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Report of the Executive Director, 2000-2001

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 the major developments in advancing the global and UN system response to the AIDS epidemic over the 2000 – 2001 biennium, to identify the challenges that lie ahead, and the overall direction of the Programme in addressing them. This Report focuses on analysis of the major developments and issues, rather than providing an all-encompassing review of UNAIDS activities.

The Report makes clear that, over the past two years, there has been an enormous increase in awareness of the AIDS epidemic, the devastation that it has wrought upon individual and communities, and the threat that it represents to human security and development in many countries. The past two years have also seen the mobilization of powerful political and social forces committed to do much more in response to the epidemic. In looking to the way forward, the Report analyzes the significance of the UN General Assembly Special Session on HIV/AIDS Declaration of Commitment, which sets out a series of time-bound, measurable targets to guide the response at all levels. The Report emphasizes the need for the global response to AIDS to shift from a project-based to a programme approach in scaling up a massive response to meet the challenge of AIDS. In this effort, the Report focuses on the crucial importance of mobilizing far greater financial resources, keeping pace with the changing nature of the epidemic by addressing emerging issues with technically sound policy and strategic guidance, and strengthening mechanisms for tracking the response and demonstrating accountability. The central importance of expanding the range of actors engaged in a multisectoral response is underscored throughout. In all these areas, greater coherence and strength in the UN system response is key.

ACTION REQUIRED

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 coming 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 Southeast 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
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
FAO	Food and Agriculture Organization
GIPA	Greater involvement of people living with 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
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>
MTCT	Mother-to-child transmission of HIV
NACO	National AIDS Control Organisation
NEPAD	New Partnership for Africa's Development
NGO	Nongovernmental organization
OUA	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
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
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
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 12th meeting of the UNAIDS Programme Coordinating Board (PCB) is intended to update the PCB on the status of the epidemic, to summarize the major developments in advancing the global and UN system response to the AIDS epidemic during the 2000–2001 biennium and early 2002, and to set out the overall direction of the Programme in meeting the challenges that lie ahead.

In keeping with recommendations of the PCB, this year the Report of the Executive Director focuses on analysis of the major developments and issues, rather than providing an all-inclusive report of UNAIDS activities. Additional details are provided in the UNAIDS Unified Budget & Workplan 2000–2001 Performance Monitoring Report and the Financial Report for the 2000–2001 biennium.

SECTION II

STATUS OF THE EPIDEMIC

Some 20 years after the first clinical evidence of acquired immunodeficiency syndrome was reported in June 1981, it has become clear that AIDS represents the most devastating epidemic in human history. Yet for all the devastation that it has wrought upon individuals and communities, the epidemic is still in its early stages. AIDS continues to spread, fuelled by ignorance, myths, denial, stigma and taboo.

Over the past two decades, more than 60 million people have been infected with the human immunodeficiency virus (HIV). AIDS is now by far the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth-biggest killer. At the end of 2001, an estimated 40 million people globally were living with HIV. Of the estimated 5 million people who became infected with the virus in 2001, about half were young people between the ages of 15 and 24.

Eastern Europe, especially the Russian Federation, continues to experience the fastest-growing epidemic in the world, with the number of new HIV infections rising steeply. In 2001, there were an estimated 250 000 new infections in this region, bringing to 1 million the number of people living with HIV.

In Asia and the Pacific, an estimated 7.1 million people are now living with HIV. The epidemic claimed the lives of 435 000 people in the region in 2001. The apparently low national prevalence rates in this region are dangerously deceptive. They hide localized epidemics in different areas. Yet through large-scale prevention programmes, some countries in the region have managed to keep infection rates lower in population groups at higher risk. In Cambodia, for example, HIV prevalence reported among pregnant women declined from 3.2% in 1997 to 2.3% at the end of 2000.

Africa remains the region hardest hit by the epidemic, with 2.3 million of its inhabitants killed by AIDS in 2001. The estimated 3.4 million new HIV infections in sub-Saharan Africa in the past year mean that 28.1 million Africans now live with the virus. The average

prevalence in sub-Saharan Africa is 8.8% in the adult population. In seven countries in southern Africa, more than 20% of adults are HIV-positive, and several areas in southern Africa have now joined Botswana with prevalence rates among pregnant women exceeding 30%. At least five countries in West Africa are also experiencing serious epidemics, with adult HIV prevalence exceeding 5%. Nevertheless, encouraging signs of progress can be found in the United Republic of Tanzania and Zambia, where prevalence rates among young people are dropping, and in Uganda, where HIV prevalence among adults continues to fall.

In the Middle East and North Africa, the number of people living with HIV now totals 440 000. The spread of HIV is notable in countries in the Horn of Africa, which are plagued also by conflict and complex humanitarian emergencies.

Even in high-income countries, where over 75 000 people acquired HIV in 2001, the epidemic threatens to continue growing. Currently, a total of 1.5 million people live with HIV in these countries. Recent advances in treatment and care in high-income countries have not been consistently matched with progress in prevention. In North America, parts of Europe and Australia, unsafe sex, reflected in outbreaks of sexually transmitted infections, and widespread injecting drug use are propelling the spread of HIV, while deprived communities continue to be disproportionately affected.

In Latin America and the Caribbean, an estimated 1.8 million adults and children are living with HIV. With an average adult HIV prevalence of approximately 2%, the Caribbean is the second-most affected region in the world. Adult HIV prevalence has risen to around 4% in the Bahamas and over 6% in Haiti. Relatively low national HIV prevalence rates in most South and Central American countries mask the severity of the epidemic in specific population groups, such as men who have sex with men, and sex workers. In contrast, Brazil, with its comprehensive prevention and care programmes, has cut AIDS mortality by more than half in the past five years.

In the worst-affected countries, steep declines in life expectancies are beginning to occur, most dramatically in sub-Saharan Africa, where four countries (Botswana, Malawi, Mozambique and Swaziland) now have a life expectancy of less than 40 years as a result of AIDS. In Haiti, it has dropped to 53 years. Today there are an estimated 14 million children in the world who have lost one or both parents due to AIDS, the vast majority of them (11 million) in Africa. These orphans are especially vulnerable to the epidemic, and to the resulting impoverishment and precariousness.

UNAIDS and WHO will publish new country-by-country estimates of HIV prevalence, mortality and orphans in a report to be released in July 2002 for the 14th International AIDS Conference, in Barcelona, Spain.

AIDS is changing the landscape of social and economic development. Without a massive expansion of the response to the epidemic, AIDS may lead to 'undevelopment' in many countries of the world.

SECTION III

CHANGING THE LANDSCAPE OF THE RESPONSE

This section of the Report provides an account of the various aspects of the UN response to the epidemic. Special emphasis is placed throughout on the importance of leadership in mobilizing a broad multisectoral response.

A. Translating political commitment into action

The overriding achievement in the response to AIDS over the past two years was the unleashing of powerful political and social forces determined to do much more in response to the epidemic. The most important lesson learned, and re-learned, as reflected in PCB recommendation PCB(9) 3:2(2), is that political engagement (a principal goal of the Programme) is the essential building block on which the response to the epidemic must be founded.

The past biennium has seen more vocal and sustained appeals to the political leadership coming from cultural and religious leaders, labour unions and the business community. AIDS activists from North and South have also had a major impact on raising awareness of AIDS. Such broad-based coalitions have contributed greatly to the steadily increasing number of countries in which presidents or prime ministers are supervising their national AIDS programmes, as well as to attention to the epidemic in international forums from the G8 to the Organization of African Unity and the World Economic Forum.

The United Nations General Assembly exercised its moral authority and leadership on AIDS by convening the UN General Assembly Special Session on HIV/AIDS (UNGASS) in New York in June 2001. UNGASS, organized with the full engagement of the UNAIDS Secretariat and its Cosponsors, was undoubtedly the most galvanizing global event on AIDS in the past biennium. (See section III.B below, The way forward: The UNGASS Declaration of Commitment and the Global Strategy Framework for HIV/AIDS.)

With its historic session on AIDS in Africa in January 2000, the UN Security Council for the first time placed a health and development issue on its agenda, spotlighting the threat that the epidemic poses to human security. Six months later, the Security Council turned its attention to strengthening the response to AIDS in UN peacekeeping operations, requesting (in Resolution 1308, 17 July 2000) training for all peacekeeping personnel in preventing the spread of HIV.

The impetus to promote HIV/AIDS as a priority within the United Nations and on international agendas has been led by the Secretary-General himself. In countries, UN Theme Groups on HIV/AIDS have been at the forefront of efforts to engage national and community leaders. A rapid assessment carried out in 2001 by the Inter-Agency Task Team on Country Level Response on HIV/AIDS confirmed that joint UN action can serve as an effective force for mobilizing national leadership and facilitating dialogue with a wider range of constituencies.

The executive heads of the UNAIDS Cosponsor organizations, and other UN agencies such as the Office of the UN High Commissioner for Human Rights, UNIFEM and the Office of the UN High Commissioner for Refugees, are frequently addressing HIV/AIDS. The UNAIDS Executive Director has created and seized numerous opportunities to impress upon

Heads of State and senior government officials the importance of their personal commitment and, in turn, the commitment of other leaders to respond to the epidemic.

That AIDS has moved to the forefront of the agendas of UN organizations and programmes is evidenced by the debates and resolutions of the United Nations System Chief Executives Board for Coordination, and the governing bodies of numerous UN agencies, the World Bank/IMF Development Committee, and the Regional Economic Commissions. At the Millennium Summit in September 2000, 43 Heads of State and government leaders spoke out about the impact of AIDS. This largest-ever gathering of world leaders led to agreement on a number of goals in its Millennium Declaration, including those of halting and beginning to reverse HIV/AIDS, and of encouraging the pharmaceutical industry to make essential medicines more widely available and affordable. The Secretary-General's report to the General Assembly this year on the implementation of the Millennium Declaration will focus on the treatment and prevention of HIV/AIDS.

Persistent advocacy by the UNAIDS Cosponsors and Secretariat, as recommended by PCB(9) 9:35(5), has also resulted in the inclusion of AIDS on the agendas of a wide range of broader development events. Examples include the declaration made at the World Summit for Social Development of July 2000, the Beijing +5 Declaration and Platform for Action of June 2000, and the Declaration on the TRIPS Agreement and Public Health at the Fourth Ministerial Conference of the World Trade Organization in Doha, of November 2001. AIDS has also assumed an increasingly prominent place in key institutions at the regional level, featuring centrally on the agendas of a large number of major regional political events. (For highlights of some of these events, see section III.D, Regional overview.)

The 13th International AIDS Conference, held in July 2000 in Durban, South Africa, marked a major turning point in raising awareness about the importance of HIV/AIDS care and treatment, and about the vastly greater resources needed to boost prevention and care interventions.

A critical challenge for UNAIDS in the coming biennium will be that of sustaining and building upon the extraordinary political commitment that has been achieved over the past two years, and converting this commitment into tangible resources for expanded HIV programmes, including those in Eastern Europe, Asia and Central America, where awareness and commitment to respond are not always commensurate with the rapid spread of the epidemic.

B. The way forward: The UN General Assembly Special Session on HIV/AIDS Declaration of Commitment and the Global Strategy Framework for HIV/AIDS

The Global Strategy Framework for HIV/AIDS, adopted by the PCB in December 2000, maps the essential elements of an effective global response to HIV/AIDS. It details the lessons learnt from two decades of tackling HIV/AIDS, and outlines a paradigm of risk, vulnerability and impact-reduction. At its core is a set of 12 leadership commitments. The Global Strategy Framework served as a road map for the UN General Assembly Special Session on HIV/AIDS (UNGASS).

UNGASS resulted in a Declaration of Commitment that provided, for the first time, a set of global priorities endorsed by all UN Member States. In setting out a framework for action, governments pledged to meet a series of specific goals and targets including, by 2005, a 25% reduction in the prevalence of HIV among young people, a 50% reduction in transmission of

HIV from mothers to their newborn children, greater access to medicines for people living with HIV, and increased care and support for children orphaned by AIDS.

The most important result of the Special Session may not be the targets *per se*. Rather, the key achievement already being realized was the boost in momentum within the international community and the upsurge in HIV/AIDS-related activities within countries to turn back the tide of the epidemic. The Declaration of Commitment also reinforced UNAIDS advocacy aims for engaging people living with HIV in all stages of policy and programme processes, for advancing gender equality as an essential part of the response, and for promoting greater understanding of the synergies between HIV prevention and access to care and treatment, consistent with PCB recommendation PCB(11) 1.3.

Without detracting from the far-reaching potential of the Special Session's Declaration of Commitment, the negotiating process leading up to the Declaration revealed the daunting challenges that remain in overcoming barriers to prevention for vulnerable groups and rooting out stigma and discrimination against those most at risk of HIV infection. These challenges are evidenced by the omission of references in the Declaration to vulnerable groups such as men who have sex with men, and sex workers.

Among the key lessons learned by UNAIDS during the past biennium, and in line with PCB recommendation PCB(11) 2:3, is the importance of ensuring accountability in the response to the epidemic. UNAIDS has developed a monitoring and evaluation framework specifically tailored to the UNGASS goals and targets. The framework, which contains a limited number of specific indicators for measuring progress, was finalized at a meeting of the UNAIDS Monitoring and Evaluation Reference Group in April 2002. The framework is being presented to the PCB at this meeting and, if endorsed, will be disseminated in countries through the UN Secretary-General and Resident Coordinator system, along with a practical guide on how to use it. A global summary of the first national reports on policies and strategies will be ready by June 2002 for presentation to the General Assembly in September 2002. Additional national reports covering other aspects of national responses for 20–40 countries will be prepared before the end of the year.

Preparations for UNGASS, as well as follow-up to the Declaration of Commitment, have required the allocation of substantial staff resources from the UNAIDS Cosponsors and Secretariat, diminishing the availability of such resources to address other important tasks.

C. Building comprehensive national responses

UNAIDS Cosponsors and the Secretariat, through UN Theme Groups on HIV/AIDS, have focused on assisting countries to respond to the epidemic in the following areas:

(i) Promoting multisectoral action

The past two years have witnessed a significant increase in multisectoral action through the establishment of national AIDS councils, a process supported by UNAIDS. In Africa, for example, there are now 19 such bodies, as compared to 6 at the beginning of the biennium; 3 have been created in Europe in the last two years. In Botswana, Mozambique and Nigeria, for example, national AIDS councils chaired by the Head of State or government have ensured the involvement of a wide range of government ministries, embraced networks of NGOs and religious communities, and engaged the private sector. In Europe, an example of concrete multisectoral action includes, in Ukraine, the development of a HIV/AIDS programme for

the nation's armed forces and, through the Ministry of the Interior, the expansion of HIV prevention in prisons. In Asia, the Philippines department of labour has incorporated HIV prevention training into its mandatory pre-departure course for all departing workers and seafarers.

AIDS has been included in major development instruments such as the UN Development Assistance Framework, poverty-reduction strategies, as well as in bilateral development assistance. An increasing number of donors have integrated HIV/AIDS into their overall development programming.

Major obstacles to be overcome in further broadening the response to HIV/AIDS include lack of concrete strategies for all relevant actors; lack of resources for AIDS-related programming outside the health sector; tension between national AIDS commissions, and particularly the health ministry with regard to programme implementation; and ensuring that sectoral initiatives translate into results at the local level. In sum, while a multisectoral response is now more widely acknowledged as central to an effective AIDS strategy, further investment is required to translate it into action.

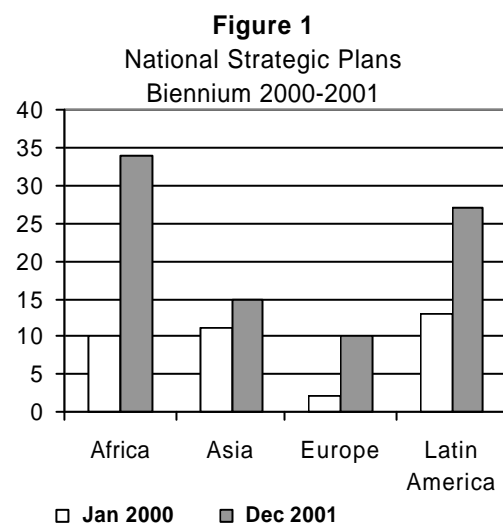
(ii) Supporting national planning and coordination mechanisms

Strategic planning has moved from concept to reality. As Figure 1 shows, the number of countries around the world with strategic plans nearly tripled during the biennium. By the end of 2001, 91 countries worldwide (including 90% of countries in which the Secretariat has a country programme adviser) had developed their national strategic plans for HIV/AIDS.

Plans by themselves, however, cannot prevent the transmission of HIV or improve the lives of people infected. The most important challenge for UNAIDS over the next two years is to assist countries in turning their strategic plans into large-scale programmes. A UNAIDS analysis undertaken in early 2002 revealed that, of the 91 countries that had developed national strategic plans, only 63 had been costed and only 39 contained monitoring and evaluation components. These results are guiding UNAIDS country work for the biennium.

(iii) Mobilizing resources for implementation

Moving from planning to implementation requires that countries allocate additional resources to the response, obtain and effectively utilize new funding, and ensure that monitoring systems are in place for demonstrating accountability. As the international resource environment changes and new funding becomes available (e.g. through the World Bank Multi-Country AIDS Program, the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral assistance and debt-relief processes), the role of UNAIDS is changing. Greater assistance will be required by countries in refining cost estimates of the expanded response and allocating adequate resources, instituting accountable disbursement mechanisms, developing stronger monitoring and evaluation capacities, and strengthening their management capabilities. The assistance already provided by UNAIDS to national planning and AIDS coordination mechanisms has allowed countries to leverage more



international support for their AIDS responses. For example, the World Bank Multi-Country AIDS Program (MAP) uses UNAIDS-supported planning efforts among its criteria for country eligibility. Similarly, during 2002, UNAIDS helped to mobilize UN system support to Country Coordination Mechanisms for accessing grants from the Global Fund.

(iv) Engaging civil society

A key challenge over the next biennium is to engage more closely with the increasing community and social movements around HIV/AIDS, in line with PCB recommendation PCB(11) 5.1(2). As governments come to consider themselves adequately mobilized, the persistence of strong social movements around AIDS will become increasingly vital. Therefore, UNAIDS is strengthening links with those organizations with long-term experience at the forefront of AIDS activism, as well as those that have traditionally been less engaged in AIDS, including development, youth and women's, and faith-based organizations in countries. For example, with support from the Secretariat, the Anglican Church has developed a plan of action on HIV/AIDS that is implemented in all Anglican dioceses in Africa. Collaboration between the Global Network of People Living with HIV/AIDS (GNP+) and the International Federation of Red Cross and Red Crescent Societies, facilitated by the Secretariat, has resulted in joint action between national Red Cross and Red Crescent societies and local organizations of people living with HIV/AIDS in countries such as Kenya, Mozambique and the Philippines.

(v) Adapting UN capacity to support countries in new ways

The UNAIDS Secretariat is evolving into a 'service-oriented hub', a broker of policy, technical assistance and strategic information that can support countries in their mobilization and management of resources. This entails establishing a closer substantive policy dialogue among UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria and other public-private partnership initiatives, civil society and technical resource networks. It also entails a re-orientation in the type of assistance traditionally provided by the UN system to countries, moving the UN system towards a more flexible service and results-oriented assistance, brokering new alliances among low- and middle-income countries, and exploring South-South cooperation to much greater advantage. The Horizontal Technical Cooperation Group, bringing together 20 Latin American and Caribbean countries, is one such example. Over the course of the 2002–2003 biennium, UNAIDS will enhance its capacity to serve countries more effectively, including by: providing assistance to countries to make full use of funding opportunities; supporting Theme Groups to achieve a coherent, effective UN response; collecting, analysing, and disseminating strategic information, including through a systematic Country Response Information System (CRIS); supporting the implementation of the UNGASS commitments through improved planning, advocacy and monitoring; and mobilizing technical resources.

D. Regional overview

(i) Sub-Saharan Africa

Sub-Saharan Africa continues to be the region where the impact of AIDS most threatens the stability of whole societies. It is also the region where some of the most notable gains in the response to the epidemic have been made.

Persistent advocacy by the UNAIDS Cosponsors and Secretariat, consistent with PCB Recommendation PCB(9) 3:2(2), have also contributed to greater engagement within the region. More African Heads of State participated in the UN General Assembly Special Session on HIV/AIDS than from any other region. The African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, convened in April 2001 by the OAU in Abuja, Nigeria, brought an intensification of political commitment at the highest levels of government. Earlier in the biennium, the Africa Development Forum 2000 was entirely devoted to HIV/AIDS. The New Partnership for Africa's Development (NEPAD), Africa's own initiative to address the future development agenda of the continent, directly addresses HIV/AIDS as a priority. In order to ensure that decisions and declarations on HIV/AIDS are actively followed up, President Obasanjo of Nigeria, in concert with other African leaders, has set up AIDS Watch Africa (AWA) (a group of Heads of State) and the African Centre for HIV/AIDS Management (ACHAM) to monitor the implementation of the Abuja Declaration. Africa's First Ladies are fully engaged.

UNAIDS has provided support in sub-Saharan Africa for greater involvement of nongovernmental organizations, in particular people living with HIV/AIDS, who are now participating regularly in expanded UN Theme Groups on HIV/AIDS (e.g., Côte d'Ivoire) and in national AIDS commissions (e.g., Burkina Faso, Ghana and Nigeria). During the past biennium, religious leaders throughout the continent have also taken on prominent roles in the AIDS response, from Senegal to Botswana and South Africa.

At the beginning of 2000, only 14 national strategic plans had been finalized. By December 2001, some 40 African countries had developed national strategic plans. In countries such as Burundi, Ghana, Kenya and Namibia, HIV/AIDS has been mainstreamed into national development plans. Strategic plans have enabled a number of countries to organize resource mobilization round tables, such as in Burkina Faso, Malawi and Mozambique, although donor pledges have not fully materialized. The past biennium has also seen more governments allocating more funds for HIV/AIDS activities.

During the past two years, all UNAIDS Cosponsors have significantly increased their resources to support the response to HIV/AIDS in Africa. The World Bank's Multi-Country HIV/AIDS Program (MAP) for Africa, which was launched with an initial amount of US\$500 million, was boosted by an additional allocation of US\$500 million, of which US\$100 million may be in the form of grants for inter-country projects. UNDP has expanded its assistance for the formulation of national HIV/AIDS strategies, building implementation capacity, and promoting decentralization. UNFPA, UNICEF and UNESCO focused on HIV prevention among young people. Substantial support from UNICEF has resulted in significant expansion of programmes for the prevention of mother-to-child HIV transmission. UNICEF has provided resources to expand and improve the quality of orphan care. WHO has expanded its work in strengthening health systems, affordability and access to drugs for HIV/AIDS. ILO's Code of Conduct for HIV/AIDS in the Workplace has provided practical guidance to governments, employers and workers for developing workplace programmes on

HIV. During the past year, UNDCP has promoted a continent-wide approach to HIV/AIDS and prevention of drug abuse. The Office of the UN High Commissioner for Refugees, the Office of the UN High Commissioner for Human Rights, the World Food Programme (WFP) and the Food and Agriculture Organization (FAO) are now actively engaged in supporting the response in African countries.

UNAIDS initiatives at the global level have also facilitated concrete advances in countries. In the priority area of preventing mother-to-child transmission, for example, the WHO consultation on the use of antiretroviral regimens for prevention of mother-to-child transmission (MTCT), convened in October 2000 with support from UNICEF, UNFPA and the UNAIDS Secretariat, contributed directly to the development of MTCT prevention programmes. The vast majority of the UNAIDS Secretariat and WHO technical assistance through the Accelerating Access endeavour has been applied in sub-Saharan Africa. At the end of the past biennium, 24 countries had developed national plans for HIV/AIDS care and treatment, most with UNAIDS support. Twelve countries had reached agreement on reduced drug prices in the context of these national plans. Despite this progress, only some 30 000 people living with HIV in Africa were estimated to be on antiretroviral treatment at the end of 2001.

Expanding the response to HIV/AIDS to a scale commensurate with the magnitude of the epidemic in Africa remains a daunting challenge. Political, institutional and management constraints stand in the way of national and local action. Coordinating structures remain generally weak. Capacity at district and community level similarly needs strengthening. In almost all countries, lack of adequate financing to deal with the crisis remains an overarching constraint.

(ii) Asia and the Pacific

Political commitment has been slow to develop in some countries in the region. In Bangladesh, China, Mongolia, Nepal, Thailand and Viet Nam, however, government commitment has been evidenced by the engagement of the heads or deputy heads of government as chair of the national AIDS committee. Government commitment has also been demonstrated in China and Pakistan through increased allocations for HIV/AIDS in the national budgets, and in India through the elaboration of a national AIDS policy.

Major regional events provided forums for AIDS advocacy, leading to stronger high-level support from the Association of Southeast Asian Nations (ASEAN) Summit in November 2001, the UN Economic and Social Commission for Asia and the Pacific (ESCAP), 57th Session in April 2001, and through the Regional Ministerial Meeting on HIV/AIDS and Development (organized by the Australian Ministry of Foreign Affairs) in October 2001. For example, following the commitments at UNGASS and the ASEAN Summit, and national planning supported by the UN Theme Group on HIV/AIDS, the Indonesian Cabinet in March 2002 announced the launch of a major national movement to combat AIDS.

Civil society leadership was demonstrated by the Coalition of Asia-Pacific Regional Networks on HIV/AIDS (the 'Seven Sisters', which is composed of organizations representing or working with people living with HIV, sex workers, drug users, mobile populations, men who have sex with men, and HIV/AIDS service providers engaged in HIV prevention, control and care), and the Asian Business Coalition.

With the region's general condition of low prevalence and high vulnerability, the emphasis of programmes in Asia and the Pacific was on prevention. Mass prevention efforts in Cambodia

and Thailand have achieved impressive results in reducing HIV transmission. Elsewhere in South-East Asia, strong prevention efforts and broad social mobilization have contributed to low prevalence in Laos and the Philippines. The states of Tamil Nadu and Manipur in India have reported reductions in risky behaviour through the states' comprehensive prevention programmes.

The First China AIDS/STD Conference, held on 13–16 November 2001, marked an important step in the government's efforts to address the country's growing HIV/AIDS epidemics. Signalling an increasing recognition of the importance of multisectoral involvement, officials from seven ministries and other official bodies all joined the Minister of Health and the UNAIDS Executive Director in opening the conference, which was followed by a major awareness-raising campaign.

In India, which harbours 10% of the world's people living with HIV, high-level political leadership has facilitated considerable progress in national prevention efforts. Innovative approaches have been implemented by the National AIDS Control Organisation (NACO) for decentralizing HIV responses to State and municipal levels through State AIDS control societies working with over 600 NGOs nationally. The Family Health Awareness Campaigns, which target both urban and rural populations for education and intervention for sexually transmitted infections and HIV, have reached over 25 million people. Additionally, the national programme for prevention of mother-to-child HIV transmission is poised to become one of the largest such interventions in the world, reaching an estimated 4 million pregnant women by the end of 2002.

With the steady increase in HIV prevalence in the Pacific, the Prime Minister of Papua New Guinea has spoken out to call attention to HIV/AIDS, and the government has established a national AIDS council. In Fiji, a wide array of religious organizations has formed a group to support pastoral care and HIV/AIDS education.

During 2000–2001, consistent with PCB Recommendations PCB(9)3:2(5) and PCB(10)1.3 v, UNAIDS support focused on strengthening the performance of UN country teams in the region and fostering increased multisectoral engagement. In the Pacific, the three UN Theme Groups on HIV/AIDS—in Fiji, Papua New Guinea and Samoa—have mobilized significant resources from UN members. In Myanmar, a complex environment and a country on the brink of one of the most serious epidemics in the region, UNDP, UNICEF, UNDCP, WHO and the Secretariat have collaborated to develop a joint plan of action with flexible funding options to attract new resources. In China, UNAIDS Programme Acceleration Funds (PAF) have helped to leverage additional resources from the Canadian International Development Agency to expand activities. The UK Department for International Development (DFID) has supported UNAIDS activities in South Asia. Following the enactment of a comprehensive AIDS law in the Philippines, UNFPA, UNDP and ILO have supported implementation of the law through their respective programmes on reproductive health, good governance and the workplace, catalysing further investment by government and private enterprises. The UN system in Nepal, together with national agencies and other partners, has established the Nepal Initiative on HIV/AIDS, generating some US\$5 million to help implement the national strategy.

As elsewhere, going to scale is today's main challenge.

(iii) Middle East and North Africa

With prevalence rates in most countries still at low levels, the AIDS epidemic in the region has been met with relatively little attention and, in some cases, the kind of denial that characterized early reactions to the epidemic. In the previous biennium, however, increases in HIV infections were observed among vulnerable populations.

In virtually all countries in the region, efforts to stimulate political commitment and to increase capacities to respond to HIV/AIDS lag behind. In most countries, the response to HIV/AIDS has been limited to the health sector. Thus, an overarching strategic objective of UNAIDS for the 2002–2003 biennium for the region is to promote the engagement of key ministries in the context of a more comprehensive multisectoral approach.

The first consultation of UNAIDS Cosponsors and the Secretariat in the region was held in Beirut, Lebanon in April 2002 and resulted in enhanced coordination of activities within the framework of the UNAIDS Unified Budget and Workplan. The WHO Eastern Mediterranean Regional Office has developed a strategic plan for supporting national responses over the next three years. In 2001, the World Bank, in collaboration with WHO and the Secretariat, conducted a comprehensive review of the epidemic and the response in the Middle East and North Africa. The results of this analysis will be presented at a regional conference for national decision-makers in the health and financial sectors in June 2002 and will assist the World Bank in determining how to reinforce its support to countries in the region.

(iv) Latin America and the Caribbean

In the Caribbean, with high HIV prevalence threatening to reverse development gains, the political leadership of the subregion has become directly engaged in intensifying the response in the past two years. In February 2001, the Prime Ministers of Barbados and St Kitts & Nevis launched, in Barbados, the Pan-Caribbean Partnership against HIV/AIDS (PCAP). The Partnership operates under the umbrella of the Caribbean Community Secretariat (CARICOM), with the participation of Caribbean governments, bilateral donors, the Caribbean Network of People Living with HIV/AIDS, the Caribbean Development Bank, and UNAIDS Cosponsors, with substantial support from the UNAIDS Secretariat.

The Partnership has generated an unprecedented level of political mobilization. In July 2001, in the Bahamas, Caribbean leaders were the first to incorporate the goals and targets of the UNGASS Declaration of Commitment into their regional priorities. In June 2001, the World Bank approved a US\$155 million HIV/AIDS-prevention-and-control lending programme for the Caribbean under its Multi-Country AIDS Program. The first loans have been confirmed for Barbados, the Dominican Republic and Jamaica. Importantly, Barbados was the first country for which the World Bank agreed to finance procurement of antiretroviral medicines. Results have also been achieved in key programming areas, including institutional capacity-building through a large project financed by the European Commission and hosted by CARICOM.

In Central America, with support from UNAIDS, all countries have finalized their national strategic plans and are moving towards implementation. As part of this move, again with UNAIDS' support, all Central American countries have undertaken cost analyses and surveys of their national expenditures to identify financing gaps in their responses to HIV/AIDS. Central American countries have continued to work together on issues such as the protection of mobile populations. UN Theme Groups on HIV/AIDS, in collaboration with various

actors, have developed a 'Central America and Mexico Initiative for the Intensification of Activities on Strategic Priority Areas in the HIV/AIDS Epidemic'. The UN Foundation has recently approved US\$2 million for this initiative, which complements funds already available from other donors such as the United States Agency for International Development (USAID), the Ford Foundation, the Mexican Council on Science and Technology, and the International Organization for Migration. A related UNICEF-led multicountry initiative on HIV/AIDS for eight Central American and Caribbean countries has been elaborated.

Important progress has also been realized in the Southern Cone, particularly in engaging the MERCOSUR economic grouping in the response to AIDS. Several countries have developed national business councils and an innovative regional MERCOSUR Business Council on HIV/AIDS was recently established.

During the past biennium, UNAIDS Cosponsors and the Secretariat have continued to provide support for the strengthening of regional technical networks in key programming areas. Regional technical networks have focused on:

- South-South cooperation among governments through the Horizontal Technical Cooperation Group, which has been broadened to include collaboration with associations of people living with HIV/AIDS and other NGO networks, including in the area of human rights;
- prevention of HIV infection among injecting drug users, involving Argentina, Chile, Paraguay and Uruguay, drawing upon a regional harm-reduction technical network supported by Spain and UNDCP, and resulting in programme implementation in Argentina and the introduction of policy and programming changes in all participating countries; and
- horizontal networks for epidemiology (led by the UNAIDS Secretariat and WHO/PAHO), communications (led by UNICEF), strategic planning and management (led by the National Institute on Public Health and SIDAALAC in Mexico, respectively), and HIV and men who have sex with men (led through the Asociación para la Salud Integral y Ciudadanía en América Latina), which has resulted in the inclusion of issues affecting men who have sex with men in the national strategic plans of 16 countries.

In a number of countries, including Argentina, Brazil, Colombia, Costa Rica, Panama and Venezuela, the highest levels of the executive and judicial branches of government have pronounced themselves in support of universal access to HIV medicines, in some cases as a human or constitutional right. While maintaining its successful prevention programmes, Brazil has continued to fulfil its commitment to provide universal access for its people living with HIV; some 100 000 Brazilians are now accessing antiretrovirals, and the number of AIDS deaths has fallen by 60% since 1997. Similarly, planning for universal access to HIV medicines has been a core element of the national effort in Barbados, which is being led by the Prime Minister. Through the Accelerating Access Initiative, WHO and the UNAIDS Secretariat supported successful negotiations with the pharmaceutical companies, which have led to price reductions on antiretroviral medicines in Chile, Jamaica, Honduras and Trinidad & Tobago. The first phase of regional discussions with the pharmaceutical companies was completed in Jamaica in February 2002, but prices remain an obstacle to universal access to antiretroviral therapy in most Caribbean nations.

(v) Eastern and Central Europe and Central Asia

Experiencing one of the fastest-growing epidemics in the history of AIDS, the countries of Eastern and Central Europe and Central Asia have moved during the biennium from a stage of denial and complacency towards greater awareness and commitment. It was Ukraine that put forward the proposal to convene the UN General Assembly Special Session on HIV/AIDS, and its President declared 2002 as the year of the fight against HIV/AIDS. The President of Romania identified AIDS as the top public health priority. High-level multisectoral AIDS committees are now in place in Belarus, Romania and Ukraine. At the Eurasia Economic Summit in April 2002 in Almaty, Kazakhstan, attended by more than 400 business, media and political leaders, the close link between HIV, injecting drug use and the oil industry was highlighted to demonstrate the impact of the epidemic in the region. Poland has demonstrated that a strong national response can have an impact on HIV transmission among injecting drug users and highly vulnerable groups. In Ukraine, the third national conference on people living with HIV, held in Kiev, was an encouraging sign of emerging civil society action in the region. In general, however, collaboration between government and civil society is still tenuous in the region.

UNAIDS Cosponsors have significantly intensified their efforts to address the upwardly-spiralling epidemic in the region. Priorities for concerted action were agreed at a regional strategy meeting in December 2000, hosted in Copenhagen by WHO, and further reinforced by the regional directors of UNAIDS Cosponsors at their meeting in Moscow in March 2002. The UNICEF Regional Office for Central and Eastern Europe, the Commonwealth of Independent States (CIS) and the Baltics has systematically addressed HIV/AIDS as a priority in all major programming and staff development activities in the region. With UNFPA and WHO, it actively supports HIV prevention among young people. UNDCP and the Secretariat jointly disseminated a booklet on lessons learned in HIV prevention among injecting drug users, based on experiences in the region. With the engagement of its tripartite constituency, ILO raised HIV/AIDS high on the agendas of employers' associations, trade unions and ministries of labour throughout the CIS. The UK Department for International Development (DFID) has provided financial and technical assistance for mobilization of partners through the UNAIDS task force for HIV prevention among injecting drug users in Eastern Europe. With much of the UN system presence in the region relatively recent and with UN resources very limited, a major priority for the coming biennium will be to strengthen the capacity of UNAIDS Cosponsors to support other partners.

The UNAIDS Secretariat also initiated close collaboration with the Executive Council of the CIS for regional follow-up of the UN General Assembly Special Session on HIV/AIDS. This has led to the development of a Programme of Urgent Response of CIS Member States to the HIV/AIDS Epidemic, which will be submitted for final endorsement to the forthcoming CIS Summit of Heads of Government in Moldova, in May 2002.

The Central Asian Initiative on HIV/AIDS brought together in May 2001 high-level government leaders, civil society organizations, the UN and international donors to address the rapidly emerging epidemics in the subregion. In Kazakhstan, for example, the presidential office has assumed a key role in leading a strategic and multisectoral national response. In Kyrgyzstan, the UN Theme Group on HIV/AIDS is mobilizing financial support for implementation of the national strategic plan. The countries in the region are intensifying their exchange of experience and skills through the establishment of networks in areas such as HIV prevention among injecting drug users, sex workers and young people.

There has been increasing involvement from the international donor community in the region during the last biennium, reaching a total of US\$33.7 million as of December 2001. Allocation of US\$2.4 million through the UNAIDS Programme Acceleration Funds (PAF) leveraged additional funds from other donors. Several governments in the region, including Romania, the Russian Federation and Ukraine, have also substantially increased their own budget allocation for the national response to HIV/AIDS.

None the less, a major disparity remains between currently available resources and the escalating needs. So far, the coverage of the programmes has been too limited to achieve a significant impact on the epidemic. The Caucasian and Central Asian republics, now experiencing rapidly emerging epidemics, receive little international assistance. Important programming gaps include access to condoms and responding to the increasing needs for access to care for the 1 million people now living with HIV/AIDS in the region.

(vi) Regional partnerships

(a) The International Partnership against AIDS in Africa

The International Partnership against AIDS in Africa (IPAA) exemplifies the impact that can be achieved through the establishment of broad-based coalitions. With African governments and the major regional institutions such as the Organization of African Unity (OAU) (in transition to the Africa Union) and the UN Economic Commission for Africa (ECA) in the lead, the partnership includes bilateral donors, the private and community sectors, as well as UNAIDS and the broader UN system.

During the past two years, the IPAA has made significant gains as: (i) a framework for building partnerships between government, civil society and the private sector throughout Africa (e.g., the expanded Theme Groups in Ethiopia, Ghana and Zambia, and partnership forums in Botswana, Burkina Faso, Kenya, Malawi, Nigeria, South Africa and the United Republic of Tanzania); (ii) a stimulus for action by regional institutions (e.g., the OAU and the ECA); and (iii) a starting point for improved monitoring and evaluation (e.g., as part of the Partnership, the Africa Union, ECA, WHO and the UNAIDS Secretariat will jointly monitor and report progress).

(b) The Pan-Caribbean Partnership on HIV/AIDS

The platform for action of the Pan-Caribbean Partnership against HIV/AIDS (PCAP) (see section III.D.iv, Latin America and the Caribbean) is spelled out in the Caribbean Regional Strategic Plan for HIV/AIDS, which has been endorsed by heads of government and national AIDS programmes. Since its inception a year ago, the Pan-Caribbean Partnership has generated an unprecedented level of political mobilization, broadened the involvement of key stakeholders and increased the financial resources available to the region. Results have also been achieved in key programming areas, including institutional capacity-building and the development of a regional strategy to expand access to care and treatment.

(c) Indian Ocean Partnership against AIDS

Building on the International Partnership against AIDS in Africa, the Indian Ocean Partnership against AIDS brings together the island nations of Comoros, Madagascar, Mauritius, Seychelles, and the French overseas territory La Réunion. Initiated in early 2002 and centred around the Indian Ocean Commission, the partners have agreed to mobilize resources jointly, advocate the achievement of the UNGASS Declaration of Commitment

goals, integrate AIDS programmes into national development instruments, and reinforce the capacities of NGOs.

E. Mobilizing national and international resources

In line with PCB Recommendation PCB(9)3:4, mobilization of financial resources for expanding the response to HIV/AIDS was a major priority for UNAIDS during the past biennium.

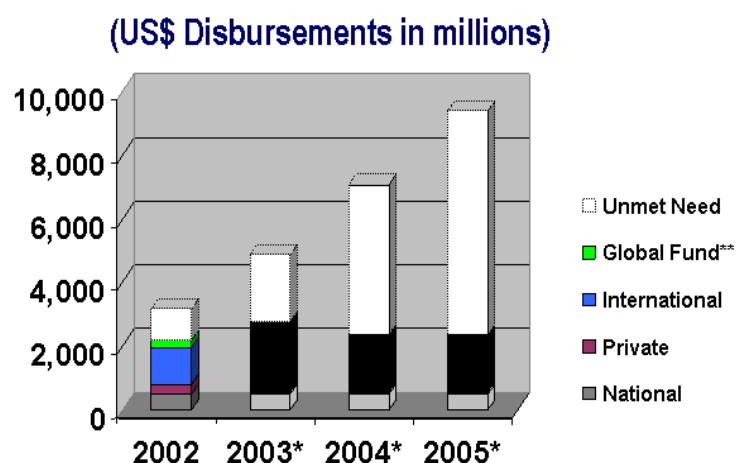
(i) Resource requirements

Based on UNAIDS estimates, UN Member States have agreed in the UNGASS Declaration of Commitment that US\$7–10 billion in financial resources are needed annually in low- and middle-income countries for HIV/AIDS prevention, care, treatment and support, and mitigation of the impact of the epidemic. A detailed analysis of the total estimated spending needs for an effective response was undertaken by a group convened by UNAIDS and published in 2001¹. About half of the estimated resource needs are for prevention and about half for care and support for people living with HIV/AIDS. Approximately half of the total resource needs are required for countries in sub-Saharan Africa.

At least one-third of the resources required are anticipated to come from the governments of affected countries. The remaining two-thirds should be invested by international donors, nongovernmental organizations and the private sector. While the international community is likely to increase its spending on HIV/AIDS to over US\$2 billion in 2002, the ratio of unmet needs to resource commitments for the following 3–5 years may widen significantly if current budget levels are maintained. Figure 2 summarizes the 2002–2005 situation.

Figure 2

Projected HIV/AIDS Resource Availability vs. Programming Capacity, 2002 - 2005



* Absent changes from 2002 budget levels.

** Global Fund to Fight AIDS, Tuberculosis and Malaria

At the end of 2001, an assessment undertaken by UNAIDS of 114 low- and middle-income countries to ascertain their readiness to utilize new financial resources, revealed that the

¹ B. Schwartländer et al., Resource Needs for HIV/AIDS, *Science* 2001: 2434-2436.

majority of countries do have the capacity to programme substantially increased levels of AIDS funding.

(ii) Financial resources in countries

The portion of required funding that could come from domestic sources varies by region. At the OAU Summit in Abuja in April 2001, African governments pledged to strengthen their response to AIDS and other diseases by allocating at least 15% of their national spending to health, including a significant allocation to HIV/AIDS. Countries such as Botswana, Kenya, Nigeria, Rwanda and South Africa have recently announced major increases in budgetary allocations for HIV/AIDS.

An important source of additional domestic funding lies in the integration of AIDS programmes into broader development and poverty-reduction instruments, debt-relief agreements, and public-sector-expenditure frameworks. UNAIDS has been working to assist these efforts—for example, by strengthening its technical assistance capacity to support mainstreaming AIDS into development instruments in the UNAIDS Inter-country Teams in Abidjan and Pretoria.

With support from the UNAIDS Cosponsors most directly concerned (the World Bank and UNDP), along with the UNAIDS Secretariat, 14 countries in Africa have integrated HIV/AIDS into the Poverty Reduction Strategy Papers and HIPC agreements. Of the 23 countries that have concluded HIPC agreements and are benefiting from over US\$33 billion in debt relief, UNAIDS has assisted about half (specifically those most hard-hit by AIDS) in including HIV/AIDS in their debt-relief agreements. By way of example, Mozambique allocated US\$2.5 million annually from debt relief to its HIV/AIDS programmes, Malawi US\$2 million for its fiscal year 2002, Burkina Faso some US\$6 million for 2001–2005, Cameroon US\$9 million for its three-year plan, and Mali US\$1.4 million for its current fiscal year. In Latin America, Bolivia, Honduras and Nicaragua have negotiated debt-relief agreements whereby HIV/AIDS is mainstreamed. The UNAIDS Secretariat and UNFPA are continuing their joint efforts to gather financial data on HIV/AIDS programme financing from affected countries.

(iii) Development banks

The World Bank's Multi-Country HIV/AIDS Programme (MAP) represents a 12–15-year commitment to HIV/AIDS prevention, care and treatment. (See section D.i and iv, Regional overview, Sub-Saharan Africa, and Latin America and the Caribbean.) The MAP also supports subregional and cross-border initiatives, such as those targeting major transport routes like the Abidjan–Lagos Corridor.

The regional development banks for Africa, Asia, Europe and the Americas are critical potential players in financing HIV/AIDS programming. As of December 2001, however, regional development bank grants approved or in the pipeline totalled only in the tens of millions of US dollars. Nevertheless, the engagement of the African Development Bank, Asian Development Bank and Inter-American Development Bank increased during the biennium.

(iv) Bilateral donors

Over the biennium, virtually all bilateral donors have significantly increased their bilateral investments on AIDS in country, regional and global programmes. The G8 countries and other donors provided crucial support to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and bilateral donors account for more than 90% of the financing so far pledged to the Fund.

In the past two years, many donors will have at least doubled their bilateral international HIV/AIDS financing. In this period most bilateral AIDS funding has been directed towards health-sector activities, although a number of donors have indicated their intention to invest more broadly in multisectoral initiatives. Most, however, have some way to go to integrate HIV/AIDS systematically into their overall development programming—an area in which UNAIDS has a strong interest in working with donors.

(v) Global Fund to Fight AIDS, Tuberculosis and Malaria

The establishment in January 2002 of the Global Fund to Fight AIDS, Tuberculosis and Malaria was made possible by the concerted action of a wide range of stakeholders, including bilateral donors, the UN system, civil society and the private sector. The G8 had placed HIV/AIDS and other major diseases high on its agenda at its meetings in Okinawa and Genoa in 2000 and 2001, respectively. When Secretary-General Kofi Annan called for a global fund for AIDS in April 2001 at the OAU Summit in Abuja, the UN system was poised to provide extensive political, organizational and technical support. The establishment of this new fund in only nine months was an important achievement of the biennium.

Since early 2001, a total of almost US\$2 billion has been pledged to the Global Fund. The Global Fund will provide significant additional funds for national HIV/AIDS efforts worldwide this year, representing an important step toward addressing the global funding gap. At its Board meeting in April 2002, the Fund approved a total of US\$616 million in grants (for all three diseases) for two years for programmes in more than 30 countries. More than 90% of the US\$2 billion pledged, however, comes from a few major donor governments, and the intention that these commitments would catalyse significant corporate and foundation investments has not yet been realized, with the exception of the Bill and Melinda Gates Foundation. Supporting countries to access the Fund, implement programmes and monitor performance has become an important part of UNAIDS' work.

(vi) Foundations and philanthropic entities

The Bill and Melinda Gates Foundation transformed HIV/AIDS corporate philanthropy by making significant investments in, *inter alia*, HIV vaccine development (including through the International AIDS Vaccine Alliance), HIV prevention among young people in four African countries through a major grant to UNFPA, country-based prevention and treatment programme in Botswana and Nigeria, and microbicide development with the Population Council. More than US\$20 million in UN Foundation (UNF) support was leveraged through UN Theme Groups on HIV/AIDS for projects at country level. In response to the Secretary-General's Call to Action, foundations led by the Rockefeller Foundation have launched the MTCT-plus initiative (see section V.A.ii, 'Prevention of mother-to-child transmission'). At a meeting of foundations hosted by the Gates Foundation in 2000, the foundations agreed to the goal of allocating at least 5% of their overall funding to HIV/AIDS-related activities.

(vii) Resources from the Unified Budget and Workplan

The PCB approved a core budget of US\$140 million for the 2000–2001 biennium. Contributions totalled US\$152 million, making it the first time that donor funding alone has matched the biennium target. Out of this amount, US\$140.6 million came from donors and US\$11.1 million from the Cosponsors and miscellaneous sources. Much of this success was due to significant increases in 2001 from Belgium, Finland, the Netherlands, Norway and Switzerland, amounting to some US\$13 million more than that received in 2000.

Total expenditure incurred against the 2000–2001 Unified Budget and Workplan amounted to US\$139.9 million, representing a financial implementation rate of nearly 100%. This reflects an increase in the Programme's absorption capacity. The volume of activities implemented by the Programme during the period 2000–2001 was such that the entirety of funds made available during the biennium, as well as a substantial portion of the 1999 fund balances, were used.

The financial situation at the beginning of the new biennium 2002–2003 is considered sound, with an opening fund balance at 1 January 2002 of US\$21.4 million and an operating reserve fund replenished in full. However, raising US\$190 million for the 2002–2003 biennium in core funding (US\$378 million total) will be a significant challenge.

SECTION IV

EXPANDING THE UN SYSTEM RESPONSE

During the biennium, the UN system response has been greatly enhanced at all levels by the commitment of the Secretary-General and the Executive Heads of the UNAIDS Cosponsors to make HIV/AIDS a priority throughout the UN system.

A. Strengthening cosponsorship

During the current biennium, a substantial return on the investments of previous biennia has been realized. The HIV/AIDS-related efforts within the Cosponsors are working effectively towards a common purpose across institutional lines.

For example, the Committee of Cosponsoring Organizations (CCO) succeeded during the past biennium in achieving, among other priorities, the following:

- implementation of the first Unified Workplan and Budget (UBW) in the UN system, encompassing the HIV/AIDS-related efforts at global and regional level of eight organizations;
 - negotiation of a more coherent and strategic UBW for the current biennium;
 - mobilization of their respective constituencies in a broad global consultation process resulting in the Global Strategy Framework on HIV/AIDS;
 - significantly increased programme support to Africa as part of the International Partnership against HIV/AIDS in Africa; and
 - closely coordinated efforts in support of the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria.
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During this biennium, the seven UNAIDS Cosponsors were joined by ILO. The Cosponsors have reinforced the importance of the response to AIDS within their overall work, with UNICEF placing AIDS as one of its few top priorities in its medium-term plan, and UNDP making clear that the response to AIDS is one of its six corporate priorities.

Cosponsors have increased the number of staff working on HIV/AIDS for 2002–2003, with particular emphasis at the regional and country level. During this biennium, WHO established a Department of HIV/AIDS with some 50 staff members. The World Bank established its Act Africa Team in 2000 and has recently appointed a Global Coordinator for HIV/AIDS. UNICEF established a director-led team on HIV/AIDS, and UNESCO has substantially intensified its efforts, with the International Institute of Education now leading its agency-wide initiatives. UNFPA has completed its agency-wide strategy process. UNDP continued to build on its earlier investments of strengthening the AIDS-related work of the UN system through the Resident Coordinator system. ILO developed a dedicated team under the heading of the ILO Programme on HIV/AIDS and the World of Work.

(i) Implementing the Unified Budget and Workplan

The Unified Budget and Workplan (UBW) constitutes the main organizing tool at global and regional levels for the UNAIDS Secretariat and Cosponsors.

Through the UBW process, further clarification of the priorities and roles of the Cosponsors and the Secretariat has been achieved, and a number of improvements over the previous UNAIDS budget and workplan have been realized in the UBW for 2002–2003. For example, in addition to including all the global and regional HIV/AIDS-related activities of the Cosponsors and the Secretariat, the UBW 2002–2003 now includes Cosponsor estimates of their AIDS expenditures from regular budgets and general resources. In addition to core and supplemental budgetary allocations for the Cosponsors, a supplemental budgetary allocation is now included for other UN agencies that are not Cosponsors. The UBW for the 2002–2003 biennium demonstrates a doubling of activities financed through core resources, and increased support to the UN system at country level through the recruitment of 10 additional UNAIDS country programme advisers.

In accordance with requests of the PCB that the UBW be results-oriented, detailed workplans with clear indicators and milestones for monitoring progress have been developed, and budget outputs have been harmonized between agencies and within regions through a series of regional reviews and a work-planning retreat of the Cosponsors and Secretariat. Efforts to improve estimates of Cosponsor and UN system resources available for HIV/AIDS-related activities have also been intensified.

(ii) Partner Programme Reviews

Partner Programme Reviews were initiated in late 1999 and have since been conducted between the UNAIDS Secretariat and UNDCP, UNFPA, UNICEF, the World Bank, UNDP, UNESCO and the Bill and Melinda Gates Foundation. Through these reviews, individual institutional strategies on HIV/AIDS have been developed or strengthened. For most agencies, the Partner Programme Reviews have served as a platform for elaborating and harmonizing agency strategies within the context of the UN System Strategic Plan.

(iii) UN Theme Groups on HIV/AIDS

UN Theme Groups on HIV/AIDS are at the core of UNAIDS' efforts at country level. Many Theme Groups have demonstrated relevance in countries by ensuring good coordination, joint advocacy and support to national programmes, and by encouraging the various UN agencies to address HIV/AIDS issues in their own programmes. Globally, the UNAIDS Secretariat provides support services to 130 Theme Groups.

Over 90% of the UN Resident Coordinator reports for 2000–2001 described the Theme Group on HIV/AIDS as one of the more productive, or the most productive of all, UN-convened Theme Groups. A key strategy for enhancing the functioning of Theme Groups is the development of integrated UN system plans on HIV/AIDS to provide a platform for UN coordination and identify ways in which the UN system will support the nationally-defined priorities for AIDS. While the quality and scope of the plans vary, the joint planning process has been seen as an effective way of enhancing operations and accountability of individual agencies. To date, 73 UN Theme Groups have agreed to an integrated workplan (compared with just 16 in 1999). However, many remain a compilation of the individual agencies' activities rather than the outcome of a joint planning process.

Most countries now report that Theme Groups have been expanded to embrace key national partners, including representatives of people living with HIV/AIDS and other members of civil society. At the close of 2001, of the 50 UN country teams that had completed the UN Development Assistance Framework, 70% had included HIV/AIDS as a key element or a cross-cutting theme.

Over the next biennium, UNAIDS will continue to address the significant remaining challenges (such as ensuring better accountability and clearer definition of roles of the different players) that still confront many Theme Groups and have an impact on their effectiveness.

(iv) Convening Agencies and Interagency Task Teams

To further extend the policy leadership and coordinating responsibilities beyond the UNAIDS Secretariat, the Committee of Cosponsoring Organizations (CCO) adopted in October 2001 the concept of a 'convening agency' for specific thematic areas within the expanded response. A convening agency will serve as a system-wide resource for the UN in areas where it has normative or programmatic competence. With support from the UNAIDS Secretariat, it will ensure that policy advice and strategic guidance are adequately provided to, and on behalf of, the UN system.

In some cases, a convening agency has requested that the CCO formally establish an Interagency Task Team to help it provide policy and programmatic guidance. Task Teams have been established for the following areas of work: injecting drug use (UNDCP); education (UNESCO); young people and HIV/AIDS (UNFPA); condom programming for prevention of HIV infection (UNFPA); gender and HIV/AIDS (UNFPA/UNIFEM); HIV/AIDS care and support (WHO); and prevention of HIV transmission to pregnant women, mothers and children (WHO).

B. Engagement of other UN agencies

The UN System Strategic Plan for HIV/AIDS 2001–2005 was adopted by the PCB in May 2001 and is the principal organizing tool for 29 UN system entities in their response to the epidemic.

The UN Food and Agriculture Organization, the World Food Programme and the International Fund for Agricultural Development in 2001 harmonized policies on the impact of HIV/AIDS on food security and rural poverty, with the aim of developing a common framework for the agricultural sector. The Office of the UN High Commissioner for Human Rights has brought greater attention to the need to protect HIV-related human rights, including through activities at the Commission on Human Rights. The Office of the UN High Commissioner for Refugees, in concert with the humanitarian unit of the Secretariat, has established regional HIV initiatives in Guinea, Liberia and Sierra Leone. A key intergovernmental organization, the World Trade Organization, has addressed AIDS and access to medicines at the level of its ministerial conference and its TRIPS Council. The Chief Executives Board of the UN, chaired by the Secretary-General, has been used to further strengthen the UN system response. Coordination and information sharing within the UN system was facilitated through the work of the Inter-Agency Advisory Group on HIV/AIDS, composed of 42 UN and related organizations, programmes and groups.

The five-year evaluation, the development of the next UBW and an assessment of the UN System Strategic Plan to be initiated in 2003 provide important opportunities to take stock of, and strengthen, the UN system response to HIV/AIDS.

C. The UN workplace

The UN HIV/AIDS personnel policy is spelled out in the UNAIDS publication entitled *AIDS and HIV Infection – Information for United Nations Employees and their Families*. Spurred by the commitment of UNAIDS Cosponsor and Secretariat executive heads, and in accordance with the ILO Code of Practice, the past two years have seen increased dissemination of information on HIV prevention, numerous training programmes for staff members and dependants, and several efforts to expand access to care and treatment at the local level for UN staff. Issues that require continued attention by the Committee of Cosponsoring Organizations and the Inter-Agency Advisory Group on HIV/AIDS include monitoring implementation of the UN system policy, promoting voluntary counselling and testing, finding local solutions for health insurance coverage for all UN staff, setting standards for care and treatment, and reinforcing staff rights and eliminating discrimination.

D. Engaging other partners

The AIDS epidemic is unique in terms of the depth, breadth and impact of the social movements that have grown up around it from the beginning. Promoting partnerships among various stakeholders is a core priority of UNAIDS work.

(i) People living with HIV, NGOs and faith-based organizations

People living with HIV are the most underutilized resource in the fight against AIDS. UNAIDS continues to push for the greater involvement of people living with HIV/AIDS—the GIPA principle—as vital for ensuring the effectiveness of the response and for helping to

reduce stigma and discrimination. During the past biennium, the GIPA principle has gradually been adopted more widely within the UN system.

In partnership with organizations such as the Global Network of People Living with HIV/AIDS (GNP+) and the International Community of Women Living with HIV/AIDS (ICW) and national networks, UNDP, the UN Volunteers programme and the UNAIDS Secretariat undertook a number of pilot projects to obtain experience in putting the GIPA principle into practice. The evaluation (completed in 2002) of GIPA projects to support the work of HIV-positive people in Malawi and Zambia demonstrated positive impacts, including a drastic reduction in discriminatory behaviour, increased demand for voluntary counselling and testing, and increased condom usage among personnel in host institutions. Similar pilot projects in Côte d'Ivoire, Cambodia and India, however, have been slow or unable to get to implementation. During 2002–2003, UNAIDS will focus particularly on the potential of GIPA-related activities to counter stigma and discrimination, including through the World AIDS Campaign, which has adopted this subject as its central theme.

An electronic network funded through UNAIDS provided greater NGO input into the negotiating process for the UNGASS Declaration of Commitment. In addition, the UNAIDS Secretariat provided financial and technical support to the International Council of AIDS Service Organizations (ICASO) for the production of an advocacy guide for the UNGASS proceedings.

In addition to working with NGOs that have long-standing experience working on AIDS, a key aspect of UNAIDS' strategy during 2000–2001 was to forge collaborations with a wider range of organizations that had not previously been involved but that could potentially make a significant contribution to the response. The UNAIDS Secretariat has provided technical support to the International Federation of Red Cross and Red Crescent Societies to mainstream HIV/AIDS into their country programming, to partner with GNP+, and to address the impact of AIDS on their own workforces. Other examples of where the Secretariat effectively catalysed broader partnerships include matching the World Association of Girl Guides and Girl Scouts (WAGGS) with ICW and ICASO to develop an AIDS badge curriculum offered to its 16 million members, and providing technical support to the Young Women's Christian Association (YWCA).

Faith-based and religious organizations also have begun to intensify their action against AIDS. In the past two years, the UNAIDS Executive Director has urged greater commitment by religious leaders, including most recently in a meeting in Moscow with His Holiness Patriarch Alexiy II of Moscow and All Russia. The UNAIDS Cosponsors and Secretariat provided assistance to Caritas Internationalis, the World Council of Churches, the Ecumenical Advocacy Alliance, World Conference on Religion and Peace, the Islamic Medical Association of Uganda, the Anglican Church of Southern Africa, and Buddhist service organizations in South-East Asia.

During 2000–2001, the most visible impact of the NGO community has come from activism on access to HIV treatment. Organizations such as *Médecins sans Frontières* (MSF), Oxfam, Act Up, and coalitions such as Health Gap, have undertaken major campaigns that have further contributed to significant decreases in the prices of antiretroviral medicines for low- and middle-income countries. National NGOs such as the Treatment Action Campaign and the AIDS Law Project (a UNAIDS Collaborating Centre) in South Africa, the Lawyers Collective in Mumbai, India, and organizations in Latin America, such as Acción Ciudadana contra el SIDA (ACCSI) in Venezuela, have been instrumental in rallying support for greater

access to HIV treatment. Together with NGOs, WHO and the UNAIDS Secretariat have developed a number of publications on access to HIV medicines, including information on the sources and prices of HIV-related medicines consistent with PCB recommendation PCB(9) 3:12.

(ii) The private sector

In responding to the effects of HIV/AIDS in the world of work, ILO has supported its tripartite constituencies through research, policy analysis and programme development, advising employers' and workers' organizations on integrating workplace issues into national AIDS plans, and developing educational programmes, including those supporting implementation of the ILO Code of Practice on HIV/AIDS and the World of Work. The code, launched in July 2001 at the UNGASS on HIV/AIDS, provides principles for policy development and practical guidelines.

Advocacy with the business sector is best led by businesses themselves. Putting this into practice, a key initiative during the past biennium was the strengthening of the Global Business Council on HIV/AIDS under the leadership of Ambassador Richard Holbrooke, its current chair, and Bill Roedy of MTV Network, its previous chair. The Membership of the Global Business Council has more than doubled, to over 50 major companies. The UNAIDS Secretariat provided substantial support to the Global Business Council, including staff secondment.

Another example of successful collaboration with the private sector has been the extremely important partnership between UNAIDS and MTV Network, focusing on youth. MTV has made major contributions to the UNAIDS World AIDS Campaigns, including through the production of MTV videos reaching 1 billion young people during the World AIDS Campaign in 2001. Through collaboration with the World Economic Forum, large numbers of its constituent businesses have been reached. Dialogue with pharmaceutical companies over the biennium has been intensified, in particular through the Accelerating Access Initiative with six pharmaceutical companies. This initiative contributed significantly to lowering the prices of antiretroviral medicines offered by the companies in low- and middle-income countries.

Several challenges remain to be addressed in pursuing greater private sector involvement: overcoming differences between the various 'cultures' of business and the UN system; opposition in principle to the involvement of the for-profit sector; reluctance of businesses to be associated with AIDS; and an over-emphasis on the role of business as mainly a financial contributor to AIDS programmes.

The past biennium has also seen a boost in support to the response from private foundations and other philanthropic entities (see section III.E.vi, Mobilizing nationals and international resources, Foundations and philanthropic entities) The UNAIDS Secretariat and the World Economic Forum developed 'menus' of funding options in five countries, which are catalysing additional contributions from a number of private and public sector donors alike.

SECTION V

FACING THE TOUGH ISSUES

After more than two decades of experience mounting a response to the AIDS epidemic, we know what works against HIV/AIDS. We have learned that prevention and care are inextricably linked, and that effective responses must include a mix of prevention, care and treatment, as well as social support for people infected and affected by HIV/AIDS. Yet significant resistance to the implementation of scientifically sound policies and programmes continues, sometimes on ideological grounds, and the changing nature of the epidemic requires that emerging, as well as unresolved, issues be continually addressed.

The development of technically sound policies and strategies and the evaluation of their impact are core functions of UNAIDS. Boosting the response will require the following: more accessible policy guidance and more effective support for the evaluation of scientifically based strategic information; better documentation of programme successes and lessons learned; and more effective and credible mechanisms for ensuring accountability.

A. Key policy issues

Over the biennium, UNAIDS and its partners have made progress in addressing a number of difficult and sometimes controversial issues, and have provided support to countries through best practice documentation, policy guidance, the brokering of technical assistance and capacity-building. The following section highlights developments and remaining challenges in seven areas of programme policy.

(i) Scaling up prevention programmes

As reflected in PCB recommendations PCB(10) 1.3 and PCB(11) 1.3, the most urgent priority in responding to HIV/AIDS is scaling up prevention and care. During the biennium, UNAIDS continued to promote a dual approach to prevention: (i) supporting interventions to reduce the *risk* of HIV infection, focusing on behaviours and situations directly associated with this risk; and (ii) developing strategies and promoting measures to reduce the *vulnerability* of particular groups and individuals.

Prevention programmes for **young people** should be a priority in every country during all stages of the epidemic. (See section III.B., The way forward: the UN General Assembly Special Session on HIV/AIDS, for UNGASS Declaration of Commitment goals relating to young people.) Approaches to safer-sex education—abstinence, postponement of sexual debut, mutual fidelity, having fewer sexual partners, and consistent condom use—must take into account the diversity of sexual behaviour.

UNAIDS has consistently focused on young people in its World AIDS Campaigns over the past three years, with major support from MTV for the wide dissemination of advocacy material relevant to young people. Consistent with PCB recommendation PCB(9) 00.3, the UNAIDS Cosponsors and the Secretariat have also facilitated life-skills curriculum development and HIV prevention in schools.

Examples of UNAIDS Cosponsor efforts included the integration of HIV prevention into family life and reproductive health programmes for young people (e.g., UNFPA reproductive health programming in more than 150 countries); integration of drug demand reduction into

life-skills education programmes and workshops (led by UNDCP); and integrating HIV into the joint UNICEF, UNESCO, WHO and World Bank FRESH Partnership (Focusing Resources on Effective School Health) launched at the World Education Forum in Dakar in 2000 and now established in more than 30 countries. The UNAIDS Inter-agency Task Team on Young People, convened by UNFPA, is bringing greater coherence and synergy to the UN response in this area.

In southern Africa, the UNAIDS Secretariat, in collaboration with the UN Foundation, has facilitated the implementation of a Southern African Youth Initiative in eight countries. UNICEF has provided assistance to a large-scale prevention programme—the LoveLife programme—supported by the Kaiser Family Foundation in South Africa. Reaching an estimated 4 million young people each year, LoveLife employs innovative marketing techniques to promote sexual responsibility and healthy living among young people.

Despite the progress made, UNICEF has reported that over 50% of young people (aged 15–24) in more than a dozen countries in all regions have either never heard of AIDS or seriously misunderstand how HIV is transmitted. Key challenges that must be addressed include breaking through the continuing strong and, in some places, increasing resistance to sexual and reproductive health education for young people, so that young people have the means to protect themselves from infection. Far greater resources must be mobilized to reduce sexual abuse, exploitation and violence against and among young girls and boys, including through ensuring greater protection of children’s rights.

UNAIDS has continued to advocate widely expanded prevention programmes for **vulnerable populations**, addressing the false dichotomy between general and so-called ‘targeted’ prevention by promoting integrated approaches that include both mass interventions aimed at reaching populations at large, as well as those directed at highly vulnerable groups, such as men who have sex with men, sex workers, and injecting drug users. The UNGASS Declaration of Commitment recognizes that groups highly vulnerable to infection must be given priority in the response, and calls for developing and strengthening (by 2003) national strategies to address the needs of those most vulnerable.

UNDCP significantly expanded its work, leading the development of a common UN position on HIV prevention among **injecting drug users**. (See sections II.D. iv and v, Latin America and the Caribbean, and Eastern and Central Europe and Central Asia.) UNDCP also led the development of a comprehensive study of best practices on HIV prevention among injecting drug users in Eastern Europe and Central Asia. The UN Regional Task Force on Injecting Drug Use and HIV in South-East Asia has carried out a survey of national policies and practice on injecting drug use and HIV, while supporting the work of the Asian Harm Reduction Network—an effective regional technical assistance resource network. In the state of Manipur in India, some evidence of a stabilizing effect on HIV transmission among injecting drug users has been noted following the introduction by the government of interventions including needle-exchange and drug substitution programmes. During the biennium, the Secretariat established a team in Vienna to strengthen efforts in this area, in collaboration with UNDCP.

In addressing the needs of **men who have sex with men**, the Secretariat has created a regional Task Force on Men who have Sex with Men and HIV/AIDS in Latin America and the Caribbean to provide policy and programme advice to governments and NGOs. The Secretariat and Cosponsors have supported needs assessments and prevention programmes for men who have sex with men in Eastern Europe and Central Asia, in cultural contexts in

which homosexual acts, until recently, have been illegal. In South Asia, the NAZ Foundation has advocated the inclusion of programmes among men who have sex with men in national AIDS strategies. The International HIV/AIDS Alliance, with support from the Secretariat and others, has partnered with national and local NGOs in India to assess needs for programme planning and implementation.

In expanding HIV prevention for **rural populations and migrants**, FAO, with support from the Secretariat, has developed best practice documents on food security and HIV/AIDS and is in the process of developing a strategy for the agricultural sector. With support from the Secretariat through secondment of staff, the International Organization for Migration (IOM) has included HIV counselling in its services for migrants. It has also facilitated access to prevention services and commodities for mobile populations, such as people using major transit routes, economic migrants and trafficked women and girls (for example, in Bosnia, El Salvador, Ethiopia, Nigeria, South Africa and Thailand).

Strengthened collaboration between the Secretariat and the Office of the UN High Commissioner for Refugees (UNHCR) resulted in the formulation by UNHCR of a strategic plan on HIV/AIDS programmes in all **refugee** settings globally. Through regional initiatives, such as the Mano River Union Initiative on HIV/AIDS in Guinea, Liberia and Sierra Leone, the UNAIDS Secretariat is working to mainstream HIV/AIDS into initiatives for groups most affected by conflict, such as refugees and displaced persons. UNICEF and others are conducting an assessment of HIV/AIDS interventions for children affected by conflict in the Great Lakes region of Africa, which will lead to the development of a model programme that could be adapted by other regions.

Considerable progress was made during the biennium in expanding the response to AIDS for people in **conflict situations**, including **peacekeeping and uniformed services**, which was given greater impetus by the UN Security Council in 2000–2001. The UNGASS Declaration of Commitment calls for ramping up HIV/AIDS awareness, prevention and care programmes specifically for these populations, by 2003. The UNAIDS Secretariat established in September 2001 the UNAIDS Initiative on HIV/AIDS and Security, which has already strengthened coordination and partnerships to advance HIV/AIDS as a security issue. Through a cooperation framework established between UNAIDS and the UN Department of Peacekeeping Operations (DPKO) in January 2001, HIV/AIDS awareness cards with condoms have been produced, translated into 11 languages and distributed as part of the basic training in all UN peacekeeping operations. Joint assessment missions were organized by the UNAIDS Secretariat in 2000–2001 to East Timor, Ethiopia/Eritrea, Sierra Leone and Kosovo/Bosnia involving DPKO, UNFPA, UNIFEM and UNICEF, resulting in the identification of AIDS focal points within the peacekeeping missions. AIDS policy officers are being recruited by DPKO to ensure that HIV/AIDS prevention, care and support are mainstreamed into training, health and social services, as well as into the code of conduct, for all UN peacekeeping operations. With support from the UNAIDS Secretariat and Cosponsors, interventions for HIV/AIDS awareness and prevention, with special focus on young recruits, are being introduced in the defence and civil defence forces in 40 countries.

Advocacy to change policies that are a barrier to prevention among vulnerable groups (such as criminalizing prostitution, prohibiting harm-reduction efforts and discrimination against men who have sex with men) needs to be intensified. Improved data and knowledge on vulnerable populations will provide a more solid foundation for these efforts.

Expanding the availability of male and female **condoms** has been a continuing priority for UNAIDS. UNFPA has extensive expertise and experience in the procurement of condoms, supplying condoms to 88 countries. In January 2001, the Secretariat, WHO and UNFPA organized an international forum resulting in enhanced commitment to the use of social marketing to create demand for prevention commodities, primarily condoms. The Secretariat has provided support for the production of social marketing training materials through Population Services International, as well as start-up funds for programmes in Cuba, Myanmar and the Russian Federation. The provision of initial supplies of female condoms through UNAIDS support, in collaboration with The Female Health Company, resulted in the establishment of national programmes for the promotion and distribution of female condoms in Ghana, Namibia and other countries.

Ongoing challenges include, foremost, the continuing major shortfall in condom availability. Estimates of the so-called 'condom gap' (the difference between total condom supply and estimated number of potential users) run as high as 15 billion condoms. In May 2001, in Istanbul, an international coalition—the International Initiative for Reproductive Health Supplies—was formed to urgently address shortfalls in reproductive health supplies, including condoms and other essential commodities, such as diagnostics and antibiotics to treat sexually transmitted infections. Greater efforts are also needed to overcome resistance to the promotion of condom use on ideological grounds, with opponents arguing that condoms are not effective, despite scientific evidence to the contrary.

(ii) Prevention of mother-to-child HIV transmission

During the biennium, important results were achieved in expanding interventions to prevent mother-to-child transmission (MTCT). A technical consultation in October 2000, convened by WHO on behalf of UNAIDS, concluded that antiretroviral regimens to prevent MTCT had been shown to be safe and effective and were suitable for widespread use beyond pilot projects. Forty-seven UNICEF country offices provided support for prevention of mother-to-child HIV transmission and specialized officers were recruited, resulting in the scaling up of interventions at 79 sites in 16 countries, primarily in Africa. The pharmaceutical company Boehringer Ingelheim in July 2000 announced it would offer its drug nevirapine free of charge to all low- and middle-income countries for a period of five years. At present, 42 programmes in 25 countries are participating in the programme. Clinical guidelines for prevention of mother-to-child HIV transmission were developed by WHO, field tested in the Bahamas, Ethiopia, Guyana and Thailand, and are now being finalized. In collaboration with UNAIDS, the MTCT-Plus initiative (designed to provide treatment to mothers after delivery, and to their children and partners) was launched by private philanthropic foundations led by the Rockefeller Foundation and Columbia University in response to the Secretary-General's Call to Action.

Nevertheless, in the year 2001 alone, almost 800 000 new HIV infections are estimated to have occurred through mother-to-child transmission. Geographical coverage of interventions remains very low, and greater resources are required to scale up in countries with programmes already under way, and to implement programmes in those that have not yet started. Following a legal case brought by treatment activists in South Africa, the government is now expanding access to nevirapine within the public health system, based on the government's extensive research programme.

The UNGASS Declaration of Commitment goal of reducing by 20% the proportion of infants infected by HIV by 2005 and by 50% by 2010 will require unprecedented scaling-up of

programmes for preventing mother-to-child transmission. The technology exists to make a far greater impact in reducing mother-to-child HIV transmission, but formidable challenges remain. Expanding voluntary counselling and testing services for women is essential. The most difficult practical and policy challenge to scaling up effective programmes for preventing HIV infections in infants is identifying solutions to HIV transmission through breastfeeding, which greatly diminishes the protective impact of antiretroviral regimens. The technical consultation organized by WHO in October 2000 resulted in refinement of UNAIDS guidance on appropriate approaches to reducing transmission through breastfeeding. WHO is now supporting further research to improve the safety of breastfeeding through the use of antiretroviral treatment. But greater efforts are needed to counter discrimination against women who opt for treatment and artificial feeding, and to address the dilemma faced by most women in resource-poor settings with regard to the affordability of a safe alternative to breastfeeding. Another major challenge is that of developing guidance addressing the ethical imperative of extending treatment to HIV-positive mothers and their partners, and providing resources and logistical capacity to make this possible, as the MTCT-Plus initiative has begun to do.

(iii) Scaling up access to care and treatment

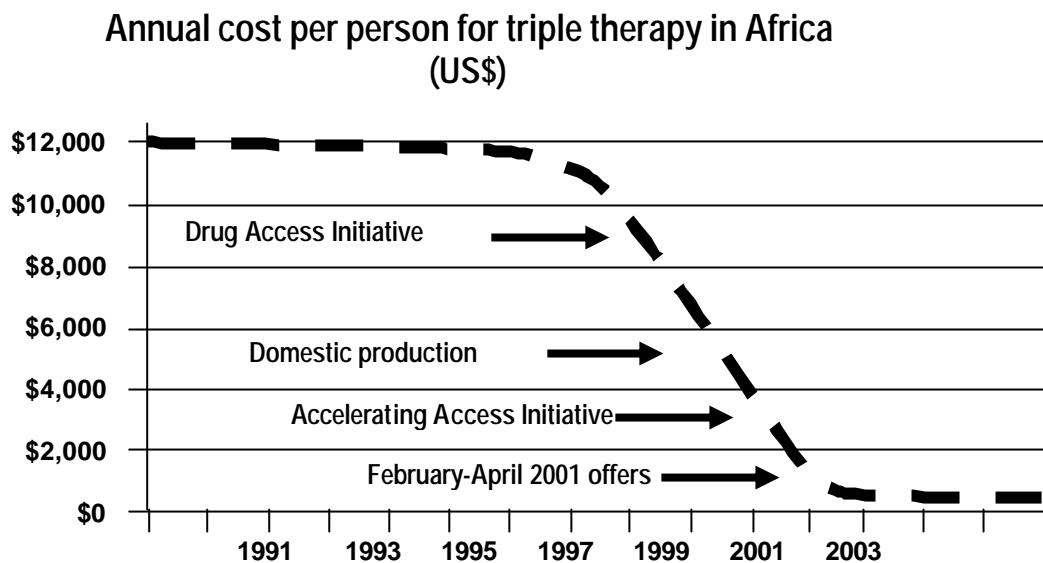
During 2000–2001, UNAIDS efforts to expand access to HIV/AIDS care and support have focused on advocacy for a comprehensive approach to care and support, including equitable access to affordable HIV-related medicines, development of policy and normative guidelines, the provision of technical assistance to countries, and coordination within the UN. The UNGASS Declaration of Commitment marked a political milestone in advancing the care agenda with the recognition by all UN Member States that comprehensive HIV care and treatment, including access to antiretroviral drugs, form an essential pillar of an effective HIV/AIDS response.

During the biennium, UNAIDS and WHO, in collaboration with partners such as the US Centers for Disease Control and Prevention and the French *Agence Nationale pour la Recherche sur le SIDA*, conducted an evaluation of the UNAIDS Drug Access Initiative that had been launched in 1998 in Côte d’Ivoire and Uganda—the first public sector projects introducing antiretroviral therapy in Africa. While yielding initial insights concerning technical and management challenges that must be faced, the evaluation demonstrated that antiretroviral therapy could be delivered safely and effectively in resource-poor environments. The principal obstacles to wider access to HIV medicines and care relate to the needs for greater affordability of medicines; mobilizing sustainable financing of treatment (including increasing allocation of resources, in light of competing demands to address other health problems); and strengthening health systems to ensure rational selection, use and delivery of medicines.

The most prominent aspect of the treatment agenda during the biennium (and the one that was most successful) related to the achievement of unprecedented reductions in the prices of HIV medicines—principally antiretrovirals—offered to low-income countries. The price of antiretroviral combination therapy has decreased by more than 90% since the launch of the UNAIDS Drug Access Initiative, as indicated in the graph below. These price reductions, which resulted from a combination of intense treatment advocacy and activism, generic competition, and wider commitment to differential pricing by the pharmaceutical industry, found a vehicle in the Accelerating Access Initiative with the pharmaceutical industry.

Figure 3

Affordable prices



In May 2000, UNFPA, UNICEF, WHO, the World Bank and the UNAIDS Secretariat initiated the Accelerating Access Initiative, a public-private collaboration with five major pharmaceutical companies (Boehringer Ingelheim GmbH, Bristol-Myers Squibb, GlaxoSmithKline, Merck & Co., Inc. and F. Hoffmann-La-Roche Ltd), with Abbott Laboratories Ltd joining later. The Contact Group on Accelerating Access to HIV-related care and support met three times during 2000–2001 and provided a forum for participating countries to exchange experiences and learn more about the initiative.

As of March 2002, 18 governments participating in the Accelerating Access Initiative had reached agreement with manufacturers, with involvement from UNAIDS, on significantly reduced drug prices. In the first 11 countries, as of December 2001, some 22 000 people had gained access to antiretroviral therapy, representing a seven-fold rise in the number of patients treated. Although these numbers are small, representing only a fraction of those in need of antiretroviral therapy, they herald the beginning of the enormous effort required to scale up access to treatment. WHO estimates that, overall, only some 230 000 people have access to antiretroviral therapy in low- and middle-income countries (half of them in Brazil alone), while some 6 million are estimated to be in need.

In April 2002, based on the results of a careful analysis of antiretroviral efficacy in low- and middle-income countries, WHO endorsed the inclusion in its Essential Medicines List of 12 antiretrovirals for treatment of HIV in adults and children, facilitating their registration in countries and their procurement by major distributors of essential medicines. Also in April 2002, WHO issued guidelines for scaling up antiretroviral therapy in resource-limited settings to facilitate the proper management and expansion of antiretroviral access at national level. In 2001–2002, with support from the Secretariat, and in collaboration with UNICEF, WHO launched a new project—*Access to Quality HIV/AIDS Drugs and Diagnostics*—to assess the quality of HIV medicines. The initial phase of the project included 40 products from 8 brand-name and generic manufacturers, of which 11 antiretrovirals and 5 products for opportunistic infections were found to meet WHO standards. Earlier in the biennium, the Secretariat and WHO issued recommendations on the use of co-trimoxazole in Africa for the prevention of opportunistic infections. Other achievements by the UN system included the mapping of sources and prices of HIV-related medicines by WHO, UNICEF, *Médecins Sans*

Frontières (MSF) and the Secretariat; the assessment by WHO and the Secretariat of the patent situation for HIV-related drugs in 80 countries; an analysis of intellectual property issues in West Africa by WHO, MSF and the Secretariat; and a case study, prepared with Secretariat support, documenting Brazil's approach to providing antiretroviral treatment on a large scale.

At the fourth World Trade Organization Ministerial Conference in Doha, Qatar, in November 2001, all 142 World Trade Organization Member States agreed in the *Doha Declaration on the TRIPS Agreement and Public Health* that the TRIPS Agreement, setting out minimum intellectual property protection norms, "can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all". WHO and the Secretariat advocated at the Doha conference for such a clarification.

An overriding challenge during the 2002–2003 biennium is to ensure that the response is truly needs-driven, to secure far greater sustainable financing to scale up access, and to ensure that resources are committed to best effect. Even at current discounted price levels, the cost of procuring antiretroviral medicines exceeds the financial capacity of the least-developed countries. Other long-term challenges include mobilizing strong political commitment, stimulating capacity to innovate and produce affordable, field-relevant tools and simple regimens for diagnosis and treatment, and investing in the infrastructure needed to support service provision and access. The Secretariat and Cosponsors, including WHO through its Global Health Sector Strategy, will develop and refine policy guidance to help governments tackle difficult issues concerning the allocation of national resources for HIV care and equitable access to affordable HIV medicines.

(iv) Voluntary counselling and testing

Through advocacy, best practice and technical support, the UNAIDS Secretariat and Cosponsors have promoted voluntary counselling and testing as a cost-effective HIV-prevention intervention, crucial to improving access to care and support and for prevention of mother-to-child transmission. During the past biennium, an increasing number of low- and middle-income countries have been gradually instituting voluntary counselling and testing as part of their primary-health-care package.

UNAIDS has provided policy and programme guidance addressing the complex issues associated with implementing voluntary counselling and testing, with the Secretariat and WHO developing best practice guidance such as *Opening up the HIV/AIDS epidemic* on encouraging beneficial disclosure, ethical partner counselling and appropriate use of HIV case-reporting. In response to concerns emanating primarily from southern Africa about whether HIV/AIDS should be made reportable to public health officials, the Secretariat and WHO also issued best practice guidelines concerning the role of name-based notification in public health and HIV surveillance. The Secretariat has also developed other key documents—for instance, in the area of monitoring and evaluation of voluntary counselling and testing, and the benefits, challenges and impact of voluntary counselling and testing.

During the past biennium, the Secretariat and WHO supported research in Kenya, the United Republic of Tanzania, and Trinidad & Tobago that showed the effectiveness of VCT in reducing unsafe sexual practices. The Secretariat has provided technical support and assisted in building institutional capacity in several countries—for example, in the Russian Federation and Ukraine, where a series of consultations and workshops were held to train service

providers in counselling, monitoring and evaluation and advocacy, and to facilitate the creation of a national training centre in each of the countries. WHO's ProTEST initiative, which links HIV and tuberculosis programmes and general health services, promotes HIV counselling and testing among tuberculosis patients in settings where HIV prevalence is high. Several successful ProTEST sites have been set up in sub-Saharan Africa and others are being developed in Asia. Evaluation indicates that the approach is very effective. The Central District ProTEST in South Africa, for example, has found a 95% acceptability rate of HIV testing following pre-test counselling among all persons attending. Voluntary counselling and testing are a central component of the UNICEF programmes for preventing mother-to-child transmission.

In view of the number and complexity of issues relating to HIV testing in UN peacekeeping operations, and in response to concerns expressed by members of the UN Security Council, a comprehensive review of United Nations policy in this area was initiated. In November 2001, despite recurrent calls for mandatory testing in peacekeeping and other uniformed services, an expert panel appointed by the Secretariat unanimously recommended voluntary HIV counselling and testing as the most effective means of preventing the transmission of HIV, including among peacekeepers, host populations, and the spouses and partners of peacekeepers.

A key challenge for voluntary counselling and testing is to promote access on a far greater scale, while preserving the voluntary and confidential character consistent with a rights-based approach and with the available empirical evidence supporting the effectiveness of this approach.

(v) Children orphaned and made vulnerable by HIV/AIDS

With the orphan crisis set to worsen in coming years as more parents die from AIDS, the UNGASS Declaration of Commitment set a target of developing by 2003 and implementing by 2005 national policies and strategies for providing a supportive environment for orphans and children affected by HIV/AIDS.

UNICEF and the Secretariat, along with bilateral partners such as USAID, focussed on developing and promoting national and international affirmation of 'Principles to Guide Programming for Orphans and other Children Affected by HIV/AIDS'. Two major mobilizing events during the biennium included the first regional workshops on orphans and vulnerable children in Eastern and Southern Africa in 2000 and in West and Central Africa in 2002. These workshops resulted in national-level action plans that address critical challenges faced in the region and are currently being implemented. Concrete follow-up actions have included comprehensive, situation analyses on orphans in many countries. Namibia, for example, is now ready to present its five-year strategic plan and national policy for orphans and vulnerable children. Ground-breaking research on cost-effectiveness interventions, the essential elements for good-quality care, the impact of AIDS on orphanhood, and the socioeconomic impact of HIV/AIDS on children and families was carried out in South Africa, with support from the UNICEF country office. The World Food Programme (WFP) is extending its existing school-feeding operation in various parts of Africa to support families and children made vulnerable by AIDS. In Kenya's Mbeere district, an area of chronic food insecurity and high HIV prevalence, WFP provides take-home rations for 90 000 orphans and their caregivers. Advocacy efforts by UNICEF and the Secretariat resulted in an increasing number of countries placing higher priority on the protection and care of orphans.

During 2002–2003, major efforts will be required to develop additional partnerships and to harmonize strategic approaches to programming for orphans. If a truly meaningful impact is to be made in care and support for orphans, a major shift in scale is required to move beyond occasional small-scale pilot interventions to comprehensive nationwide programming.

(vi) Vaccine development

The best long-term hope for controlling the HIV/AIDS pandemic is a safe, effective and affordable preventive vaccine, but its development has met with a number of unprecedented scientific, logistical and ethical challenges, which will require intense international coordination and collaboration. To address these challenges, UNAIDS, in collaboration with WHO, established in January 2000 a joint WHO–UNAIDS HIV Vaccine Initiative, which is hosted in the Health Technologies and Pharmaceuticals cluster of WHO.

The new initiative has continued and expanded activities in the following four areas: guidance and coordination of international HIV vaccine trials; promotion of the development of appropriate candidate vaccines; facilitation of vaccine trials through capacity-building; and access to future HIV vaccines. The initiative has maintained an active role as an independent broker between research agencies, the vaccine industry and host countries to ensure that trials are conducted with the highest scientific and ethical standards.

In May 2000, UNAIDS released a key guidance document entitled *Ethical considerations in HIV preventive vaccine research*. To strengthen research capacity in low- and middle-income countries involved in HIV vaccine research, the UNAIDS Secretariat and WHO organized numerous training workshops in different disciplines relevant to HIV vaccine research—from virus isolation and characterization to research ethics—and supported research projects in those areas. UNAIDS has assisted a number of low- and middle-income countries in the development and implementation of National AIDS Vaccine Programmes, and has begun the preparatory work to establish an African AIDS Vaccine Programme. Finally, in anticipation of the time when an effective HIV vaccine is developed, the UNAIDS Secretariat, in collaboration with WHO and the International AIDS Vaccine Initiative, conducted a study to identify policy issues that might guide the introduction and use of future HIV vaccines. That information is being discussed with industry and relevant parties to ensure that, once a HIV vaccine is discovered, it would become available to all people on need, without unnecessary delays.

During 2002–2003, the emphasis will be placed on advancing discussions with countries, industries and other partners to develop specific strategies to ensure future access to vaccines, including strategies relating to manufacturing issues, distribution and financing. The other priority will be to accelerate the development and evaluation of HIV vaccines for Africa and other low- and middle-income countries, removing disincentives for HIV vaccine research and facilitating clinical trials.

(vii) Cross-cutting issues: human rights and gender

The UNGASS Declaration of Commitment calls for the enactment by 2003 of laws and other measures to ensure the protection of the human rights of people living with HIV/AIDS and members of vulnerable groups, including the elimination of discrimination against them. In stressing that gender inequalities are a major driving force behind the epidemic, the UNGASS Declaration sets a target (to be reached by 2005) for the implementation of

national strategies for the advancement of women's rights and empowering women and girls to protect themselves against HIV infection.

Over the past biennium, the UNAIDS Secretariat and the Office of the High Commissioner for Human Rights (OHCHR) have actively promoted HIV-related human rights and have been providing support for their protection, respect and fulfilment, with greater emphasis on support to national and regional partners.

Regional groupings of national human rights commissions in Africa and South-East Asia issued declarations calling for the integration of HIV/AIDS-related rights into the work of the individual national commissions. In Ghana, for example, technical assistance from the Secretariat led to the integration of human rights into the final National Strategic Plan and the inclusion of the Ministry of Justice in the national commission on HIV/AIDS. Similar support to national human rights institutions and other partners in Burkina Faso, Ghana and the United Republic of Tanzania has led to legal reform and the integration of human rights interventions into ongoing prevention and care programmes. In India, Indonesia, the Philippines and Thailand, the UNAIDS Secretariat has supported the Asia-Pacific Network of People Living with HIV/AIDS (APN+) to provide peer education and training to document discrimination and human rights violations in countries and to develop concrete measures to address these violations. UNAIDS has focused particularly on training of national partners in its efforts to promote the advancement of HIV/AIDS-related human rights (e.g., in Cambodia, training of 75 OHCHR country staff; in Botswana, the Secretariat and OHCHR supported training of government lawyers and policy-makers from throughout southern Africa on HIV-related economic, social and cultural rights; and UNESCO, with support from the Secretariat, conducted training of young people on HIV-related rights relevant to youth, including advocacy training and other skills-building).

The UN Commission on Human Rights issued resolutions in both 2001 and 2002 (2002/L.48 and 2001/33, respectively) on 'Access to medication in the context of pandemics such as HIV/AIDS', recognizing that access to medication is fundamental. In 2000–2001, UNAIDS, in collaboration with the International Council of AIDS Service Organizations and its regional network, strengthened the capacity of civil society to advocate HIV-related rights. Important constituencies, such as legislators, were engaged through support from the Inter-Parliamentary Union.

To assist the Secretariat's work in law and human rights, a Reference Group on Human Rights and HIV/AIDS is being established in 2002. The 2002–2003 World AIDS Campaign on stigma and discrimination will put human rights at the forefront of global advocacy efforts.

In advancing the rights of women and girls to protect themselves from HIV, UNIFEM, with Secretariat support (including provision of a HIV adviser), has mainstreamed AIDS into its advocacy and country programmes, reaching youth, government, NGOs and the media in 11 countries with its advocacy and capacity-building programmes. In addition, UNIFEM has assigned gender advisers to UN peacekeeping operations in conflict-affected countries. UNAIDS has focused broader attention on gender in the context of AIDS through its 2001 World AIDS Campaign, with the theme 'Men Make a Difference'. This two-year initiative called attention to the key role of men in the epidemic, raising the visibility of sensitive issues on sexuality and social norms. But moving from addressing the empowerment of women in national AIDS strategies to action to reduce gender inequalities remains a major challenge.

B. Increasing accountability: monitoring and evaluation

During the past biennium, UNAIDS Cosponsors and the Secretariat have given high priority to strengthening national accountability processes and implementing the monitoring and evaluation plan, which was developed under the guidance of the UNAIDS Monitoring and Evaluation Reference Group and endorsed by the PCB at its meeting in December 1998. Improved monitoring and evaluation systems were incorporated into the UNAIDS Unified Budget and Workplan for 2002–2003 and the UN System Strategic plan for 2001–2005, consistent with PCB recommendation PCB(11) 2 (2) and taking into account the conclusions of the US General Accounting Office evaluation in 2001.

Much time has been devoted over the past year to providing information and support to the ongoing external evaluation of UNAIDS work and activities, which is assessing the Programme's effectiveness, efficiency and relevance. The five-year evaluation, commissioned by the PCB, which endorsed its mandate in October 2000, began in May 2001 under the overall supervision of the Evaluation Supervisory Panel. The draft final report will be distributed for stakeholder comments in August 2002, and the final report will be submitted to the PCB Chair and the Executive Director of UNAIDS in October, and subsequently considered by the PCB at its December 2002 meeting.

Other areas of progress in strengthening monitoring and evaluation during the past biennium include the following:

(i) Development of monitoring and evaluation frameworks to measure the progress of global initiatives

The UNAIDS Monitoring and Evaluation Reference Group finalized in April 2002 the indicators and the overall monitoring and evaluation framework for the UNGASS Declaration of Commitment. (See section III.B, The way forward: the UNGASS Declaration of Commitment and the Global Strategy Framework for HIV/AIDS.) Two other monitoring and evaluation frameworks for a Southern Africa subregional initiative on youth, funded by the UN Fund for International Partnerships, and for the International Partnership against AIDS in Africa, were developed during the past biennium.

Strengthening of country information systems and monitoring and evaluation capacities, including: (i) the establishment by the UNAIDS Secretariat of the new Country Response Information System (CRIS) to facilitate the compilation, analysis and dissemination of relevant information on the epidemic and the response; (ii) the development of national monitoring and evaluation plans in 25 countries, through support from UNAIDS and key partners such as the US Centers for Disease Control and Prevention and the US Agency for International Development (USAID); (iii) the development by the Secretariat and the World Bank in 2001 of the monitoring and evaluation technical resource network covering eastern and southern Africa to provide technical assistance and enhance the capacity of country partners; and (iv) the provision of training in monitoring and evaluation skills to UNAIDS Country Programme Advisers so that, in collaboration with Theme Groups, they can advise governments in the development of their national monitoring and evaluation plans.

Production and dissemination of new monitoring and evaluation manuals, including: (i) development by WHO in 2001 of care and support indicators for inclusion in the UNAIDS guide for monitoring and evaluation of national AIDS programmes; and (ii) development by

the World Bank, on behalf of UNAIDS, of a monitoring and evaluation operational manual for national AIDS councils and their implementing partners in sub-Saharan Africa, to be published in the second quarter of 2002.

Assessment of UNAIDS strategic functions at regional and country levels, including: (i) the evaluation by the Secretariat in 2000–2001 of its inter-country teams based in West/Central Africa and in the Asia/Pacific region, which concluded that both teams were responsive and adaptive to various sources of demands (but at the cost of major efforts to resolve conflicting priorities), and that both were particularly successful in information sharing and regional coordination of UNAIDS activities; and (ii) the completion of in-depth qualitative case studies to assess the impact of the UN system integrated plan in 15 countries, which concluded that the effectiveness of UN Theme Groups on HIV/AIDS depends upon factors such as the engagement of Cosponsor and other UN agency country representatives, the commitment of the Theme Group Chair and the UN Resident Coordinator, and good interpersonal communication between the Theme Group Chair, UN Resident Coordinator and Country Programme Adviser. Performance in these areas remains uneven, underscoring the continuing need to institutionalize accountability mechanisms for Theme Group members.

Strengthening of monitoring and evaluation collaboration mechanisms, including: (i) harmonized monitoring and evaluation frameworks among partners from the UN system, bilateral agencies and technical institutions, through the work of the Monitoring and Evaluation Reference Group; (ii) stronger coordination among UNAIDS Cosponsor evaluation units through creation of the Cosponsors' Evaluation Working Group; (iii) improved collaboration among partners and support to countries through the Country Evaluation Support Groups being established for programme evaluation support to country partners; and (iv) more comprehensive monitoring of the response at country level through the creation in 2002 of a monitoring and evaluation coordination unit within World Bank, as agreed by all Cosponsors during preparation of the Unified Budget and Work plan for 2002–2003.

A detailed analysis of the monitoring and evaluation activities and needs is contained in a conference paper prepared for this meeting.

(ii) Tracking the epidemic

Given the continuously evolving pandemic and its heterogeneous nature throughout the world, a better understanding of where, why and to what extent HIV is spreading is critical to guiding responses to AIDS, building commitment and raising appropriate resources. This is a key component of UNAIDS' mandate to track the response, as described above.

The Secretariat and WHO, together with various experts, have developed second-generation surveillance, which includes a classic disease surveillance component along with behavioural surveillance. A second-generation surveillance guide has been published in several languages. With support from the European Commission, operational guidelines for surveillance have been distributed. Training has been provided to national epidemiologists from most countries. Regional epidemiological networks, with the support of WHO, have greatly enhanced surveillance activities, including the socio-behavioural component of the pandemic.

In collaboration with the UNAIDS Reference group on HIV/AIDS Estimates, Modelling and Projections, the Secretariat produced a new software package for making estimates and short-term projections of HIV/AIDS. New methods were also developed to estimate the number of children who have lost a parent to AIDS. The new package and assumptions were used in making the end-of-2001 estimates of HIV/AIDS and its impact. During the biennium, country-specific estimates of HIV/AIDS for the end of 1999 were published in the *Report on the Global HIV/AIDS Epidemic*, June 2000. Regional estimates for the end of 2000 and 2001 were published in the *AIDS Epidemic Update* in December 2000 and December 2001.

The UNAIDS Secretariat, in collaboration with partners, will continue to update and disseminate the methodology to develop HIV/AIDS estimates. WHO and UNICEF will work with countries to improve the quality and appropriateness of surveillance data.

SECTION VI

WHAT NEXT?

A. The Declaration of Commitment as the platform for accountability

The UN General Assembly Special Session on HIV/AIDS has dramatically changed the approach of the global community to reversing the HIV/AIDS epidemic. The Declaration of Commitment galvanized attention to HIV/AIDS as one of the most formidable development challenges of this century and set out a series of time-bound, measurable targets to guide the response at all levels.

Promotion of the Declaration of Commitment is the overriding concern for UNAIDS, providing a framework for action and accountability for all partners. At its most recent meeting, the Committee of Cosponsoring Organizations (CCO) reaffirmed implementation of the Declaration as a collective responsibility that must be integrated into the core business of governments, the UN system and civil society. The Declaration is a potentially unifying force, providing a means to push forward sensitive or neglected issues (e.g., work with vulnerable groups, rights-based approaches to AIDS programming) and, through measuring progress towards its goals and targets, a 'gold standard' against which the impact of responses can be judged.

Key challenges in the next 12 months include:

- making the Declaration accessible to a wide range of partners (e.g., through the development of an operational guide for UN country teams and a 'user-friendly' version of the text);
 - supporting the measurement of indicators to gauge progress in achieving the Declaration's goals and targets;
 - ensuring full integration of key aspects of the Declaration into ongoing efforts to follow up the Millennium Development Goals;
 - intensifying high-level advocacy in countries with emerging epidemics; and
 - reinforcing collaboration with key civil society networks in promoting—and realizing—the full potential of the Declaration. This will include, for example, working with the International Council of AIDS Service Organizations to develop an advocacy guide for NGOs and supporting the Global Network of People Living with HIV/AIDS to use the Declaration as a framework for action. Civil society
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engagement has been, and continues to be, a pre-condition to moving the Declaration forward both globally and within countries.

B. Scaling up the response

A continuing, major weakness of the collective effort to reverse the HIV/AIDS epidemic is the limited scale of interventions. The thousands of small, often effective, and sometimes ground-breaking, projects do not add up to the unprecedented, massive effort necessary to meet the challenge of AIDS. With nearly 14 000 new infections occurring worldwide every day, it is time to change course—i.e., to focus sufficient resources on scaling up what we know works, and on moving definitively from a project- to a *programme-based* approach. And it is time to move from plans to action.

This shift must occur in several ways.

- Social mobilization is necessary to engage the whole of society in a collective effort to beat back AIDS. This will require working with a broader range of partners—across sectors and across cultural divides—and expanding the base of human and financial resources available to respond to the epidemic.
- No set of interventions brought from outside, no matter how effective or innovative, can substitute for the ‘ownership’ necessary to make them work and to expand them nationwide.
- Capacity-strengthening initiatives and greater emphasis on human resources are essential. There simply is no short cut to long-term strengthening of knowledge, skills and confidence at community level.
- External support must be tailored to country needs, rather than vice versa. UNAIDS and its partners must become more client-oriented in responding to national priorities at the same time as pushing for more action, more money, more accountability and ever-greater levels of commitment.
- Difficult areas that remain underdeveloped in many countries must also be given priority, including, among others, expanding access to care and treatment and ‘commodity security’ (e.g., adequate supplies of condoms) and HIV prevention among vulnerable populations.

The UN system has a critical role to play in this process. It can help define what works, the elements of a successful, multisectoral response and the conditions for a scaled-up programme approach. It can serve as a proactive stimulus to build the capacity of local entities to respond to AIDS. This will involve the sharpening of strategies for resource mobilization, systems for resource allocation and tools to monitor and evaluate progress. Finally, UNAIDS will advocate broader social movements to respond to the epidemic, including a stronger voice for people living with HIV. Maximizing the potential to scale up the response will require more resources in every area—not just more funding, but also human and institutional resources.

C. Resource mobilization on an unprecedented scale

With the majority of countries ready to move from planning to action, the UNAIDS Secretariat will intensify its resource mobilization efforts during the 2002–2003 biennium. Emphasis will be placed on five key areas:

- advocacy for increased budget allocations for HIV/AIDS at national level, including through debt relief and other innovative mechanisms;
- advocacy for increased commitment to global AIDS issues within low- and middle-income countries—e.g., through public awareness campaigns and the targeting of messages to a range of potential partners;
- promotion of new and additional donor funding, including through NGOs, the private sector, philanthropic foundations and the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- support to capacity-building within countries to develop the means to access these new sources of funds (e.g., through improved proposal formulation or the establishment of coordination mechanisms); and
- tracking and monitoring of available resources, including through the Country Response Information System.

While the resource mobilization efforts described above will be comprehensive in scope, the UNAIDS Unified Budget and Workplan (UBW) for 2002–2003 also presents its own special challenges. The overall budget has increased to US\$378 million, of which US\$190 million is in core resources, representing a US\$50 million (or 36%) increase in core resources over the last biennium. Achieving full funding will require increased support from existing donors, the realization of new funding sources, active engagement of all Cosponsors in fundraising, a clear and stronger emphasis on results-based reporting, and fostering complementarity with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

D. Science and rights as the basis for policy and strategy

One of the successes of UNAIDS in the first five years has been its influence on setting the AIDS agenda. UNAIDS has provided policy and strategic guidance about all aspects of the epidemic, which serves as the basis for moving forward both globally and in countries.

A key challenge in this area is to keep pace with the epidemic. Issues evolve rapidly, new ones arise and even the most established ‘truths’ are sometimes contested. In this context, the capacity of UNAIDS to provide normative guidance and policy advice to partners at all levels is a highly valued resource.

UNAIDS will continue to develop its work and credibility as a centre for policy excellence in several major ways.

- **The Declaration of Commitment, the Global Strategy Framework for HIV/AIDS and the UN System Strategic Plan 2001–2005** will be promoted at all levels as the fundamental points of reference for AIDS policies.
 - **Strategy development** will remain a priority area throughout this biennium. Work will proceed on three levels: (1) advocacy for implementation of strategies already developed (e.g., on school-based prevention programmes and uniformed services); (2) completion of sectoral strategies well under way (e.g., education, agriculture); and (3)
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the realization of strategies long overdue (e.g., youth, vulnerable groups, orphans, world of work).

- The provision of reliable, timely and **strategic information** is core business for UNAIDS, with the Secretariat serving as a ‘hub’ for policy advice and strategic information based on scientific evidence and human rights, strengthening UNAIDS capacity to forecast and analyse trends in the epidemic, sharpening the focus on best practices, promoting a knowledge-management approach to the handling of information, developing databases on the people and institutions involved in key areas, and maintaining world-class technical expertise within the Secretariat and Cosponsors.
- Research and analysis by Cosponsors are crucial for the development of policy guidance for unresolved or controversial issues, (e.g., infant-feeding practices for prevention of mother-to-child transmission).
- Also essential in the next few years will be policy and technical support for the **scaling up** of efforts in key areas.

E. Fostering accountability and tracking the response

If a major theme of the last five years for UNAIDS has been that of expanding the response to AIDS, one of the most important for the next five years is that of tracking it—in terms of resources, policy challenges, programme results and progress in achieving UNGASS targets. UNAIDS is gearing up to meet this need.

- The **country response information system (CRIS)**, which will be operational in all countries during this biennium, will gather systematically a wide range of data on national responses (e.g., epidemiological information; strategic planning, costing and coordination capacities; budget allocations to AIDS programming and other resource flows; and project implementation rates). This information will be available on a continuous basis to all partners.
- UNAIDS is significantly reinforcing the **monitoring and evaluation** support offered at regional and country levels. This includes the establishment of a dedicated unit at the World Bank on behalf of UNAIDS, as well as a team of specialists to be spread out across regions and in key countries in collaboration with bilateral organizations and other partners. The approach will be to build national capacity to monitor performance and results and to use this information effectively. In addition, strengthening these skills should increase donor confidence that the technical and financial mechanisms are in place to handle significantly higher levels of resources.

A unit has been set up within the Secretariat specifically to **track resource flows** at all levels and from all sources. This information, which will be fully integrated into CRIS, includes that on resources available through national governments, donors, multilateral organizations (including the Cosponsors and other UN agencies), NGOs and private sources.

F. Gearing up the UN response

Improving UN system support is at the heart of UNAIDS. As this Report suggests, the UN response has expanded significantly during the past two years. UNAIDS Cosponsors have strengthened capacities at all levels, and a number of other agencies have followed suit (e.g., UNIFEM, the Office of the UN High Commissioner for Human Rights, and the Food and Agriculture Organization). It is now correct to speak of a UN system-wide response to this epidemic.

None the less, important challenges remain:

- At global and regional levels, the Unified Budget and Workplan and the UN System Strategic Plan, taken together, provide a framework of accountability for an expanded UN system response to AIDS. The Unified Budget and Workplan, in particular, is unique within the UN system, representing the type of joint planning and substantive collaboration that the Secretary General's programme of UN reform was meant to generate. Key issues now are to measure its results, learn from experience and develop an even better, more comprehensive budget and workplan for the next biennium.
- At country level, the UN must continue to push – and provide intensified support – for scaled-up responses to AIDS. This will require a further sharpening of roles and responsibilities within UNAIDS and the broader UN system, stepped-up collaborative support to national coordination mechanisms, reaching out to an ever-wider range of partners (including communities and people living with HIV/AIDS) and a several fold increase in the resources available to make programmes work.
- To support national efforts more effectively, the UN system should develop its own skills in areas in which these initiatives need the most assistance. As earlier sections of this Report suggest, these include: monitoring and evaluation; costing plans and interventions; and providing programme policy guidance for scaling up care and treatment.

The five-year evaluation of UNAIDS represents an important opportunity for further improvement of the UN response to AIDS. Its recommendations, coupled with UNAIDS' own experience, should help make the UN system an even stronger, more effective and more relevant partner in the struggle against this epidemic.

Across all these priority areas, two themes must dominate. Firstly, this epidemic is increasing most rapidly among **young people**, particularly young people in vulnerable situations. Action must be geared towards reaching the young and to providing them the means to protect themselves from infection, as well as to access appropriate care and treatment. For two years, the World AIDS Campaign has highlighted the plight of young people in a world with AIDS. While some progress has been made, the main result of this effort has been that of revealing ever more starkly the gap between what young people need and what the world seems ready to provide. Secondly, high levels of **stigma and discrimination** continue to impede and undermine efforts to reverse this epidemic. The Declaration of Commitment opens the door for significant progress in reducing stigma and discrimination—an opportunity, among others, that will be seized by dedicating the World AIDS Campaign to this theme for the next two years.

As the epidemic evolves, so must the struggle to reverse it. As HIV/AIDS continues to erode the development gains of the last 20 years, so must efforts to rebuild and reinforce those gains grow stronger and more determined. And as communities and nations despair as they grapple with the spread and overwhelming impact of AIDS, so must UNAIDS redouble its efforts to serve as a centre of excellence, a provider of concrete advice and support and, perhaps most importantly, a source of hope.