readily-usable options for supporting HIV/AIDS-related work. Countries profiled to date are Brazil, China, Ethiopia, Honduras, Indonesia, India, Jamaica, Namibia, Panama, the Philippines, Trinidad and Tobago, Ukraine and Zambia. Namibia's menu has generated a number of activities, including the creation of a business council on AIDS. The menus have increased country-level understanding of how to speak to the private sector and how the private sector can engage in HIV/AIDS responses.

**The greater involvement of people living with or affected by HIV/AIDS (GIPA).** The UNAIDS Secretariat has supported organizations representing people living with HIV/AIDS (PLWHA) in many regions and countries. UNAIDS is supporting the emergence of a regional network of PLWHA in Eastern and Central Europe, the development of non-discriminatory HIV-related legislation in China, and the involvement of people living with HIV in UN-supported programmes there, and horizontal links between PLWHA and community networks in Central America and the Caribbean. UNAIDS—including the Secretariat and UNDP—has promoted the greater involvement of people living with and affected by HIV/AIDS in Indonesia, and supported the Caribbean network of women living with HIV/AIDS and networking of PLWHA organizations in Bangladesh, China, India, Mongolia, Nepal, Pakistan, Sri Lanka and South Korea.

Following comparative studies in 10 countries (Burkina Faso, Burundi, Chad, Côte d'Ivoire, Ethiopia, the Democratic Republic of Congo, Niger, Rwanda, Togo and Zambia), UNDP supported these countries in reviewing laws and administrative measures to prevent stigma and discrimination against PLWHA. UNDP has supported networks of AIDS NGOs in Africa to strengthen their governance structure and strategic planning process, including the Society of Women with AIDS in Africa, AIDS service organization networks in southern, eastern, western and northern Africa, and the African association of people living with HIV/AIDS. UNDP has also developed a resource database on PLWHA organizations and their services and has been working to enhance capacity in the following specific areas: a) health and the psychological aspects of living with HIV/AIDS; peer support groups and peer counselling; b) training PLWHA to speak in public; and c) special needs of HIV-positive women.

*ii) Regionally*

Regional partnerships that bring governments and regional intergovernmental institutions together with civil society and business actors have emerged as powerful alliances in recent years.

**Africa.** UNAIDS has worked closely with the Organisation of African Unity (now the African Union) and other regional institutions under the International Partnership against AIDS in Africa (IPAA). The knowledge and experience generated by the IPAA are now being integrated into regional bodies' programmes such as the New Partnership for Africa's Development (NEPAD) and, more generally, the African Union. The World Bank's Multi-Country AIDS Programme in sub-Saharan Africa has strengthened local responses through the participation of nongovernmental, community and business organizations, which receive about 50% of the MAP's financial resources.

In order to better inform the decisions that must be taken today on HIV/AIDS, it is necessary to look into the future, however difficult that may be. To this end, the UNAIDS Secretariat, the UN Development Programme, the World Bank, the African Development Bank, the Economic Commission for Africa and Shell have jointly initiated a project to build scenarios that will look at the possible futures of the epidemic in Africa over a 20-year time horizon. It draws on the extensive scenario-building expertise of the Global Business Environment team at Shell International and has also received funding support from a number of governments, foundations and businesses. The scenarios are being 'built' by a group of 50 people, chosen to represent the multiple faces of the epidemic.

**Indian Ocean.** Following the February 2002 partnership agreement between the Commission of the Indian Ocean and the UN system, the Indian Ocean Initiative on HIV/AIDS is moving to implement the Declaration of Commitment on HIV/AIDS. A ministerial-level meeting of the Commission in February 2003 reaffirmed the region's commitment. The UN Regional Theme Group on HIV/AIDS is giving priority to raising awareness about the epidemic among the islands' populations, harmonizing HIV/AIDS interventions, strengthening monitoring of the epidemic, and enhancing information exchange.

**Caribbean.** The Caribbean Regional Strategic Framework for HIV/AIDS was adopted at the October 2002 Annual meeting of the Pan-Caribbean Partnership. The partnership has supported national planning, and has achieved reductions of 85–90% in the prices of antiretroviral drugs available in the region. In May 2002, Caribbean governments, and employers' and workers' organizations endorsed implementation of the ILO Code of Conduct and adopted a Platform of Action on HIV/AIDS and the World of Work. The UNAIDS Secretariat has seconded a staff member to the Pan-Caribbean Partnership's coordinating unit in the Caribbean Community Secretariat. Resources have also been mobilized in the wake of the Partnership—including a US\$5 million World Bank/IDA grant approved in March 2003 to help the Caribbean Community and the Pan-Caribbean Partnership finance unmet needs identified in annual grant programme plans. The World Bank's Multi-Country AIDS Programme in the Caribbean has supported grants to promote civil society and business involvement, particularly in the tourism sector.

**Latin America.** In Latin America, UNAIDS has continued to collaborate closely with a regional network of seven peak civil society organizations, working on issues ranging from harm reduction among injecting drug users, to sex work, issues around men who have sex with men, and support to women living with HIV/AIDS.

UNAIDS has worked closely with the networks on policy development, discrimination and resource mobilization.

The **Asia Pacific Leadership Forum** on AIDS is detailed in Section III A above; it is emerging as a leading vehicle for partnership efforts in these regions.

### *iii) Globally*

UNAIDS activity at global level with business organizations and representatives of people living with HIV/AIDS and community-based AIDS service organizations, has direct ramifications in supporting countries' efforts. Additionally, global activity has focussed on: mainstream mass-membership organizations, to encourage them to bring HIV/AIDS-related activities to the millions they reach; work with international development-related organizations; and continuing partnerships with civil society organizations formed in response to the epidemic.

**Mass organizations.** UNAIDS is supporting the HIV/AIDS-related efforts of peak organizations globally, reaching young people, professional groups, and mass volunteer organizations. The world's seven biggest youth organizations<sup>2</sup> have expanded their response to AIDS through a joint plan of action (with the help of the UNAIDS Secretariat), aiming to reach their collective membership of more than 100 million young people.

Faith communities have been engaged in responding to the epidemic since its very inception, and much of UNAIDS' work is directed towards ensuring that the planning and guidance of the central offices of faith-based organizations can effectively meet the needs and concerns of community initiatives. UNICEF's AIDS-related work with faith-based organizations includes the Buddhist Leadership Initiative in East Asia, where monks, nuns and achars (previously ordained lay people) have built community networks to support vulnerable families, including those affected by AIDS. The UNAIDS Secretariat has collaborated with the Ecumenical Advocacy Alliance in its AIDS advocacy plan, and with the World Conference for Religion and Peace, whose first-ever meeting on AIDS, in Nairobi, focussed the attention of religious leaders on HIV-affected children in Africa. The Lutheran World Federation and Anglican Communion have both developed action plans—the latter under the leadership of the Archbishop of Cape Town. The Presbyterian Church in the USA and the African Jesuit AIDS Network have both sought UN collaboration in increasing AIDS-related efforts. Ongoing technical support from UNAIDS has informed the Second International Muslim Leaders' Consultation on HIV/AIDS in Kuala Lumpur in May 2003.

**Development organizations.** The partnership between the International Federation of Red Cross and Red Crescent Societies and the Global Network of People Living with HIV/AIDS will be featured in a forthcoming Best Practice document. Spin-offs from this partnership include PLWHA groups being housed in Red Cross offices (e.g., in Namibia); employment for people living with HIV/AIDS (e.g., with the Honduras Red Cross); high-profile campaigns to combat discrimination; and country partnerships extending beyond capital cities to country-wide activities. The UNAIDS Inter-Country Team in West Africa has promoted the active involvement of Red Cross and Red Crescent Societies in national HIV-control

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<sup>2</sup> The World Young Women's Christian Association, the World Alliance of YMCAs, the International Award Association, the International Youth Foundation, the World Association of Girl Guides and Girl Scouts, the World Organization of the Scout Movement, and the International Federation of Red Cross and Red Crescent Societies.

programmes. Oxfam has received technical support from the UNAIDS Secretariat in its discussions on mainstreaming HIV in its development work and advocacy.

**AIDS organizations.** The International Council of AIDS Service Organisations (ICASO) has been supported on its work in follow-up to the UN General Assembly Special Session on HIV/AIDS. The Global Network of People Living with HIV/AIDS, and the International Community of Women Living with HIV/AIDS have received technical and financial support from UNAIDS for organizational development and network strengthening. Groups representing populations especially vulnerable to HIV have received support from UNAIDS. UNODC is an active member of the Global Research Network on HIV Prevention among Drug Users, and has supported care access and other work via harm-reduction networks and international conferences. An interagency working group has been formed to increase Programme advocacy in relation to men who have sex with men and AIDS. An advocacy document, demonstrating the need for greater attention to be paid to the needs of men who have sex with men in AIDS programmes in Latin America and the Caribbean, was prepared with UNAIDS Secretariat support, and UNDP is working in the region with men who have sex with men.

**Philanthropic foundations.** The UNAIDS Secretariat has partnered with a variety of foundations to enlist their support in increasing the base of philanthropic attention to AIDS, including the Kaiser Family Foundation, the Aga Khan Foundation and Development Network and the United Nations Foundation (UNF). Major philanthropic grants in 2002 to UNAIDS have included US\$8 million from the OPEC Fund to WHO for country work in Africa and US\$1 million to UNFPA to help reduce the vulnerability of young people to HIV/AIDS. The UNF has made grants to AIDS programmes in India, Eastern Europe and Central and South America; a major regional project focussing on youth in southern Africa; and funded the very effective ‘Telling the Story’ project in southern Africa. The UNAIDS Secretariat has supported the recent formation of the European Funders Group on HIV/AIDS to mobilize European philanthropy for AIDS.

**Partnerships advancing HIV treatment and care.** Civil society, as well as businesses, has been instrumental in transforming the environment for access to HIV treatment. Further rapid progress towards increasing access to HIV treatment (including antiretrovirals) in developing countries will require the assembly of a powerful coalition of forces. To that end, the International Treatment Access Coalition was formed at the initiative of the International AIDS Society at the end of 2002 to bring together people living with HIV/AIDS and their advocates, NGOs, governments, foundations, the private sector, academic and research institutions and international organizations. It aims to mobilize and augment its partners’ efforts to increase affordability, availability and uptake of HIV treatments, while extending the knowledge gained from small programmes to much larger populations.

## **E. Financial, technical and political resource mobilization and tracking**

The HIV/AIDS challenge cannot be met without society-wide mobilization coupled with dramatically increased resources. UNAIDS continues to mobilize resources at global and national levels (Section III A), and track and direct efforts to where they are most required.



***Political and programmatic resources***

UNAIDS (largely through UN Theme Groups on HIV/AIDS) continues to provide technical support to National AIDS Councils or Commissions to develop and implement comprehensive national strategic plans, involving governments, civil society and business. More than 20 new national AIDS bodies were established, or revamped in a major way, in 2002, bringing to 88 the global total. During 2002–2003, Thirty-seven of these Councils or Commissions are headed by Presidents, Prime Ministers or their Deputies. The institutional arrangements under the World Bank's Multi-Country AIDS Program in Africa also often directly involve respective Presidents/Prime Ministers and their offices.

**National AIDS Councils or Commissions**

National AIDS Councils/Commissions etc., chaired by Presidents/Prime Ministers or their Vices/Deputies ( <i>new appointments in 2002–2003 are indicated in italics</i> ).			
<b>Africa (19)</b>	<b>Asia (5)</b>	<b>Eastern Europe &amp; Central Asia (8)</b>	<b>Caribbean (5)</b>
<i>Angola, Benin</i> , Botswana, Burkina Faso, Burundi, Central African Republic, Côte d'Ivoire, <i>Djibouti</i> , Ethiopia, Ghana, <i>Kenya, Lesotho, Malawi**</i> , Mozambique, Nigeria, Senegal, South Africa, Swaziland, Togo	China, Mongolia, Nepal, Thailand, Vietnam	<i>Albania</i> , Belarus, Kazakhstan, Kyrgyzstan, <i>Moldova, Romania</i> , Tajikistan, Ukraine	Barbados, Dominican Republic, Haiti*, St Kitts and Nevis, <i>Trinidad &amp; Tobago***</i>

\* In Haiti, the body is chaired by the First Lady.

\*\* In Malawi, the body reports to the President through the Cabinet Committee on HIV/AIDS and Health, chaired by the Vice-President.

\*\*\* In Trinidad and Tobago, the body's chair is to be determined, but it is currently located in the Prime Minister's office.

Despite increased high-level involvement, UNAIDS' assessment of the experience of national coordinating bodies indicates that virtually all funding and government programmatic activity remains centred in the health sector, with one-in-three countries reporting difficulty in securing the participation of other sectors. According to half the countries consulted, realizing a multisectoral response is hampered by difficulties in coordinating sectors that have little experience in working with one another. Identified needs include support for staffing and operational costs of National AIDS Committees and Councils (as provided in Ghana, for example, by bilateral partners, facilitated by UNAIDS), as well as guidance to resolve legal issues related to administering funds and ways of securing authority over implementing ministries.

***Technical resources***

An assessment of national strategic plans by the UNAIDS Secretariat in 2002 revealed that many were weak in the areas of costing, monitoring and evaluation, and partnership development. UNAIDS and partners have assisted 24 African countries in developing their national monitoring and evaluation plans. Nevertheless, nearly a third of national strategies worldwide have not been costed and fewer than half contain monitoring and evaluation components. This analysis has informed the

Programme's emphasis on building capacity in these areas, and is reflected in the proposed 2004–2005 Unified Budget and Workplan (UBW).

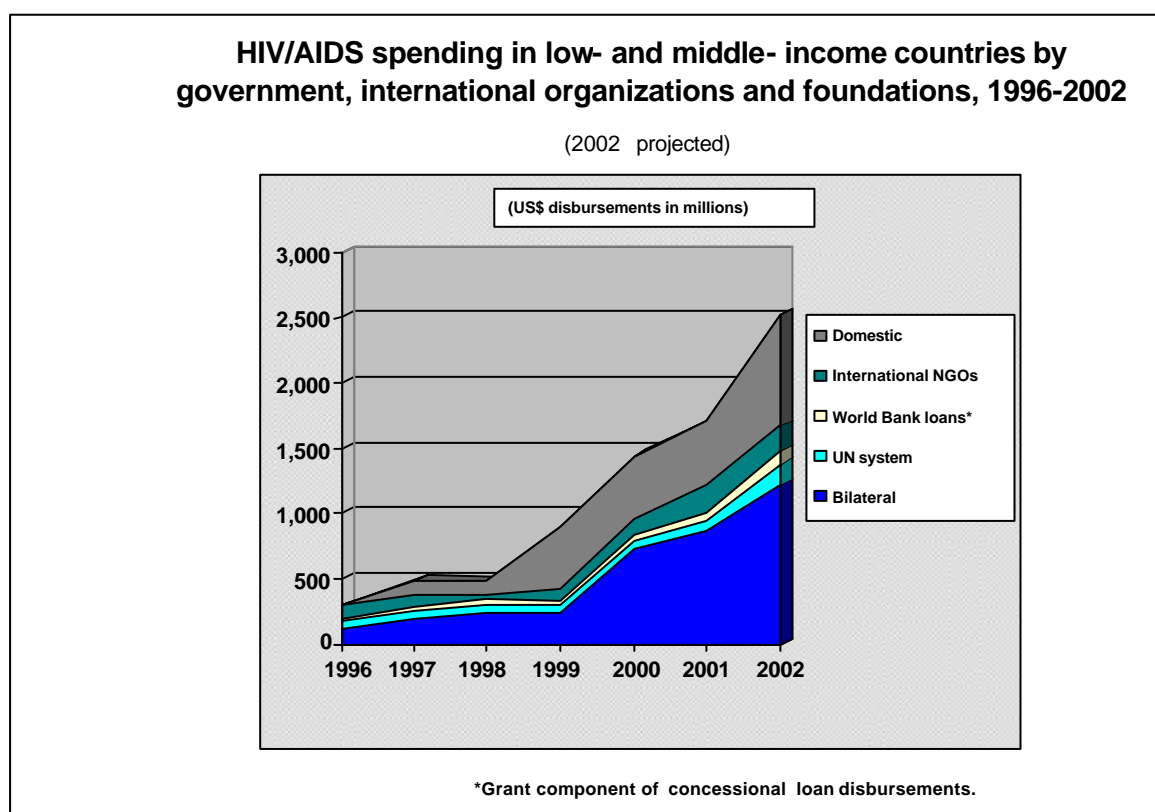
The UNAIDS Secretariat and Cosponsors continue to provide technical assistance in the normative areas of each agency. To take one example, in 2002, UNICEF supported the development of national strategies for preventing HIV infection among young people in 106 countries, school-based life-skills education in 102 countries, youth-friendly health services in 22 countries, national action plans for the prevention of parent-to-child transmission of HIV in 95 countries, the implementation of priority actions for HIV and infant feeding in 62 countries, and the development of national strategies for the protection, care and support of orphans and vulnerable children in 61 countries. Other examples are detailed in relation to thematic areas elsewhere in this report.

Planning for multi-agency technical support facilities has commenced, in response to the PCB's December 2002 recommendation (PCB (13)/02.6). Regional technical support facilities are to be located in existing institutions to manage technical inputs, with the support of Cosponsors and the UNAIDS Secretariat. It is anticipated that such facilities will be operational in Southern Africa and Eastern Europe by the end of 2003. Furthermore, with assistance from USAID, UNAIDS is currently increasing investments in human capacity development in eight countries (Brazil, Ghana, Mali, Malawi, Mozambique, Rwanda, Uganda and Zambia) and two subregions (CIS and the Caribbean).

Despite many successes, people living with HIV/AIDS continue to be the most underutilized resource in the response. To qualitatively improve upon UNAIDS' programming and policy work, a database of professionally skilled consultants, who are also people living with HIV/AIDS, is under development.

### *Financial resources*

HIV/AIDS-related spending from all sources has increased markedly since the establishment of UNAIDS, and especially over the past three years, as the following chart shows:



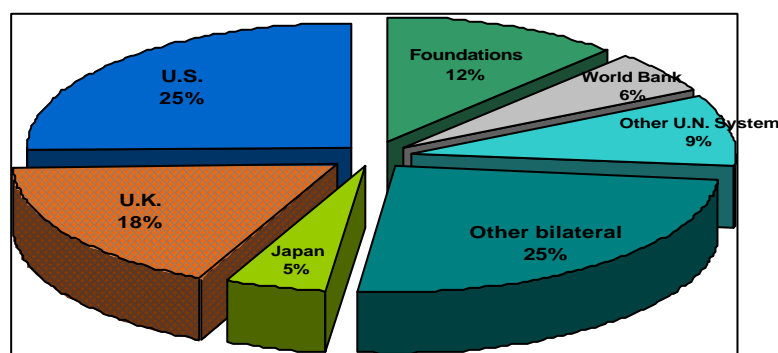
When out-of-pocket expenditure is added, the total estimated HIV/AIDS-related spending in low- and middle-income countries in 2002 from all sources was US\$3.5 billion.

The report, *Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years*, presented at the last meeting of the PCB, is regularly being updated. Additional data have been collected to better estimate domestic resource flows for HIV/AIDS and out-of-pocket costs. The report provides information on the costs of achieving the goals laid out in the Declaration of Commitment on HIV/AIDS, together with analysis of current programme coverage, resource needs in relation to capacity to scale up, and ways of sharing the cost of the global response.

Since its publication, the report has stimulated much discussion among donors and positively influenced the recent announcement by US President George W. Bush of a five-year commitment of US\$15 billion for prevention and care initiatives in 12 African countries, as well as Guyana and Haiti. Given the increasing funding flows through the World Bank Multi-country AIDS Programme, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other multilateral and bilateral mechanisms, the UNAIDS Secretariat is working to improve resource tracking at the global level, collaborating with interested foundations and organizations already tracking resources using different methodologies. In Latin America and the Caribbean, 20 countries have been involved in detailed analysis of AIDS resources flows under the auspices of SIDALAC (the regional AIDS initiative for Latin America and the Caribbean) and with support from the World Bank, the UNAIDS Secretariat and the Inter-American Development Bank.

In the coming year, a series of subregional workshops will enhance countries' capacity to track resources, estimate costs and develop goal-oriented HIV/AIDS budgets. The Country Response Information System (CRIS) will include a financial data module giving sufficient detail to support on-the-ground programme management.

Estimated international HIV/AIDS expenditures, 2002



Total: US\$1.7 billion

**UNAIDS resources.** In 2002, the UN system (primarily UNAIDS Cosponsors) provided US\$245 million in direct support for HIV/AIDS programmes at country level, constituting the third-largest external source of programmable funding for HIV/AIDS interventions (after bilateral programmes of the governments of the United States of America and the United Kingdom). Through its Multi-country AIDS Programme, the World Bank has thus far served as the single largest multilateral source of funding for HIV/AIDS-related activities. Among the recent innovative MAP-funded initiatives is a five-country joint programme intensifying HIV prevention and care efforts at eight border sites along the Abidjan-Lagos Migration Corridor.

In 2002, the International Development Association (IDA) allowed for grant funding of World Bank HIV/AIDS projects. IDA grants may now finance up to 100% of national HIV/AIDS programmes in IDA only countries, and up to 25% in ‘blend’ (IDA/International Bank for Reconstruction and Development) countries. Regional HIV/AIDS projects for IDA countries will now be fully financed by grants. The World Bank has recently established a special unit to accelerate the disbursement of MAP resources.

**UNAIDS resource mobilization.** In response to the December 2002 PCB decision to ‘facilitate the development of a multiparty global resource mobilization strategy’ ((PCB (13)/02.6) Decision 2.5, Action 35), the UNAIDS Secretariat, in partnership with civil society groups, is developing an advocacy/resource mobilization campaign, bringing together organizations, corporations, governments, private citizens and leaders from all walks of life.

As an example of the direct connection between tracking resources and resource mobilization, following a UNAIDS survey of international assistance for national responses to the HIV/AIDS epidemic in Eastern Europe and Central Asia (2002), UNAIDS and others joined forces to mobilize resources. The result was a six-fold increase in international funding—primarily from the Global Fund and the World Bank, which, in particular, sought to rectify deficits in allocations for care. Similarly, the response to SIDALAC resource-tracking has been increased resources in Latin America and the Caribbean. UNAIDS has advocated allocating a substantial proportion of Multi-country HIV/AIDS Program funds and Global Fund resources to national monitoring and evaluation activities. Up to 10% of Multi-country HIV/AIDS Program funds to countries can now support monitoring and evaluation efforts.

**Poverty-reduction strategies.** Debt relief for heavily indebted poor countries (HIPC) enables them to allocate more resources to social development, and increasingly the funds liberated are flowing to HIV/AIDS programmes. At its December 2002 meeting, the PCB urged UNAIDS to assist governments in making their national AIDS strategies consistent with poverty-reduction strategies, Medium-term Expenditure Frameworks and sectorwide approach programmes. In 2002–2003, UNAIDS supported the development of Poverty Reduction Strategy Papers in Benin, Cameroon, Chad, Côte d’Ivoire, Ethiopia, Guinea-Conakry, Honduras, Nepal, Nicaragua, Rwanda and Viet Nam. To date, AIDS is referred to in 36 Poverty Reduction Strategy Papers. As a single example, Burkina Faso completed a Poverty Reduction Strategy Paper in mid-2000 and was qualified for relief on about US\$700 million of its total debt stock. The initiative allowed the government to commit an extra US\$6 million (out of a total of US\$10 million) to its National Strategic Framework against HIV/AIDS for 2001–2005.

***Resource mobilization for HIV treatment and care***

The Programme has contributed significantly to mobilizing financial and technical resources for HIV care. In February 2002, the Board of Directors of the World Bank endorsed Multi-country AIDS Program funding for antiretroviral procurement as part of comprehensive AIDS programming. The World Bank's decision followed dramatic reductions in antiretroviral prices achieved through the Accelerating Access Initiative—a dialogue between the UN system and the research-based pharmaceutical industry. In addition, the first two rounds of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria has seen some 50 countries secure approval for funds for antiretrovirals, sufficient to extend treatment to 500 000 persons in need. Bilateral donors are also increasingly open to supporting treatment as part of comprehensive AIDS programming. The US Government, for example, has pledged additional international AIDS funds to support the provision of treatment to 2 million people by 2005. A number of European governments are supporting 'twinning' between health professionals in Europe and developing countries to build technical capacity in service delivery.

As costs remain a major barrier to accessing antiretrovirals in developing countries, UNAIDS continues to promote affordability of antiretrovirals, other medicines and diagnostics. In advocacy with the World Trade Organisation and its TRIPS Council WHO and the UNAIDS Secretariat have argued for international trade rules that support public health interests and access to HIV medicines specifically. Since the launch of the Accelerating Access Initiative in May 2000, national plans to improve access to care have been developed in 39 countries. Such plans formed the basis for negotiations with pharmaceutical companies, and resulted in 19 countries concluding agreements for antiretroviral supplies, as well as two regional agreements (struck by ECOWAS and CARICOM).

In February 2003, the UNAIDS Secretariat and WHO also hosted a round table with the representatives of producers of generic pharmaceuticals. This resulted in (i) greater understanding in the generics industry of the work of WHO, UNICEF, the UNAIDS Secretariat and the Global Fund; (ii) greater understanding at the highest levels of the UN of the potential for, and barriers to, greater engagement of the generics industry in HIV treatment access; and (iii) identification of options for continued collaboration and progress.

Prices offered by both research-based and generic pharmaceutical companies to least-developed countries and selected developing countries have continued to decrease during the reporting period. At present, the lowest price for a three-drug combination recommended in WHO's treatment guidelines is around US\$700 for drugs from research-based companies and US\$300 for generic products.

***Resource mobilization: the case of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)***

Envisioned by the UN Secretary-General in his call to action on AIDS, issued at the Abuja Organization of African Unity (OAU) Special Summit on AIDS in April 2001, and subsequently endorsed in the UN Declaration of Commitment on HIV/AIDS and at the G8 Summit in Genoa, Italy, the Global Fund to Fight AIDS, Tuberculosis and Malaria was established in December 2001. The World Bank, WHO and the UNAIDS Secretariat are non-voting members of the Board of Directors. The Global Fund has made two grant rounds and commenced proposal reviews for a third. The total sums approved for HIV/AIDS during the first two rounds amounted to roughly US\$2.3 billion.

The UNAIDS Secretariat and Cosponsors have supported countries in accessing the Global Fund, while also providing technical support and advice to the Fund's Secretariat. For the second round alone, the UNAIDS Secretariat invested approximately US\$1.5 million to assist in the country-led processes of planning and proposal development. During the first two rounds, the UNAIDS Secretariat provided direct assistance to 89 countries, as detailed in the table below.

	<b>No of countries in region with at least one HIV/AIDS grant approved* during first and second rounds</b>	<b>No of countries in region receiving UNAIDS assistance</b>	<b>Total life-of-grant approvals per region (millions of US dollars)</b>
Africa	25	32	\$1551
Asia & Pacific	10	12	\$235
Europe & Central Asia	12	16	\$227
Latin America & Caribbean	11	24	\$325
Middle-East & North Africa	3	5	\$28
<b>TOTAL</b>	<b>61</b>	<b>89</b>	<b>\$2366</b>

\* Approved = Category 1 (immediate) or 2 (conditional) approval

In the context of the increasing numbers of actors and resources involved in HIV/AIDS initiatives, demands for UNAIDS to broker negotiations and provide assistance with national AIDS responses have increased. The overriding challenge remains to mobilize political, financial and technical resources in ways that address urgent immediate needs, while contributing to sustainable development. To that end, increases in technical assistance at country level are budgeted for in the next UBW.

#### **SECTION IV: MICROBICIDES, MEDICINES AND VACCINES**

While the Programme promotes much-needed developments in new or improved remedies to fight HIV, the major focus remains on ensuring better access to and use of existing tools. The following are some examples of UNAIDS' contributions to recent developments.

- **Microbicides.** WHO continues collaborative work to accelerate the development of microbicides effective against HIV, as well as to strengthen research participation by developing country institutions, and support national regulatory authorities. WHO is currently conducting safety studies of cellulose sulphate as a potential microbicide, in partnership with the US-based CONRAD programme.

UNFPA provided 'start-up' funds to the International Partnership for Microbicides (IPM)—a new initiative for partnership between public and private sectors, which has received a substantial grant from the Bill and Melinda Gates Foundation.

- **Condoms.** WHO is conducting research into the comparative efficacy of male and female condoms and has sponsored research on the safety of female condom re-use, resulting in an information update on the practicality of promoting re-use of the device (<http://www.who.int/reproductive-health/rtis/reuse.en.html>). WHO is currently updating technical specifications for male latex condom manufacturing and quality control (*Male Latex Condom: Specification and Guidelines for Procurement*).
  
- **Prevention of HIV transmission to pregnant women, mothers and their children (PMTCT).** Despite technological advances in reducing the risk of mother-to-child transmission of HIV and an expansion of programmes using single-dose nevirapine, transmission rates remain persistently higher in developing than developed countries, and take-up remains low. The acceptability, safety and effectiveness of triple-combination antiretroviral prophylaxis, administered in the latter stages of pregnancy and continued for up to a maximum of six months following delivery, are under evaluation by WHO, with local research partners, in Burkina Faso, Kenya and the United Republic of Tanzania. This research encompasses maternal health as well as programmatic issues relevant to integrating PMTCT with HIV care.
  
- **Vaccines.** Vaccine development continues to meet with a number of unprecedented scientific, logistical and financial constraints. In 2000, UNAIDS, in collaboration with WHO, established a joint WHO-UNAIDS HIV Vaccine Initiative, which is now fully integrated into other vaccine activities, as part of the WHO Initiative for Vaccine Research. The HIV Vaccine Initiative works in the following ways:
  - i) providing guidance on, and coordination of, international HIV vaccine trials;
  - ii) facilitating trials through capacity-building; and
  - iii) developing policy to maximize access to future vaccines.

The Initiative maintains a role as independent broker between agencies, the vaccine industry and host countries to ensure that trials are conducted with the highest scientific and ethical standards.

The results from the first-ever phase III efficacy trial of an HIV vaccine (a gp120 product developed by Vaxgen) in February 2003 showed no overall efficacy in preventing HIV infections. The second phase III trial, with another gp120 vaccine based on a different HIV strain, is under way in Thailand, and results are expected at the end of 2003.

The next phase III trial is also planned in Thailand, priming with a canarypox-HIV vaccine and boosting with gp120. In the meantime, other novel candidate vaccines are entering phase I/II clinical trials, including trials being conducted in Africa, Asia and the Americas.

During 2002–2003, the HIV Vaccine Initiative continued work with a number of low- and middle-income countries towards developing National AIDS Vaccine Programmes, and collaborated in the independent scientific and

ethical review of vaccine trial protocols proposed for implementation in developing countries. In June 2002, it launched the African AIDS Vaccine Programme (AAVP)—a network of African scientists and community representatives—to accelerate the development and testing of vaccines appropriate for Africa. Research to isolate and characterize HIV strains in developing countries was supported; such strains are subsequently provided to scientists and the vaccine industry to stimulate the development of vaccines relevant to developing countries. Ethical review capacity in developing countries has been strengthened and participation of community representatives assisted. The HIV Vaccine Initiative, together with the International AIDS Vaccine Initiative and the US Centers for Disease Control and Prevention, is developing policy guidance and estimates of operational requirements for use when HIV vaccines become available.

## **SECTION V: STRENGTHENING THE UN SYSTEM RESPONSE IN SUPPORT OF COUNTRIES**

Country-level achievements on AIDS of the UN system in the context of AIDS are featured extensively in other sections of this report. The following sections focus on progress in structural and management arrangements that provide the basis for support to countries.

### **i) Intensified UN system action in countries**

In response to the decisions of the PCB in December 2002 (PCB(13)/02.6:2.5) to deliver intensified country action and support, the UNAIDS Secretariat is implementing reforms in the following areas:

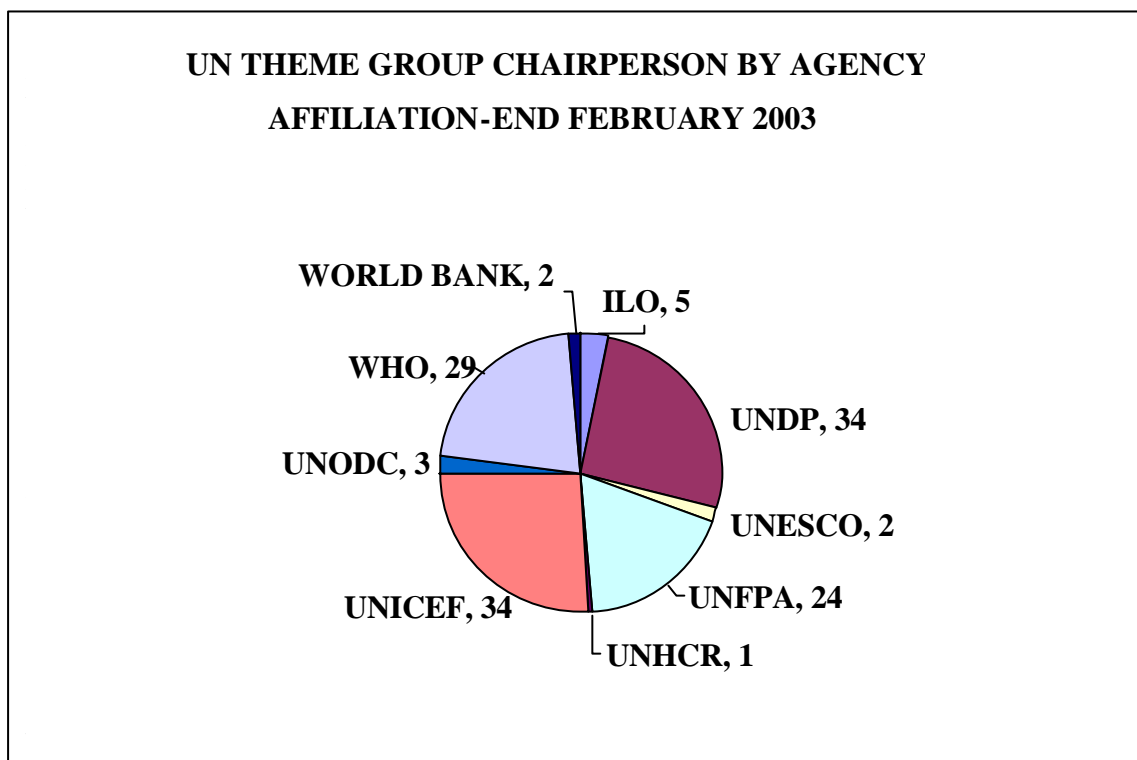
**Accountability:** In 1998, the Committee of Cosponsoring Organizations recommended that all UN Theme Groups on HIV/AIDS develop integrated workplans by December 2000. The guidelines for doing so stressed the importance of reflecting national priorities, as expressed in national strategic plans, and recognized that rationalized joint planning and activity collaboration within the UN system would take time. By the end of 2002, most UN Theme Groups had an integrated workplan. However, the External Evaluation concluded that, in many cases, such plans were little more than an aggregate list of each agency's individual activities. The process of producing such plans did not automatically create greater UN system coordination or, more importantly, rationalize and maximize support to the national response to AIDS.

In the past year, a number of Theme Groups developed UN system workplans that better reflect collaborative strategic planning and pooling of resources to support national responses. Examples include Eritrea, Myanmar, Togo and the United Republic of Tanzania. The PCB ((PCB(13)/02.6: 2.5 Action 8) has directed UNAIDS to expand upon this successful experience and ensure that all UN Theme Groups on HIV/AIDS follow a similar process.

Joint reviews, under government leadership, of national AIDS plans, as discussed in Section III C above, are an increasingly effective mechanism for refining national strategic plans on AIDS, and a key opportunity for the UN system to work with other stakeholders to maximize its support for national activities. UN Theme Groups on HIV/AIDS have already been active participants in both facilitating and in the conduct of such joint reviews, and will boost capacity to do so.



**UN Theme Group strengthening.** By the end of 2002, UN Theme Groups on HIV/AIDS were operational in 134 countries. Eighty per cent of these Theme Groups have expanded their membership beyond the UNAIDS Cosponsors. The table below indicates the numbers of TG Chairs by agency affiliation.



Evaluation confirmed that the presence of UNAIDS CPAs accelerates UN system action on AIDS. However it also highlighted the need to match professionals with the widely differing contexts of their postings. Also, the best CPAs were those who not only worked on coordinating the UN response, but were facilitating inclusive national responses involving all actors. In response to the External Evaluation and to the decisions of the PCB, the UNAIDS Secretariat will broaden the function of the CPA to UNAIDS Country Coordinator in selected countries.

**Capacity strengthening:** As requested by the PCB and in response to feedback from countries, UNAIDS has undertaken to provide increased assistance to build country capacity in three key areas:

- i) monitoring and evaluation – in addition to directly increased capacity, the Country Response Information System database will be used to support the monitoring and evaluation of the work of UN Theme Groups on HIV/AIDS;
- ii) partnership building; and
- iii) resource mobilization and tracking.

Although plans have been developed to respond, demands for additional staff and capacity building in countries can not be met without increased financial resources.

## **ii) Strengthening cosponsorship**

The engagement of UNAIDS Cosponsors and the broader UN system has expanded—largely due to the concrete support made possible by the Unified Budget and Workplan—together with the Global Strategy Framework on HIV/AIDS, the UN System Strategic Plan on HIV/AIDS and the impact of the UN General Assembly Special Session on HIV/AIDS. The Governing Boards of all Cosponsors have endorsed the Declaration of Commitment on HIV/AIDS and provided institutional mandates to undertake specific actions. In two cases, AIDS is to be a regular agenda item in future Board meetings. The next step is for these governing bodies to fully consider how the respective agencies are engaged as Cosponsors of UNAIDS, including in relation to the PCB's December 2002 decisions on future directions.

The profile of HIV/AIDS within individual Cosponsor agencies has significantly grown. All but one of the Cosponsors (UNODC) have HIV/AIDS units headed by directors at headquarter levels and most have regional teams at least in Asia and Africa. The April 2003 meeting of the Commission for Narcotics and Drugs (UNODC's Governing Board) resolved that a specific HIV programme should be established in UNODC. UNICEF, UNDP and UNFPA now include AIDS as a corporate priority in its own right, with separate targets and indicators included in medium-term strategic plans. In January 2002, the World Bank established the Global HIV/AIDS Program, headed by a Programme Director, to enable the Bank to upgrade its organizational, staffing and budgetary arrangements to deal with HIV/AIDS from a Bank-wide perspective.

**The Unified Budget and Workplan** is not only a prime instrument for accountability and fundraising, but it is also important in terms of helping to further build the Joint Programme. Assisted by the Unified Budget and Workplan funding, all Cosponsors have increased their own core resources—human and financial—for HIV/AIDS work, including at country level (where UNAIDS Cosponsor spending, additional to the Unified Budget and Workplan, was nearly US\$500 million in the 2002–2003 biennium and is budgeted to rise to nearly US\$820 million in 2003–2004). The Unified Budget and Workplan helps drive the sharpening of priorities through thematic and regional consultations involving the Cosponsors and the Secretariat. Perhaps more importantly, UN Theme Groups on HIV/AIDS, supported by the Unified Budget and Workplan, are instrumental in bringing unified UN system support to countries. These 'collective deliverables' are funded by Cosponsors and the Secretariat, but, increasingly through the Unified Budget and Workplan Interagency Budget. This trend is expected to continue into the next biennium.

In accordance with requests of the PCB, specific results and corresponding indicators of achievement have been identified for all Cosponsor and Secretariat activities funded from the Unified Budget and Workplan. They provide the basis for improved monitoring and evaluation.

In the May 2002 report to the PCB, the concept of **Convening Agencies and Inter-Agency Task Teams** was just developing. Since then, the purpose of Convening Agencies has been better defined to cover providing policy advice and strategic guidance to, and on behalf of, the UN system. It includes harmonizing policy, developing joint operational strategies, creating partnerships for mobilizing resources from donors, and delivering products collectively defined through Inter-Agency Task Teams.

### Convening agencies by thematic issue

Issue	Convening Agency
HIV treatment, care and support	WHO
Prevention of HIV transmission to pregnant women, mothers and their children	WHO
Young people	UNFPA
Orphans and vulnerable children	UNICEF
Condom programming	UNFPA
Education	UNESCO
HIV and injecting drug use	UNODC
Governance and development planning	UNDP
The world of work	ILO
Evaluation of HIV/AIDS programmes at country level	World Bank
Economic impact	World Bank
Evaluation of HIV/AIDS programming at global level	UNAIDS Secretariat
HIV and sex work; & Men who have sex with men	UNAIDS Secretariat
Gender and the impact of the epidemic on women and girls	UNIFEM

A preliminary review indicates that the usefulness of these convening arrangements and Task Teams is variable, with several having provided real added value. For example, in relation to **orphans and vulnerable children**, UNICEF, with diverse partners, has led the development of a common framework for Africa in this area, with agreed goals, principles and strategies.

Another example is work on AIDS and the **education sector** led by UNESCO. Nongovernmental organizations, development agencies and researchers from around the world developed a strategic framework and operational strategy entitled, *Accelerating the Education Sector Response in Africa*. The results are being debated for implementation throughout Africa, with financing from the World Bank and bilateral donors. Technical assistance is also being provided to countries within the 'Education for All' Fast-Track Initiative, such as Mozambique and the United Republic of Tanzania. Current challenges include developing strategies to suit other regions and providing implementation support to countries. To that end, members of the Inter-Agency Task Team are developing a technical resource facility. These efforts have been integrated within the Education for All movement and the Fast-Track Initiative to ensure sustainability and are succeeding in generating resources. Also in the education sector, WHO has supported teacher training projects in 10 countries in Africa and the Caribbean, reaching over 5000 teachers who, in turn, will teach adults how to avoid HIV infection and help students acquire HIV-related skills.

**Partner Programme Reviews** were completed with UNESCO and UNDP in 2002. The UNESCO review centred on staff induction and training needs. The UNDP review examined the extent to which HIV/AIDS had been taken forward within UNDP as a corporate priority in its own right and as a cross-cutting development challenge in its five other corporate priority areas. Specific actions were identified to strengthen support to UNDP's programming efforts, and experience was shared between UNDP and the UNAIDS Secretariat in relation to human rights and knowledge networks.

### **(iii) Wider engagement of the UN system**

UN system-wide engagement with AIDS has continued to increase in 2002–2003. Non cosponsoring organizations of the UN system are increasingly engaging in AIDS activities in their respective areas of expertise and are joining UN Theme Groups on HIV/AIDS.

As noted in Section III A above, the Secretary-General has led global AIDS advocacy. In addition, the Secretary-General has brought AIDS issues to the UN Chief Executives' Board for Coordination, which, in a recent review, showed that 26 UN system organizations (including the Bretton Woods Institutions) were taking action in relation to AIDS. The AIDS-related activities of the UN Secretariat include steps taken in UN workplace policy (see below), continuing statistical and demographic analysis by the UN Population Division, and increasing campaign work on AIDS by the UN Department of Public Information. Adding to its existing AIDS-related work, the UN Economic Commission for Africa is responsible for the new Commission on HIV/AIDS and Governance in Africa. The UN Economic and Social Commission for Asia and the Pacific has scheduled a major AIDS debate for its (postponed) 56<sup>th</sup> Session.

As noted in Section VI below, the World Food Programme has responded to the twin crises of AIDS and food insecurity in southern Africa, debated AIDS at its Executive Board in 2003, and entered a memorandum of understanding with the UNAIDS Secretariat. UNHCR has addressed AIDS and internally displaced populations and refugees, and IOM has addressed the issue of AIDS and mobile populations. UN Volunteers (UNV) and IFAD are to strengthen institutional capacity using volunteers and providing credit for poor families affected by HIV/AIDS. In addition, UNV continues its leading efforts in the greater involvement of people living with and affected by HIV/AIDS.

Furthermore, the UNAIDS Secretariat is collaborating with the United National Institute for Training and Research on a programme to strengthen the capacity of government and civil society to learn from effective sharing of experiences on HIV/AIDS. By the end of 2003, this programme is expected to be implemented in five countries.

The UN System Strategic Plan on HIV/AIDS was endorsed by the PCB in 2002. In early 2003, the Inter-Agency Advisory Group on AIDS, together with the UNAIDS Secretariat and Cosponsors, agreed that the UN system plan should be updated to reflect changes in the epidemic and the UN response, the UNGASS Declaration of Commitment on HIV/AIDS, the results of the Five-Year Evaluation of UNAIDS and the subsequent PCB decisions. A mid-term review of the UN System Strategic Plan will be conducted in 2003. Already, many UN agencies are updating their individual plans for a broader and strengthened UN-wide response.

The increasing engagement of non-cosponsoring UN system organizations in AIDS activities raises the question of how to better define rules for the 'enlargement' of UNAIDS—an issue that will be discussed at the next meeting of the Committee of Cosponsoring Organizations.

### **(iv) The UN workplace**

Implementation of the UN personnel policy on HIV/AIDS (issued in 1991) has been mixed. Efforts have been scaled up in recent years and the 2001 *ILO Code of Practice on HIV/AIDS and the world of work* has established a benchmark for workplace

standards, both within and outside the UN. Priority was given to addressing HIV in the UN workplace in the Secretary-General's September 2002 Report—*Strengthening of the United Nations: an agenda for further change*—where he underscored the requirement for the UN to renew its efforts to be a modern and responsible employer—one that is seen to practise what it preaches (para 191, Action 33).

The complexity of the AIDS issue in the UN workplace requires sustained, repetitive, and creative actions by all agencies. In April 2002, UNAIDS Cosponsors agreed that the *ILO Code of Practice* should be adopted as a universally applicable set of principles and guidelines on HIV/AIDS in the UN workplace. Workplace initiatives supported by the UNAIDS Secretariat (with spending of over US\$1 million) have included development of a learning strategy on HIV/AIDS to improve the level of knowledge of UN system staff and the capacity of programmes to increase HIV care and treatment access in selected countries. There remains an urgent need to extend treatment access to all countries, and also to address anomalies arising from different employment statuses, including that of contractors.

In order to promote stronger compliance action, ILO (on behalf of the Inter-Agency Task Team on the world of work) is developing a tool to allow for compliance with UN personnel policy on AIDS to be reviewed by each agency. Supporting action across the UN system is needed in training line managers at all levels, with HIV/AIDS activities included in key assignments of all personnel administrators.

## **SECTION VI: CROSS-CUTTING ISSUES**

**Women and AIDS:** To address the alarming increase in HIV infection in women, and the disproportionate burden of the AIDS epidemic on women and girls, UNAIDS is commencing a global advocacy initiative on women and AIDS. The objectives of the initiative are to increase awareness of the special vulnerabilities of women and girls to HIV infection, to support action to help women and girls protect themselves from infection, and to mitigate the impact of the epidemic on their daily lives. The initiative also promotes the full and universal achievement of the goals and targets related to women, as set out in the Declaration of Commitment on HIV/AIDS.

While recognizing that women's vulnerability is rooted in underlying gender norms and inequalities, the initiative will support practical action for women in a number of areas, including: prevention of HIV infection among girls and young women; the elimination of violence against women; ensuring women's inheritance and property rights; support to women in the fulfilment of their caring responsibilities; and ensuring women's equal access to HIV care and treatment, including antiretrovirals. UNAIDS is collaborating with a wide range of partners to move the initiative forward. Actions already under way include a global survey of laws relating to property and inheritance rights (led by the Education and Gender Equality Task Force of the Millennium Project), support to countries for legislation reflecting 'zero tolerance' of violence against women, and support to African youth networks to monitor national progress in achieving the internationally-agreed target of ensuring that 90% of young people have access to HIV-related information, education and services by 2005.

UNIFEM, together with UNAIDS, launched an on-line web portal on gender and AIDS in February 2003. User-friendly, informative and interactive, the site offers research, training materials, surveys, advocacy tools, current news and opinion pieces by leading experts, and women's stories about HIV/AIDS. Plans are under way to

house a database of experts to provide technical and networking support to gender and HIV/AIDS specialists

**Food security.** The year 2002 has been marked by the unprecedented humanitarian crisis involving the synergy between AIDS, food insecurity and weak public sector capacity in certain parts of Africa—notably southern Africa and the Horn of Africa. In view of the gravity of the food security situation in Southern Africa, a Regional Inter-Agency Coordination Support Office was established in October 2002, under the leadership of the World Food Programme, to ensure that coordinated support is provided to country teams. The UNAIDS Secretariat has participated in this coordination mechanism from the outset, and deployed three staff people to support its activities. A key contribution of the UNAIDS Inter-Country Team based in Pretoria has been to assist the Southern Africa Development Community (SADC) in incorporating HIV-related data into national and regional vulnerability surveys, as well as to help national partners analyse the results and use them to improve programmes.

During the remainder of 2003, UNAIDS will work with the World Food Programme, IFAD, FAO, the UN Development Group and others on a coordinated multifaceted response strategy, including:

- i) assistance to UN Country Teams to increase their support to coordinated national responses;
- ii) concerted action by UNAIDS agency heads and regional directors to support heightened UN responses both to the short-term humanitarian needs and the longer-term institutional capacity and AIDS-related challenges; and
- iii) development of a conceptual framework to guide UN system action, led by UNAIDS and the World Food Programme, will be presented to the UN Chief Executives Board for Coordination.

**Humanitarian response.** To ensure that HIV/AIDS is addressed appropriately in humanitarian responses, the UNAIDS Secretariat (through its Office on AIDS, Security and Humanitarian Response) continues to facilitate collaboration between relief and AIDS initiatives. For example, during the acute phase of the conflict in Côte d'Ivoire, UNAIDS initiated an HIV/AIDS emergency response plan involving all relevant partners. The strategy has since been adapted for a subregional response to HIV/AIDS in countries affected by conflict. UNAIDS is also an active member of the UN Inter-Agency Standing Committee Task Force on HIV/AIDS in emergencies, which is mandated to facilitate interagency work.

In close collaboration with UNAIDS, UNHCR has developed a Strategic Plan on HIV/AIDS for 2002–2004, using a rights-based approach. UNAIDS is providing technical support to UNHCR in relation to mitigating the HIV-related impacts of large-scale repatriation of Angolan refugees. The UNAIDS Secretariat, UNICEF and Save the Children Fund UK have analysed the constraints facing humanitarian groups in the Great Lakes region in responding to HIV/AIDS among children and adolescents in conflict situations.

**National security in the context of uniformed services.** Following UN Security Council Resolution 1308 (2000), and the Declaration of Commitment on HIV/AIDS, the Programme has developed a Strategic Action Plan to support Member States in addressing the challenges of AIDS among uniformed services, with a special

emphasis on young recruits. As a result, UNAIDS has supported activities in 11 countries to address AIDS among uniformed services, as well as placing AIDS advisers in four UN peacekeeping missions. The following guidelines have been published: *UNAIDS Generic Guidelines for HIV/AIDS interventions among Uniformed Services*; *HIV/AIDS Awareness through Peer Education Training Guide for Uniformed Services*; and *Guide for Developing and Implementing HIV/AIDS/STI Programming for Uniformed Services*.

**Human rights.** The Office of the High Commissioner for Human Rights (OHCHR) is UNAIDS' main partner in promoting human rights in the context of HIV/AIDS. In 2002, OHCHR and the UNAIDS Secretariat collaborated in the revision of Guideline 6 of the *International Guidelines on HIV/AIDS and Human Rights*, to specifically address access to prevention, treatment, care and support.

During 2002–2003, the Programme has supported the development of national AIDS human rights policies and legislation in Cambodia, Lesotho, Malawi and Swaziland, and supported national human rights institutions in Ghana, India and South Africa in developing mandates to investigate and monitor HIV-related rights. The UNAIDS Secretariat has supported the Asia Pacific Network of People Living with HIV/AIDS (APN+) in providing peer education and training to document discrimination and human rights violations, through surveys in India, Indonesia, the Philippines and Thailand. Human rights and AIDS experts in Ghana, Burkina Faso and the United Republic of Tanzania are being helped to address human rights violations through national administrative and judicial structures.

Through country visits, Special Rapporteurs on Human Rights (including the new Rapporteur on the Right to Health) identify the status and practices that affect the enjoyment of HIV-related rights, with a particular focus on stigma and discrimination. The Committee on the Rights of the Child in January 2003 issued its General Comment 3 on the Rights of the Child and HIV/AIDS—the first-ever AIDS comment to be issued by a human rights treaty monitoring body. The Comment will assist in the monitoring of progress towards achieving human rights by all States and offer guidance in the formulation of laws, policies and programmes. In April 2003, the UN Commission on Human Rights adopted resolutions that recognize access to HIV medication as a fundamental element in realizing the right to health, and prohibit discrimination based on actual or presumed HIV infection.

## **SECTION VII: CHALLENGES FOR THE BIENNIUM**

At its thematic meeting of December 2002, the PCB made a series of far-reaching decisions in response to the External Evaluation of UNAIDS. Those decisions are designed to ensure that UNAIDS is well placed to respond to the challenges posed both by the epidemic itself, and by the global environment in which UNAIDS works.

Today, the scale of the global HIV epidemic continues to exceed the ability of both national and international organizations to respond. The epidemic is expanding, treatment and care are unavailable to over 90% of those infected, HIV-related stigma remains rampant, and the impact of AIDS is devastating social structures and national institutions in the most affected areas.

At the same time, and for the first time in the history of the epidemic, the levels of funding and political and institutional commitment offer hope for a meaningful, effective and, hence, large-scale response in a growing number of countries. Partly as a result of UNAIDS' advocacy, new actors are responding to

AIDS, but they will not necessarily build on past efforts, or operate multilaterally. Financial investment in HIV/AIDS has increased markedly, but major resources are yet to flow to national efforts and, in particular, local programming. In the urgent drive to increase treatment access in developing countries, there is a danger of prevention efforts being neglected—as was the case in some wealthy countries, as HIV treatment became more successful.

Enhancing the capacity of countries to implement and sustain a scaled-up response to the epidemic is a core priority of the entire UN system, based on the Programme Coordinating Board's December 2002 decisions. The key elements of UN system support to countries are:

- ? greater UN system **accountability** for its support to national AIDS programmes, by means of integrated planning, joint review and the use of common monitoring and evaluation instruments on AIDS;
- ? **strengthened UN Country Team and Theme Group operations**;
- ? **strengthening national capacity** in areas related to monitoring and evaluation, engagement of civil society, technical assistance, resource mobilization, coordination and tracking and, where needed, humanitarian responses;
- ? **strategic information**, policy guidance and documentation and dissemination of best practices; and
- ? more outspoken **advocacy and policy dialogue** on AIDS, including on sensitive issues, by country representatives with national partners, based on the UN's moral authority.

UNAIDS' global leadership in setting the policy agenda and advocating fully-financed, multisectoral, evidence-informed responses will reinforce country-level efforts.

Looking to the future, it is clear that the demands on the Programme can only increase. UNAIDS has an obligation to use its unique global standing to support a worldwide AIDS response that sees prevention programmes taken to full scale, vulnerability to HIV subjected to concerted attack, treatment access is greatly extended, and impact alleviation is the core business of every institution involved in economic and social development. Six major challenges stand out:

### **1. Responding to AIDS in the most affected countries**

AIDS has created a new type of emergency, sharing features of humanitarian and long-term development crises, as seen in the food crises in southern Africa and the Horn of Africa in 2002. The impact of AIDS on food production is only the first of its visible society-wide impacts. More will undoubtedly come, mostly as a result of the depletion of human resources on a scale unprecedented in peace time.

The UN system has begun to address AIDS as part of a coordinated system-wide response, which simultaneously tackles food security and development. The capacity of UN Country Teams to address AIDS as core business will be strengthened, as a major focus of the UNAIDS Unified Budget and Workplan (UBW) submitted to the PCB. Regional vulnerability assessment and other early-warning tools are integrating HIV monitoring. Joint reviews and harmonized processes need to lessen the transactions costs of development assistance on national governments in Africa. The UN system is developing a single conceptual



framework for its response to the ‘deadly triad’ posed by AIDS, food insecurity and weakened institutional capacity.

## **2. The newly-emerging epidemics in Asia, Eastern Europe and Central America**

The challenges posed by the rapidly growing HIV epidemics of Eastern Europe, the potentially vast HIV epidemics of Asia, and the accelerating spread of HIV in Central America are quite different, and specific to the respective region. The political challenge is to generate a strong AIDS response in advance of obvious signs of its individual, economic and social impact—and to prevent the epidemic from getting to that stage.

The Programme will increase its advocacy efforts in these regions, managing the balance between:

- a) focussed efforts with selected populations at higher risk of HIV (sex workers, men who have sex with men, injecting drug users, and prisoners);
- b) population-wide efforts; and
- c) ensuring access to antiretroviral therapy.

## **3. Integrating AIDS into mainstream development instruments and practice**

The integration of AIDS into mainstream development activities remains uneven. Of the 49 interim or completed Poverty Reduction Strategy Papers, 36 make at least some mention of AIDS, though few have comprehensively incorporated AIDS responses. The Highly Indebted Poor Countries initiative has saved US\$1.2 billion in annual debt servicing by these countries, with a small but increasing proportion being allocated to AIDS. However, AIDS initiatives are often confined to health sector planning, and their expansion across all sectors of government is urgently needed.

The challenge remains to ensure that AIDS responses are a core element across national development plans and budgets, international assistance planning, and debt-relief and poverty-reduction strategies. UNAIDS will increase its technical guidance to support sectoral strategies in all relevant sectors, such as health, agriculture, education and labour, and on the development of supporting Best Practice material.

## **4. Technical and financial resource mobilization**

If full-scale AIDS responses are to become a reality where they are most needed, then a massive increase in technical and financial resources to boost programming capacity is urgently required.

In addition to the specific thematic areas of each Cosponsor, UNAIDS will support this mobilization in five crucial areas; it will:

- a) strengthen national coordination mechanisms to oversee, coordinate and hold to account the implementation of multisectoral AIDS programmes;
- b) mobilize civil society as a partner in national responses, by ensuring that civil society organizations are part of decision-making, and that their existing capacities are strengthened;

- c) encourage expanded public-private partnerships to mobilize key business support, especially where government capacity is depleted;
- d) strengthen national capacity for monitoring and evaluation (see below); and
- e) develop technical resource facilities capable of rapidly deploying key technical support to national AIDS programmes and their partners.

Underpinning increased technical resource mobilization are finances. UNAIDS will partner with civil society to develop a combined advocacy and resource mobilization campaign that will bring together organizations, corporations, governments, private citizens and leaders from all walks of life in the twin goals of boosting AIDS awareness and raising funds.

## **5. Monitoring and evaluation**

Increased and better-coordinated monitoring and evaluation capacity is the key to ensuring optimal use of AIDS resources and the sustainability of funding. UNAIDS is already the leading global source of information on the course of the epidemic: these strengths need to be extended across all aspects of the response to AIDS, including resource tracking, as well as providing direct technical support designed to boost national monitoring and evaluation capacities.

Initiatives such as the Country Response Information System and the Global AIDS Monitoring and Evaluation Support Team are major vehicles for expanded monitoring effectiveness. They need to be augmented with joint reviews of country AIDS programmes, and monitoring and reporting on national and global progress towards the goals and targets in the UN Declaration of Commitment on HIV/AIDS. Collaboration designed to harmonize monitoring and evaluation efforts worldwide conserves scarce national capacities, and is already being demonstrated in the common indicators developed for the UN Declaration of Commitment on HIV/AIDS and the Millennium Development Goals. A substantial increase in monitoring and evaluation expertise at the country level remains an urgent priority for the Programme.

## **6. A ‘women and AIDS’ initiative**

With women now comprising 50% of the global AIDS epidemic and, in Africa 58% of people living with HIV, gender inequality, and the lack of economic and social protection for women and girls are some of the main driving forces of the HIV epidemic. In addition, the impact of AIDS at both household level and society-wide falls disproportionately on women. As noted earlier, UNAIDS is developing a women’s initiative to urgently address these issues. Gender-disaggregated data on epidemic trends and AIDS impact are a potentially powerful supporting tool, as are specific efforts combating violence against women, promoting women and girls’ property and inheritance rights, ensuring equal access to care for women, and supporting microbicide development.

Developing a robust global response that enables the world to get ahead of the virus is a formidable challenge. Previous decisions of the Programme Coordinating Board have resulted in UNAIDS being well placed to reaffirm its added value to the response to AIDS at all levels—through improved and intensified support to countries, strengthened advocacy and leadership in key

areas and regions, normative guidance and policy coherence, and the establishment of standards of commitment and action. The actions of the Programme in the remainder of the 2002–2003 biennium and, in particular, implementation of the plans for the 2004–2005 biennium, will be decisive in setting the world on the road to reversing the HIV/AIDS epidemic.