



PROGRAMME COORDINATING BOARD

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Provisional agenda item 2:

Promotion and implementation of the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS)

Executive summary

In June 2001, the United Nations (UN) convened a landmark special session on HIV/AIDS (UNGASS) at which 189 Member States adopted a Declaration of Commitment. The Declaration calls upon a range of partners to act upon ten key areas of commitment. While the primary responsibility for implementing the Declaration lies with Governments, the UN system has an important role to play in supporting implementation and in monitoring achievements of the goals and targets within the Declaration.

This paper reports on steps taken to promote full implementation of the UNGASS Declaration of Commitment and presents indicators developed to measure progress in realigning the Declaration's goals and targets.

The PCB is requested to:

- review actions taken or planned to ensure the implementation of the Declaration of Commitment; and
- endorse the proposed 19 indicators for monitoring progress in implementation.

Promotion and implementation of the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS

I. Introduction

In June 2001, the United Nations General Assembly convened a landmark session on HIV/AIDS. The purpose of the Special Session was to review and address the problem of HIV/AIDS in all its aspects, as well as to intensify international action to fight the epidemic and to mobilize the necessary resources. At the Special Session Member States expressed deep concern that the global HIV/AIDS epidemic, through its devastating scale and impact, constituted a global emergency. HIV/AIDS was considered as one of the most formidable challenges to human life and dignity and was seen as undermining social and economic development throughout the world. Delegates emphasized that the continuing spread of HIV/AIDS would constitute a serious obstacle to the realization of the global development goals that were adopted at the Millennium Summit of the United Nations.

During the Special Session, 189 UN Member States, including numerous Heads of State, signed up to a set of goals and targets contained in a Declaration of Commitment. The Declaration calls for global and national action in ten key areas: leadership, prevention; care, support and treatment; HIV/AIDS and human rights; reducing vulnerability; children orphaned and made vulnerable by HIV/AIDS; alleviating social and economic impact; research and development; HIV/AIDS in conflict and disaster-affected regions; and resources. Governments are expected to formulate and implement effective national policies in the above noted areas. Global and regional initiatives are expected to reinforce and complement action at national level.

The purpose of this progress report on follow-up to the UN General Assembly Session on HIV/AIDS is two-fold: (1) to review actions taken or planned to ensure the fullest possible implementation of the Declaration of Commitment; and (2) to present the indicators developed to measure progress in realizing the Declaration's goals and targets.

II. Steps taken to promote full implementation of the Declaration of Commitment

The approach adopted to ensure the fullest possible implementation of the Declaration of Commitment is based on three principles:

- **Implementation of the Declaration of Commitment is a collective responsibility**

The Declaration of Commitment is global in scope, requiring follow-up in all countries, and its implementation depends on the full cooperation of governments, civil society and the United Nations system. **Governments** are primarily responsible for implementing the Declaration's goals and targets, including the measurement of agreed indicators and a regular review of progress toward their achievement. These reviews should be founded on broad-based consultation among stakeholders and their results widely disseminated. Donor governments have an additional

responsibility to provide financial and technical support to the efforts of developing countries, encouraging action within the UN system and promoting the goals of the Declaration in international forums.

Civil society engagement is critical to UNGASS follow-up. Civil society groups act as powerful stimulants of national action as well as influential actors in their own right. Networks of people living with HIV/AIDS or of those at high risk (injecting drug users, men who have sex with men, sex workers) are particularly important. The social mobilization necessary to achieve the Declaration's most important goals can come only through sustained and meaningful civil society engagement.

The **UN system** has embraced the Declaration as the framework for action at country level. UNAIDS is leading the way, with the Cosponsors and the Secretariat having accepted special responsibility in their respective areas of expertise¹. The idea is not that these agencies are solely responsible for these areas, but that each one has a facilitating (or "convening") role in promoting, supporting and monitoring the achievement of specific goals. For its part, the UNAIDS Secretariat will facilitate key areas not covered by other UN organizations, i.e. men who have sex with men, commercial sex workers and evaluation of HIV/AIDS programming at global level, as well as provide overall coordination and support to other partners.

- **Strengthening existing capacities, mechanisms and processes**

In the same spirit as UNGASS preparations, its follow-up should reinforce existing capacities, mechanisms and processes. The objective is not to create new national programmes or UN theme groups or global initiatives; it is to "mainstream" the goals of the Declaration into the "core business" of governments, UN agencies and civil society groups, including the private sector. The Declaration should be clearly recognizable in national development plans, poverty reduction strategy papers (PRSPs), UN Development Assistance Framework papers (UNDAFs) and nongovernmental plans of action. It should provide the framework for moving forward in a wide range of areas, including all those covered in its ten substantive sections.

- **The Declaration as a unifying, motivational tool**

The Declaration of Commitment provides a unique opportunity for advocacy and action. It deals forthrightly with a number of difficult issues, even if it falls short of where we would have liked it to be in one or two important areas (e.g. vulnerable groups). As such, the Declaration can be used to find common ground among groups who do not normally work together. It can serve as a unifying force in a world too often divided when confronting challenges the size and scope of AIDS.

¹ These include, for example: the United Nation's Children's Fund (UNICEF) for orphans and vulnerable children; the United Nations Development Programme (UNDP) for governance and development planning; the United Nations Population Fund (UNFPA) for condom programming for prevention of HIV among young people; the United Nations International Drug Control Programme (UNDCP) for injecting drug use; the International Labour Organisation (ILO) for the world of work; the United Nations Educational, Scientific and Cultural Organization (UNESCO) for the educational sector; the World Health Organization (WHO) for care and support within the health sector and prevention of HIV transmission to pregnant women, mothers and children; the World Bank for evaluation of HIV/AIDS programmes at country level and economic impact; and the UNAIDS Secretariat for men who have sex with men, commercial sex workers, and evaluation of HIV/AIDS programming at global level.

At its meeting in April 2002, the Committee of Cosponsoring Organizations endorsed these principles and also agreed to a series of actions related to the four key areas set out in Table 1. These include: advocacy (e.g. the integration of the Declaration into the agendas of major international conferences); normative guidance and operations support (e.g. the development of an operational guide for UN country teams and other partners on strategies and actions to move forward key elements within the Declaration); communications and public information (e.g. the dissemination of a “user-friendly” version of the Declaration that sets out in plain language the commitments contained therein); and civil society engagement (e.g. collaboration with key networks). The Committee of Cosponsoring Organizations will monitor progress in each of these areas on a regular basis.

III. Monitoring the achievement – goals and targets of the Declaration of Commitment

The development of a monitoring and evaluation framework for the Declaration of Commitment, including identifying a set of key indicators for measuring progress in implementing the Declaration of Commitment, has been a priority for UNAIDS during the past six months. In developing this framework, efforts have been made to be comprehensive enough to provide an adequate picture of progress achieved, yet simple enough to be measured in all countries on an annual basis. Furthermore, the indicators selected build on those already measured by countries. It is recognized that not all indicators will be applicable to all countries and that some countries may report on additional indicators relevant to their specific situations.

• Process for indicator development

The process for developing indicators has included a number of important steps involving and drawing upon the skills of a range of partners:

- In October 2001, the UNGASS framework was developed by the UNAIDS Secretariat in collaboration with a monitoring and evaluation consultancy group. Thereafter, the draft was shared with the Cosponsor Evaluation Working Group (CEWG) for further inputs.
 - In November 2001, discussions of the draft framework took place with the Monitoring and Evaluation Reference Group (MERG) at its meeting in Lausanne, Switzerland, with the participation of multilateral and bilateral agencies and experts from academic institutions.
 - In February 2002, the framework was further refined and discussed with UNAIDS partners including with national counterparts (e.g. national AIDS programme managers and evaluation experts), during a workshop on “Strengthening Monitoring and Evaluation of National HIV/AIDS Programmes in the Context of the Expanded Response” held in Dakar, Senegal.
 - In April 2002, discussion on the draft framework took place at the Monitoring and Evaluation Reference Group (MERG) meeting in Washington, D.C., during which a list of 19 indicators was agreed upon (Annex 1).
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Throughout this process, there has been close collaboration with efforts to develop indicators for the Millennium Development Goals. This will continue in the coming months, with care taken to minimize reporting burdens at country level.

The following paragraphs present the indicators developed for the UNGASS Declaration of Commitment and describe reporting procedures.

- **Proposed indicators**

A selected number of indicators have been developed at global and national levels. At the **global level**, five key indicators have been identified to measure progress in resource mobilization, policy development and advocacy related to the HIV/AIDS epidemic. They will be measured through annual surveys of resource flows, annual desk reviews and qualitative assessments.

At the **national level**, indicators are divided into three categories. The first category focuses on national *action* and seeks to measure the progress of national governments in policy development and resource allocation. National governments' progress related to policy is captured in a national composite policy index that encompasses strategy development, prevention, human rights and care and support. The national composite policy index is calculated by summing up the scores for each of the areas. It will be measured through annual country assessments and will be complemented by more in-depth qualitative surveys every three years. Progress in the area of resource allocation will be measured through biennial surveys on resource flows conducted by UNAIDS in collaboration with national governments and partners.

At the national *programme* level, indicators have been identified to monitor progress in nine areas. These include: knowledge among young people on HIV/AIDS; condom use among young people; HIV policies and programmes in the workplace; life-skills based HIV/AIDS education; adoption of safer behaviours among injecting drug users; management of patients with sexually transmitted diseases; prevention of Mother-to-child transmission (MTCT); treatment; and impact mitigation. While these indicators may not be equally relevant to all countries, they do apply to countries with generalized epidemics. In countries with concentrated and/or low prevalence epidemics, a decision may be made to select among these indicators and/or to report on other indicators pertaining to country-specific situations. Population-based surveys, either in the general population or in specific populations groups, workplace surveys, health facility surveys, and school-based surveys will be carried out to monitor progress. They will either be part of ongoing, multi-purpose surveys such as the Demographic and Health Surveys and UNICEF's Multiple Cluster Surveys, or special surveys designed for this purpose. In addition, a survey model aimed at measuring national programme indicators is being developed. It is envisioned that the UN Theme Groups, bilateral agencies and other partners will support such a survey once the instrument is available.

The *impact* of national efforts will be measured through two indicators. One will focus on the prevalence of HIV among young people and the other on the percentage of infants born to HIV-infected mothers who are themselves infected. Data from national

HIV sentinel surveillance and estimates based on programme coverage will be used to determine the prevalence of HIV among young people and neonates.

- **Reporting on progress**

The Declaration of Commitment requires that “at least one full day of the annual session of the General Assembly be devoted to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in the Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress” (paragraph 100). To meet this requirement, countries will be requested to report on progress made against the indicators. Governments may wish to draw upon their national periodic reviews (as noted in paragraph 94 of the Declaration of Commitment), to report on progress. The inputs received from governments will be synthesized into the annual report of the Secretary-General to the General Assembly, as referred to in the above-cited paragraph.

For 2002, since the indicators were not yet ready, a questionnaire was sent to all governments to gather information for the first report, which will be presented to the fifty-seventh session of the General Assembly (September 2002). The information contained in this first report will be used to establish baseline data and to reflect initial progress towards the attainment of the targets set for 2003 and 2005.

The measuring of these indicators, however, should not be seen exclusively, or even primarily, as related to an annual reporting requirement. The purpose of the indicators is to assist in improving national AIDS programmes. Taken together, they provide a comprehensive, practical overview of a programme’s strengths and weaknesses, thereby highlighting areas requiring greater attention and/or in need of special support. Based on experience gained during the first few years, the indicators will be refined in order to serve this substantive purpose ever more effectively.

Table 1. Four key areas of action related to implementation of the Declaration of Commitment

Area of action	Specific activities
I. Advocacy and governing bodies 1. Resolutions/decisions making explicit mention of UNGASS follow-up adopted by Governing Boards of as many UN entities as possible	<ul style="list-style-type: none"> • Establish strategic plan <i>vis-à-vis</i> major governing bodies
2. Global/Regional conferences addressing UNGASS follow-up	<ul style="list-style-type: none"> • List of key conferences/meetings to be compiled and monitored • Strategy for each event to be delineated in collaboration with relevant partners
3. Annual Report on the implementation of the Declaration of Commitment prepared for UN General Assembly	<ul style="list-style-type: none"> • Procedural resolution adopted by the 56th UNGA (March 2002) stating that first comprehensive report to be presented to the 57th UNGA (September 2002) • First substantive report on progress in implementing the Declaration of Commitment prepared for the 57th Session of UNGA (October 2002) • Supporting countries in conducting national reviews • Coordinate with civil society (globally and nationally) to coordinate inputs
II. Normative guidance and operational support 1. HIV/AIDS included as top priority for UN Country Teams in highly affected or at risk countries/regions	<ul style="list-style-type: none"> • Letter from UN Secretary-General to all Resident Coordinators (July 2001) • Letter from EXD/UNAIDS and EXD/UNFPA (as Chair of CCO) to all Theme Group Chairs (July 2001) • UNDG Guidance Note sent to all UN Resident Coordinators (August 2001) • Letter from UN Secretary-General to UN Resident Coordinators in Asia (November 2001)
2. Comprehensive strategy developed for operationalization of the Declaration of Commitment	<ul style="list-style-type: none"> • Review similar strategies done for other Declarations • Develop outline for operational strategy and consult widely with partners • Draft strategy for review by partners • Disseminate strategy and monitor use
3. UNGASS indicators applied and measured in all countries	<ul style="list-style-type: none"> • Develop draft indicators, in consultation with Cosponsors and other partners and in coordination with the Millennium Development Goal process • Validate through consultation with national AIDS programmes • Develop plan for “rolling out” indicators at country level, including guidance note on their use and application
III. Communications and public information 1. Declaration of Commitment made widely available in user-friendly form	<ul style="list-style-type: none"> • Develop and disseminate user-friendly version of Declaration of Commitment • Develop poster summarizing Declaration of Commitment • Develop brochure summarizing Declaration of Commitment • Develop brochures highlighting different sections of Declaration of Commitment
2. Comprehensive strategy for promotion of Declaration of Commitment developed	<ul style="list-style-type: none"> • Identify key events and other opportunities to promote Declaration of Commitment • Integrate Declaration of Commitment into broader HIV/AIDS advocacy and communication strategies (including those of Cosponsors and other partners) • Promote and disseminate best practice examples of use and promotion of the Declaration of Commitment at national level
3. Link communications strategy of Global Fund to Declaration of Commitment	<ul style="list-style-type: none"> • Include reference to the Declaration of Commitment in Global Fund promotional material • Make explicit the links between the Global Fund and Declaration of Commitment
IV. Civil society engagement 1. Strategy developed for a broad-based, comprehensive involvement of civil society groups in UNGASS follow-up	<ul style="list-style-type: none"> • Identify 3-5 key networks as collaborators in strategy development • Develop “sub-strategies” to promote sections/objectives of the Declaration of Commitment that concern particular vulnerable groups
2. NGO UNGASS Follow-up Advocacy Guide and Action Plan further developed, coordinated with strategy described above (point 1) and promoted	<ul style="list-style-type: none"> • Provide resources and other support to organizations leading this effort • Monitor development and impact
3. Civil society activity involved in annual UNGA reporting on implementation of Declaration of Commitment	<ul style="list-style-type: none"> • Involve key organizations and networks in global discussions on report to the 57th Session of UNGA • Identify 4-5 countries in which involvement of civil society in national reporting and monitoring mechanisms (and used as model for other countries)
4. Networks of People Living with HIV/AIDS strengthened at all levels to participate proactively in response to HIV/AIDS	<ul style="list-style-type: none"> • Provide support to development of comprehensive follow-up strategy • Help identify resources to fund the strategy

Annex I
Draft list of core UNGASS indicators

<i>Indicators</i>	<i>Reporting schedule</i>	<i>Method of data collection</i>
Global action		
1. Amount of funds spent by international donors on HIV/AIDS in developing countries and countries in transition	Annual	Survey on resource flows
2. Amount of public funds for research and development of global public goods, including vaccines and microbicides	Annual	Survey on resource flows
3. % of multinational and private-sector companies that are present in developing countries and that have HIV/AIDS workplace policies and programmes	Annual	Desk review
4. % of international development organizations that have integrated HIV/AIDS into their cooperation programmes	Annual	Desk Review
5. Annual documentation of high level HIV/AIDS advocacy at global and regional levels	Annual	Qualitative assessment and desk review
National action		
1. National Composite Policy Index (see page 2)	Biennial	Country assessment questionnaire
2. Amount of national funds allocated to HIV/AIDS	Biennial	Survey on resource flows
National programme		
1. % of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission * (Target: 90% by 2005; 95% by 2010)	Every 4-5 years	Population-based survey
2. % of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sex partner	Every 4-5 years	Population-based survey
3. Ratio of orphaned to non-orphaned children aged 10-14 who are currently attending school*	Every 4-5 years	Population-based survey
4. % of schools with teachers who have been trained in life-skills based HIV/AIDS education and who taught it during the last curriculum year	Biennial	School-based survey & education programme review
5. % of large enterprises/companies that have HIV/AIDS prevention and care policies and programmes	Biennial	Workplace survey
6. % of injecting drug users who have adopted behaviours that reduce transmission of HIV	Biennial	Special survey
7. % of patients with STIs at health care facilities who are appropriately diagnosed, treated and counselled	Biennial	Health facility survey
8. % of HIV positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT	Biennial	Health facility survey & programme monitoring
9. % of people with advanced HIV infection receiving ARV therapy	Biennial	Programme monitoring
Impact assessment		
1. % of young people (pregnant women) aged 15-24 who are HIV infected * (Target: 25% reduction in most affected countries by 2005; 25% reduction globally by 2010)	Biennial	HIV sentinel surveillance
2. % of infants born to HIV-infected mothers who are infected (Target: 20% reduction by 2005; 50% reduction by 2010)	Biennial	Estimate based on programme coverage

* Millennium Development Goals

National composite policy index

(Indicator # 1 in the national action indicators)

A. Strategy development:	<ol style="list-style-type: none"> 1. Country has HIV/AIDS integrated into part of their general development plan 2. Country has functional, national, multi-sectoral HIV/AIDS management/coordination body 3. Country has a functional public/private forum for interaction between Government, the private sector and civil society 4. Country has a coordinating forum for civil society organizations 5. Country has evaluated the socio-economic impact of HIV/AIDS and developed multi-sectoral strategies especially for youth and the work force 6. Country has a strategy that addresses HIV/AIDS among national uniformed services including armed forces and civil defence forces
B. Prevention	<ol style="list-style-type: none"> 7. Country has a policy on reproductive and sexual health education for young people 8. Country has a policy and prevention programmes to promote and protect the health of groups with a high or increasing rate of HIV infection 9. Country has a policy and prevention programmes for migrants and mobile workers 10. Country has a policy to expand information, education and communication in HIV and access to essential commodities 11. Country has a policy to reduce MTCT
C. Human Rights:	<ol style="list-style-type: none"> 12. Country has legislation, regulation and/or other measures to eliminate all forms of discrimination against the rights of people living with HIV/AIDS 13. Country has a legal and policy framework that protects the rights of workers living with and affected by HIV/AIDS in the workplace 14. Country has a policy for the promotion of the rights of women and girls who are affected or at-risk for HIV/AIDS
D. Care and support:	<ol style="list-style-type: none"> 15. Country has regulations that ensure evaluation of research protocols for HIV-related treatment by an independent committee of ethics 16. Country has reviewed and or revised national pharmaceutical policies and practices concerning antiretroviral drugs and other HIV/AIDS-related drugs 17. Country has a policy to strengthen health care systems, including factors affecting the provision of HIV-related drugs 18. Country has a policy and or strategy to provide psychosocial care for those affected by HIV/AIDS, including for marginalized groups 19. Country has a policy that addresses orphans and vulnerable children