



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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## **PROGRAMME COORDINATING BOARD**

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**Unified Budget and Workplan 2002-2003**

**Performance report**

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## **Executive summary**

UNAIDS undertook a joint review of the performance of the Joint Programme in implementing the 2002-2003 Unified Budget and Workplan (UBW). The review identified achievements as well as areas for improvement both collectively and for individual Cosponsors and the Secretariat.

**Engagement** In implementing the UNAIDS Unified Budget and Workplan 2002-2003 the Joint Programme significantly increased the intensity and coherence of its engagement in the fight against HIV/AIDS. Additional human and financial resources were dedicated to HIV/AIDS work, and institutional policies and plans of Cosponsors were reformulated to tackle HIV/AIDS. Cosponsors and the Secretariat actively undertook to provide leadership on a set of priority themes through the convening agency mechanism.

**Improving support to countries.** UNAIDS implemented a new framework for more effective country assistance, focusing on the five cross-cutting functions of the Joint Programme. A range of actions were taken to strengthen the function of Theme Groups on HIV/AIDS, and UN Country Teams developed UN Implementation Support Plans to sharpen and harmonize UN efforts to assist countries. Due in large measure to extensive assistance provided by the Joint Programme, virtually all heavily-affected countries now have national AIDS strategies, with many of them having national coordinating bodies led by Heads of State/Government. A joint inter-agency initiative was launched to address the increasing HIV/AIDS burden in Southern Africa impacting food security and loss of institutional capacity.

**Advocacy and Leadership.** UNAIDS took the lead in promoting the United Nations General Assembly Special Session on HIV/AIDS *Declaration of Commitment* as a mechanism to drive the response world-wide. Advocacy in priority countries helped generate important breakthroughs for sustained commitment to fight HIV/AIDS. Individual Cosponsors led global advocacy efforts in different regions and thematic areas. The World AIDS Campaign helped move stigma and discrimination associated with HIV/AIDS, and the human rights approach, on to the global agenda.

**Strategic Information to Guide National Responses.** In 2002-2003, UNAIDS remained the world's primary source of information on epidemiological trends and best practices. During the biennium UNAIDS improved the evidence base for epidemiological estimates and assisted countries to develop national surveillance systems. Various practical guidelines were issued covering diverse issues, such as introduction of antiretroviral therapy in resource-limited settings; recommendations on mobilization of debt relief for HIV/AIDS; best practices for peer education and young people; recommendations on HIV and infant feeding; and guidelines on condom programming. As scientific questions emerged—such as the role of unsafe injections in HIV transmission in Africa—UNAIDS convened experts to analyze evidence and issue scientific and policy guidance.

**Monitoring and Evaluation.** UNAIDS issued a major report on progress in implementation of the *Declaration of Commitment* by countries. It spearheaded the harmonization by multiple donors of monitoring and evaluation systems, facilitating agreement on a set of core

indicators, and helped to enhance monitoring and evaluation capacity, globally, and at country level.

**Partnership Development.** UNAIDS continued to cultivate and strengthen partnerships in key areas, including with networks of people living with HIV. Partnering with business through, for example, the Global Business Coalition on HIV/AIDS and the World Economic Forum helped enhance engagement by business and industry in the global response. UNAIDS supported a broad array of faith-based organizations to foster leadership by the religious world in the fight against HIV/AIDS. Leading media companies from all regions were brought together in a major new initiative to use the media for HIV/AIDS awareness.

**Resource Mobilization.** Advocacy by a number of major players, including UNAIDS, contributed to major breakthroughs to make antiretroviral drugs affordable for millions of people. UNAIDS significantly increased the level of financial resources for HIV/AIDS assistance, in large part through the Multi-Country AIDS Programme of the World Bank. The Joint Programme also sponsored or facilitated donor roundtables in numerous countries, generating tens of millions of dollars in pledges for country-level HIV/AIDS programmes. UNAIDS contributed to the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and assisted countries to develop proposals for the Fund.

### **Key Challenges**

Assisting countries to programme the substantial new financial resources and build human capacity represents a key challenge for the Joint Programme. The “3 by 5” initiative (three million people on antiretroviral treatment by 2005) represents a critical test.

UNAIDS needs to capitalize on the opportunities presented in countries with concentrated epidemics and reach populations at greater risk of HIV infection, in particular, sex workers, men who have sex with men, imprisoned populations and other sub-groups, where HIV incidence may rise unnoticed, or be ignored before spreading to the general population. Some groups have lacked a clearly visible and effective advocate within the Joint Programme.

There is an acute need to strengthen the linkage between operations research and programmatic decision-making to ensure that available resources are used strategically, reinforcing experience sharing and turning knowledge into effective programmes.

Within UNAIDS, the cross-cutting issues of human rights and gender need to be more consistently mainstreamed. Stigma and discrimination continue to handicap the response, and the growing feminization of the epidemic is still lacks full recognition. Initiatives started late in the biennium, such as the Global Coalition on Women and AIDS, show considerable promise, but these issues must find their place in the centre of programmatic decision-making.

While the functioning of UN Theme Groups on HIV/AIDS evolved significantly during 2002-2003, much remains to be done to ensure that UN Country Teams are fully effective in helping countries to plan, implement and monitor and evaluate their response to the epidemic.

The Joint Programme needs to continue to improve its monitoring, evaluation and reporting on its own HIV/AIDS work to demonstrate clearly the value added of UNAIDS, and to learn lessons from collective experience. A major focus of these efforts should be on identifying country-level results. Thematic evaluations cutting across the Cosponsors and the Secretariat could be an important method for learning by the Joint Programme.

## **Introduction**

This report presents an overview of the UNAIDS achievements in implementing the 2002-2003 Unified Budget and Workplan (UBW). It is the outcome of a performance review undertaken by UNAIDS Cosponsoring organizations and the Secretariat through a structured and participatory process, allowing for critical reflection on the progress, implementation and coordination of UNAIDS efforts at global and regional levels.

UNAIDS Cosponsors submitted to the Secretariat available documentation on progress made towards achieving UBW objectives including their technical and financial reports on the implementation of the UBW-related work and funds utilization. With the assistance of outside consultants, the Secretariat reviewed and analyzed the documentation.

The desk review of written documentation was supplemented by extensive key informant interviews in December 2003-February 2004 with officials responsible for HIV/AIDS activities in Cosponsoring organizations. These interviews sought to fill gaps from the documentation and to solicit additional observations and insights on areas where UNAIDS collective and agency-specific efforts were meeting with success, and where improvements were needed.

Through the desk review and key informant interviews, evidence of progress made towards achieving UBW objectives was identified, as were gaps and challenges confronting UNAIDS' efforts in responding effectively to the epidemic.

The findings on UNAIDS' collective progress, gaps, and challenges, are set forth in Section III of this report. Section III is followed by summaries of the progress achieved and remaining challenges in UNAIDS' interagency work, in the work of individual Cosponsors and the Secretariat. In addition to the present report, a technical supplement was prepared. The supplement offers a detailed matrix of outputs delivered by each Cosponsoring organization, the UNAIDS Secretariat and interagency efforts.

## **Overview**

Under the 2002-2003 UBW, the Joint Programme significantly increased the intensity of its engagement in the fight against HIV/AIDS Levels of cooperation internally and with external partners, and the quality and magnitude of its support to countries improved. While much of the groundwork for these achievements had been laid in developing the UBW, efforts to enhance the Programme's effectiveness, strategic focus, coherence and transparency accelerated following direction provided by the PCB in 2002 following the external five year evaluation of UNAIDS. This section summarizes key achievements by the Programme in 2002-2003 and identifies major, ongoing challenges.

## **Key Achievements**

***Improving Collaboration and strengthening commitment.*** The degree of engagement by all components of the Joint Programme, as well as the unity of purpose and strategic coherence of UNAIDS' collective work, strengthened significantly in 2002-2003.

- The World Food Programme became the ninth Cosponsoring Organization of UNAIDS. The profile of HIV/AIDS within each Cosponsoring organization grew significantly, with HIV/AIDS becoming one of the corporate priorities. All Cosponsors now have dedicated HIV/AIDS units. Executive Heads of Cosponsors have become more personally involved, in both advocacy and in ensuring that HIV/AIDS work features as a priority within their agency. Moreover, governing boards of Cosponsors consider HIV/AIDS as a standing agenda item.
- Cosponsors increased significantly the number of staff devoted to HIV/AIDS work. For example, the number of HIV/AIDS-dedicated full-time equivalent staff increased from 24 in 2002 to 76 in 2003-2005 at UNDP; from 155 to 265 at WHO; from 31 to 80 at ILO; and from 12 to 26 at UNODC.
- Coordination within UNAIDS has been noticeably enhanced at global level through the identification of "convening agencies" each of which provides leadership on one or more of ten priority themes (for example, as convening agency on injecting drug users, UNODC coordinates strengthened UNAIDS activities on HIV prevention for injecting drug users). At regional level, the coherence of the UN response to HIV/AIDS increased through UN Regional Task forces addressing key regional needs (for example, on mobility and HIV/AIDS with UNDP as convening agency), and at country level through UN Implementation Support Plans on HIV/AIDS.
- In recognition of the increasing HIV/AIDS burden in Southern Africa impacting food security and loss of institutional capacity, the UN system in 2003 embarked on a comprehensive strategy to increase its cooperation, engagement and effectiveness in the region to assist countries in preserving national capacity and overcoming barriers to programmatic scale-up.
- In 2002-2003, in connection with development of the 2004-2005 UBW, UNAIDS worked to reduce duplication and promote strategic coordination in all aspects of the Joint Programme's work. Thematic and regional consultations contributed to the development of a more coherent UBW for 2004-2005.

***Increasing support to countries.*** In response to direction from the PCB in 2002 following the external evaluation, UNAIDS sharpened and strengthened its support to countries. Already in 2003:

- UNAIDS implemented a new framework for more effective country assistance, focusing on the five cross-cutting functions of the Joint Programme. Country and regional staff were trained on the new framework, and staff in the field overwhelmingly report that the framework has significantly strengthened the quality and coherence of UNAIDS country support.
- Both the Secretariat and Cosponsors significantly increased the number of staff working the field. The 2004-2005 UBW increases the number of UNAIDS country staff by 46%; Cosponsors (UNESCO, for example) have created new HIV/AIDS focal points in country and regional offices.
- In cooperation with UNAIDS, the Chair of the UN Development Group advised Resident Coordinators and UN System Heads at country level to increase HIV-related coordination of the UN system by strengthening UN Theme Groups of HIV/AIDS. The UNAIDS Secretariat developed and released the *Action Guide* for United National Country Teams on implementing the *Declaration of Commitment on HIV/AIDS*.
- UN Country Teams began developing UN Implementation Support Plans to sharpen and harmonize UN efforts to assist countries in implementing national responses.
- At the International Conference on AIDS and STIs in Africa in September 2003, diverse stakeholders reached agreement on three key principles for coordinating country-level action world-wide: one agreed HIV/AIDS action framework for all partners, one national AIDS authority, and one agreed country-level monitoring and evaluation system. UNAIDS immediately embraced these principles as a framework for country support.
- Due in large measure to extensive assistance provided by the Joint Programme, virtually all heavily-affected countries now have national AIDS strategies, with many of them having national coordinating bodies led by Heads of State/Government.

***Advocacy and Leadership.*** Recognized by the external evaluation as a key strength of the Joint Programme, advocacy and leadership development continued to show major successes in the 2002-2003 biennium.

- The Secretariat and Cosponsors took concerted action to promote the *Declaration of Commitment* as a mechanism to drive the response world-wide. A key event was an all-day meeting of the UN General Assembly in September 2003, which featured the attendance of 18 Heads of State/Government and submission of a *Report* by the Secretary-General on progress thus far in implementing the *Declaration*.
- UNAIDS significantly increased its advocacy in priority countries, helping generate important breakthroughs in China, India and Indonesia, for high-level and sustained commitment to fight HIV/AIDS.
- Individual Cosponsors—often working through the convening agency mechanism—led global advocacy efforts in different regions or thematic areas. UNDP Leadership Development Programmes, for example, generated substantially stronger and more diverse HIV/AIDS leadership in countries throughout the world. WHO significantly increased its advocacy on treatment access, UNICEF issued a major report on orphans and vulnerable children, and ILO promoted adoption in public and private sectors of the ILO *Code of Practice on HIV/AIDS in the world of work*.
- In 2003, the UNAIDS Secretariat, UNFPA and other partners began developing and planning for the Global Coalition on Women and AIDS, to increase advocacy on the epidemic's gender dimensions.

- The *World AIDS Campaign* continues to strengthen its coordinated inter-agency stance under the leadership of the UNAIDS Secretariat. In 2002-2003 the jointly planned World AIDS Campaign focused on stigma and discrimination associated with HIV/AIDS and the promotion of a human rights approach.
- UNAIDS engaged peacekeepers, national uniformed services and their leadership from 36 countries in the fight against HIV/AIDS.

**Strategic Information to Guide National Responses.** In 2002-2003, UNAIDS remained the world's primary source of information on epidemiological trends and best practices.

- A survey by the International AIDS Economic Network cites UNAIDS as the world's most reliable source of information on HIV/AIDS, with the World Bank and WHO also being included in the top five information sources worldwide. Visits to the UNAIDS web site, which was redesigned in 2003, increased from 5400 daily in January 2002 to 9800 daily in December 2003.
- The Joint Programme generated key strategic information at global and national levels. The UNAIDS Secretariat, WHO and other stakeholders significantly improved the evidence base for UNAIDS epidemiological estimates and reports by providing assistance to countries to improve national surveillance systems. Guidelines on introduction of antiretroviral therapies in resource-limited settings were issued as well as recommendations on mobilization of debt relief for HIV/AIDS. Orphans and other children received special attention with the issuance of best practices and guidelines for peer education and young people. To accelerate the implementation of programmes to prevent mother-to-child transmission (PMTCT), the Joint Programme issued guidance on optimal approaches to PMTCT and developed recommendations on HIV and infant feeding. UNFPA and the UNAIDS Secretariat developed a guide on condom programming that analyzes data demonstrating the effectiveness of condoms and surveys best practices on encouraging condom use. UNAIDS developed a comprehensive set of key materials to address HIV/AIDS in uniformed services.
- As scientific questions emerged—such as the role of unsafe injections in HIV transmission in Africa—the Joint Programme convened experts to analyze available evidence and issue scientific and policy guidance.

**Monitoring and Evaluation.** In accordance with the PCB decisions in 2002, UNAIDS strengthened its capacity and leadership on monitoring and evaluation.

- Using the Declaration of Commitment as a basic framework, UNAIDS spearheaded the harmonization by multiple donors of monitoring and evaluation systems by facilitating agreement on a set of core indicators.
- Using a broad array of data sources—including national reports, UNICEF surveys, and information provided by UNAIDS Secretariat and WHO country staff—UNAIDS in 2003 issued a major report on progress in implementation of the *Declaration of Commitment* by countries.
- Monitoring and evaluation capacity—both globally, and at country level—was enhanced. In particular, the Global AIDS Monitoring and Evaluation Team was created by the Joint Programme and housed at the World Bank.



**Partnership Development.** UNAIDS continued to prioritize the cultivation and strengthening of partnerships with key sectors.

- Partnership mechanisms now exist in 71 different countries.
- At both national and global levels, the Joint Programme forged strong and supportive partnerships with networks of people living with HIV.
- Through working partnerships with the Global Business Coalition on HIV/AIDS and the World Economic Forum, UNAIDS promoted greater engagement by business and industry in the global response.
- UNAIDS supported a broad array of faith-based organizations—at global, regional and national levels—facilitating leadership by the religious world in the fight against HIV/AIDS.
- In collaboration with the Henry J. Kaiser Family Foundation, UNAIDS united leading media companies from all regions in a new initiative to use the media to increase HIV/AIDS awareness.
- UNAIDS is building partnership agreements with countries by which they commit themselves to developed national response programme on HIV/AIDS in uniformed services.

**Resource Mobilization.** UNAIDS contributed to an unprecedented growth in the level of resources available for HIV/AIDS.

- Funding for HIV/AIDS in developing countries and countries in transition has significantly grown, from less than US\$ 300 million in 1996 to an estimated US\$ 4.7 billion in 2003.
- Advocacy by a number of major players, including UNAIDS, contributed to major breakthroughs in making antiretroviral drugs affordable for millions of people.
- UNAIDS has significantly increased the level of financial resources for HIV/AIDS assistance, in large part through the Multi-Country AIDS Programme of the World Bank, which has committed US\$ 1.2 billion in assistance to countries in Africa and the Caribbean.
- UNAIDS sponsored or facilitated donor roundtables in numerous countries, generating tens of millions of dollars in financial pledges for country-level HIV/AIDS programmes.
- UNAIDS supported countries to access directly resources from a range of bilateral agencies to fund HIV/AIDS work as well as to develop HIV/AIDS sensitive national budgets.
- UNAIDS, WHO and the World Bank contributed to the creation and success of the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNAIDS assistance to countries in proposal development contributed to generating US\$ 1 billion in new financial assistance.
- UNAIDS significantly enhanced its capacity to track financial resources for HIV/AIDS, providing regular reports to PCB and other stakeholders on the state of HIV/AIDS financing. Estimates of resource needs by UNAIDS also enabled the Joint Programme to advise donors on resource gaps for different regions and for key interventions.

## **Key Challenges**

Despite these considerable achievements, the Joint Programme also confronted important challenges to its effectiveness in 2002-2003. Although the 2004-2005 UBW is designed to address these challenges, they are unlikely to disappear in the near future as potential impediments to making significant progress against the epidemic.

***Bringing programmes to scale.*** Although financial resources for HIV/AIDS have grown dramatically in recent years, coverage levels for essential prevention, care, treatment and support interventions remain inadequate. Assisting countries to programme these substantial new financial resources and to build human capacity represents a key challenge for the Joint Programme. The “3 by 5” initiative (three million people on antiretroviral treatment by 2005) represents a critical test for the Joint Programme, requiring the highest level of engagement from all Cosponsors and the Secretariat, particularly at country level. Never before has the Joint Programme attempted an initiative this ambitious.

***Ensuring a comprehensive, integrated response.*** While “3 by 5” will demand unprecedented engagement by the Joint Programme and new ways of doing business, it is equally essential that prevention and support interventions not be de-prioritized in the effort to bring antiretroviral-therapy programmes to scale. Promotion and support for a comprehensive approach to HIV/AIDS response with interrelated and mutually reinforcing prevention, treatment and impact-mitigation must be the focus of UNAIDS action.

***Reaching vulnerable and populations at high risk of HIV.*** UNAIDS needs to capitalize on the opportunities to reverse the courses of spread of HIV/AIDS in countries with concentrated epidemics and reach populations at greater risk of HIV infection, in particular sex workers, men who have sex with men, imprisoned persons and other sub-groups, where HIV incidence may rise unnoticed or ignored before spreading to general population. These groups in particular, need dedicated advocates and technical expertise hubs within the UNAIDS partnership. Some of these population groups at greater risk of HIV infection lack a clearly visible and effective advocate within the Joint Programme. UNAIDS must lead and support strategic decision making in these areas which to date have been under-prioritized or largely ignored. Although UNAIDS coordination on issues relating to injecting drug use has significantly improved, even greater efforts are needed to prioritize prevention and care for injecting drug users, who represent the largest group of HIV/AIDS cases in many countries with emerging epidemics. Likewise, UNAIDS needs to continue and strengthen its efforts to address HIV/AIDS among uniformed services (military, police etc.), mobile population groups at much higher risk of HIV infection than the populations they serve.

***Bringing strategic information to bear on programmatic decision.*** There is an acute need to strengthen the linkage between operations research and programmatic decision-making to ensure that the resources available are used as strategically as possible. For example, additional efforts are needed to ensure that the Country Response Information System (CRIS) is nationally owned, effectively used and sufficiently adaptable to supply reliable data on the epidemic and the response to it worldwide. There is an acute need to strengthen the linkage between operations research and programmatic decision-making to ensure that available

resources are used strategically, reinforcing experience sharing and turning knowledge into effective programmes.

***Addressing cross-cutting issues.*** Within UNAIDS, the cross-cutting issues of human rights and gender are not consistently given sufficient prominence and need considerable reinforcement. Stigma and discrimination continue to handicap the response, and the growing feminization of the epidemic is just now being fully recognized. Initiatives started late in the biennium, such as the Global Coalition on Women and AIDS, show considerable promise, but these issues must find their place in the centre of programmatic decision-making.

***Strengthening country level coordination.*** While the functioning of UN Theme Groups on HIV/AIDS evolved significantly during 2002-2003, much remains to be done so that UN Country Teams are fully effective in helping countries to plan, implement and monitor and evaluate their response to the epidemic.

***Strengthening accountability and performance monitoring.*** In view of the interrelated challenges outlined above, the Joint Programme needs to continue to improve its monitoring, evaluation and reporting on its own HIV/AIDS work to demonstrate clearly the value added of UNAIDS, and to learn lessons from collective experience. A major focus of these efforts should be on identifying country-level results. Thematic evaluations cutting across the Cosponsors and the Secretariat could be an important method for learning by the Joint Programme.

## **Interagency work**

### **Objectives for the work in 2002-2003**

The purpose of the interagency component was to:

- (a) provide support to country-level activities through the UNAIDS Programme Acceleration Fund (PAF) and operational support to UN Theme Groups on HIV/AIDS, and
- (b) facilitate the work of global Interagency Task Teams in key areas.

### **Key achievements**

- *Intensified and better coordinated support to countries.* The number of UNAIDS Country Coordinator positions increased to 54. The stature of the country-level staff was raised. In 2003 new guidelines on UN Implementation Support Plans on HIV/AIDS (UN –ISP) were issued to support the work of UN Theme Groups on HIV/AIDS. Already in 2003, UN Theme Groups in 26 countries developed UN-ISPs.
- *Catalytic support for country responses.* In 2002- 2003, UN Theme Groups in 116 countries accessed Programme Acceleration Funds and a total of 145 projects were funded from core PAF. The distribution of core PAF by sub-region was: Africa 37%, Asia and Pacific 26 %, Latin America and the Caribbean 16 %, North Africa and Middle East 4%, Europe and Central Asia 13 %.
- A further US\$ 3.7 million was mobilized and channelled to countries through the PAF mechanism. PAF funded: i. Neglected areas that are key determinants of HIV/AIDS in specific contexts (sex work, injecting drug use, prison populations) 25%, ii. National strategic planning, including planning at decentralized levels 24%, iii. Innovative partnerships 17%, iv. Greater involvement of people living with HIV/AIDS 12%, v. UNGASS on HIV/AIDS follow-up 8%, vi. Country Response Information System 6%, vii. Design and development of major grants 5%, viii. UN Integrated Workplanning 3%.
- *Prevention of transmission of HIV to mothers and their infants.* Interagency efforts, under the leadership of WHO and UNICEF with active involvement of UNFPA, World Bank, the UNAIDS Secretariat, resulted in the development of core indicators and a supporting manual on monitoring and evaluation for prevention of mother to child transmission of HIV (PMTCT) programmes, which will guide the development of regional and country-level action and harmonize efforts among UN agencies and key collaborating institutions. In addition, an advocacy brochure was developed, offering success stories, lessons learned, future challenges and evidence of the effectiveness of the recommended interventions, as well as the framework for priority actions on HIV and infant feeding. In South Asia a regional PMTCT framework was prepared with country-specific action plans developed in Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. In Western and Central Africa, support was provided to four countries to scale up PMTCT services, including access to HIV testing and counseling. In Europe, a PMTCT strategy was prepared and joint assessments conducted in Armenia, Kazakhstan and Ukraine and the documented

experiences widely disseminated. A model training curriculum for health workers on PMTCT were developed and pilot tested in Africa and the Caribbean.

- *Affordable HIV/AIDS care and treatment including antiretroviral drugs.* Under the leadership of WHO a number of UNAIDS Cosponsoring organizations and the UNAIDS Secretariat worked to enhance health system capacity to deliver care and support to people living with HIV, including access to HIV drugs. A Report on the Accelerating Access Initiative was produced and distributed at the XIV International AIDS Conference in Barcelona. With the UNAIDS Secretariat and the World bank, WHO supported the Treatment Awareness Summit in Cape Town in March 2003, which brought together treatment activists from all over the world and supported a global movement on treatment literacy. Guidelines on the pre-qualification for generic anti-retroviral drugs were adopted by the Expert Committee on Specifications of Pharmaceutical Preparations. To ensure wide access to key information, a web site for the International Treatment Accelerated Coalition was developed.
- *Life skills education approaches for in-school and out-of-school youth.* UNDP, UNFPA, UNICEF, UNODC, WHO, World Bank, ILO, the UNAIDS Secretariat and a number of bilateral agencies united their efforts under the convening banner of UNESCO to successfully develop “HIV/AIDS and Education: A Strategic Approach”, accompanied by a model policy package for education decision-makers and an evidence-based advocacy paper.
- *Youth-friendly reproductive and sexual health services.* Enhancement of programme approaches on HIV/AIDS prevention for young people was the focus of another inter-agency effort involving WHO, UNICEF, UNESCO, UNDP, United Nations International Drug Control Programme, UNFPA, ILO and the UNAIDS Secretariat under the leadership of UNFPA . The mapping of needs and activities and an analysis of effective programme approaches for HIV/AIDS prevention interventions for young people were produced. The results will be used to guide the design of programmes and interventions. In addition, a monitoring and evaluation guide to assess HIV/AIDS prevention interventions for young people was developed and made widely available.
- *Orphans and vulnerable children.* UNICEF spearheaded the collaborative work on the development of a normative framework for responding to the orphan crisis. In October 2003, at the first ever Global Partners Forum on orphans and vulnerable children, UN agencies, governments, bilateral donors, non-governmental and faith-based organizations, research and academic institutions, private foundations and other civil society agencies agreed to a Framework for Care, Protection and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS as a tool to guide, accelerate and monitor the response. The framework is also used for advocacy to attract new partners and to position orphans and vulnerable children high on global, national and local agendas.
- *Condom Programming for Prevention of HIV Infection.* Under the leadership and convening role of UNFPA, several UN organizations including UNICEF, WHO, the World Bank and the UNAIDS Secretariat as well as the International Planned Parenthood Federation worked jointly to identify and address user and provider

perspectives on condom use. This included assessment of myths, perceptions and fears that hinder correct and consistent use of condoms, both male and female.

- *Gender-based inequalities fuelling the epidemic.* The joint efforts of UNICEF, UNDP, ILO, World Bank, Office of the United Nations High Commissioner for Human Rights (OHCHR), UNESCO, UNFPA, and World Food Programme (WFP), under the leadership of UNFPA and the United Nations Development Fund for Women (UNIFEM), developed an advocacy tool—a Gender and HIV/AIDS Resource Packet . The packet was made widely available with a set of core messages and key principles on gender and women’s empowerment as well as 17 fact sheets to support advocacy and programming action.
- *HIV/AIDS in emergency settings.* The UNAIDS Interagency Task Team on HIV/AIDS in Emergency Settings under the leadership of WHO together with UNICEF, UNFPA and the UNAIDS Secretariat, helped to produce Guidelines on HIV/AIDS in emergency settings and four fact sheets focusing on children, women and food. The Task Team also produced a training module on HIV/AIDS in crisis settings, with a multi-sectoral perspective both for humanitarian and development actors.
- *Drug-related HIV infection.* The interagency efforts of UNICEF, WHO, the UNAIDS Secretariat with UNODC in the lead mapped the UN system’s support to national efforts on HIV/AIDS and injecting drug use in 24 countries of Eastern Europe and Central Asia, Sub-Saharan Africa, North Africa and Middle East, Latin America and East and West Asia. This interagency effort supported mobilization and building capacity of members of UN Theme Groups on HIV/AIDS in HIV prevention among injecting drug users. In Asia, UNODC spearheaded regional mobilization and improving access to technical support on HIV prevention among injecting drug users, including development of a costing framework for inclusion of harm reduction services within funding proposals, identification of prison-related harm reduction services and documenting experiences in South East Asia.
- *The XV International AIDS Conference, 2004.* In order to better coordinate UNAIDS participation at HIV/AIDS international conferences, a UNAIDS Working Group was established with particular focus on the forthcoming XV AIDS conference in Bangkok. This interagency work enabled for consolidated representation of UNAIDS family in the Conference Organizing Committee. As a result of joint advocacy, for the first time, a Leadership programme will feature in the Conference agenda to complement the Scientific and Community tracks. The Leadership Programme aims to bring together leaders from all over the world to generate specific commitments and to mobilize resources for HIV/AIDS for scaling-up of prevention, treatment and care.
- *HIV/AIDS in the UN workplace.* ILO convened the work on HIV/AIDS and the world of work. Among the results were an inventory of HIV/AIDS policies in the UN agencies and an analysis of their compliance with the guidelines outlined in the *Code of Practice on HIV/AIDS and the world of work*. A set of indicators to monitor the implementation of HIV/AIDS policy in the UN workplace was also developed and made available. The UN system response in this area witnessed groundbreaking actions such as ‘We Care’ launched by UNDP with the aim to address HIV-related stigma and discrimination and promote implementation of comprehensive HIV/AIDS

policies in the UN workplace. UNICEF's 'Caring for Us' initiative also promotes a caring environment for people living with, or affected by HIV. The initiative was joined by UNFPA and other UN agencies. The development and implementation of the UN system-wide learning strategy on HIV/AIDS was another important milestone.

### **Gaps and challenges for interagency work**

- *Country-level coordination.* An increased number of partners and resources for country-level actions calls for reinforced coordination between the Secretariat, Cosponsors, other UN organizations and key partners to strengthen effectiveness of UN Theme Groups.
- *Translating global level initiatives and accumulated knowledge in key areas into country-level actions.* Closing the gap between global mobilization for major initiatives, where momentum is strong, and the pace of country level implementation, which lags behind, will remain a persistent challenge. Innovative approaches are essential, it remains a challenge to swiftly transmit the lessons of experience of effective HIV/AIDS interventions to country-level programmes.
- *Emerging HIV/AIDS issues.* With the ever-changing HIV/AIDS epidemic and changing responses to it, an interagency model of collaboration will need to continue to address emerging HIV/AIDS issues, especially in areas where no one single agency has needed expertise and capacity.

## UNICEF

### Objectives for the work in 2002-2003

As outlined in the Medium Strategic Plan (2001–2005), the aim of UNICEF’s work on HIV/AIDS is to support and strengthen the capacities of individuals, families, communities and nations to prevent HIV infection, and to ensure protection and care for children and young people infected and affected by HIV/AIDS. UNICEF focuses support on actions that will prevent new HIV infections among children and young people; prevent parent-to-child transmission of HIV infection; expand access to care and support for children and their families living with HIV/AIDS; and ensure care, protection and support for children orphaned or made vulnerable by HIV/AIDS. A cross-cutting priority is combating HIV/AIDS in emergency and conflict situations. Through its human resources policy, UNICEF seeks to ensure care and support for its staff and families infected and affected by HIV/AIDS.

### Key achievements

- *Orphans and vulnerable children.* In 2002, major events included the regional workshops on Orphans and Vulnerable Children in Western and Central and Eastern and Southern Africa and the Africa Leadership Consultation. In 2003, during the Lesotho skills-building workshop 10 countries took stock of progress towards the UNGASS goals. That same year UNICEF convened the first Global Partners Forum on orphans and vulnerable children. A *Framework for Care, Protection and Support of Orphans and Vulnerable Living in a World with HIV/AIDS* was developed as the widely accepted normative framework to guide action for orphans and vulnerable children.
- *PMTCT.* In 2003, UNICEF and its partners provided direct support to prevent mother-to-child transmission (PMTCT) in 70 countries (up from 58 in 2002). Since the inception of PMTCT programmes, more than 935 000 mothers have been counselled and 840 000 tested for HIV. Half of the women who tested positive received antiretroviral drugs. Five UNICEF-supported countries had nationwide programmes and more than 20 countries are scaling up PMTCT.
- *Prevention among Young people.* UNICEF provided leadership and global advocacy on “Education for All” with focus on girls’ education. Life skills based education (LSBE) for HIV prevention expanded as a major intervention supported by UNICEF in most high prevalence countries. In 2003, 71 countries reported that national strategies for LSBE were in place (up from 64 in 2002). The organization is supporting increased access to youth-oriented health services in over 20 countries. Worldwide, 15 countries implemented the “What every adolescent has a right to know” awareness-raising Initiative.
- *Care and support.* Over 30 countries developed national care and support strategies with technical and financial support from UNICEF. Technical guidance notes on HIV care and support were developed in light of the “3 by 5” Initiative. UNICEF assisted countries on confidential voluntary counselling and testing (VCT) policy, training and needs assessment in Eastern and Southern Africa, Latin America and the Caribbean and Central and Eastern Europe. UNICEF supported the development and implementation of community-based strategies to provide care and support to HIV-affected children and families in need.
- *Advocacy.* In 2003, at the request of the UN Secretary General, UNICEF chaired the Task Force on Women, Girls and HIV/AIDS in Southern Africa. A regional consultation of Task Force members and representatives from the nine countries most affected by HIV/AIDS



contributed to a report and recommendations submitted to the Secretary General in early 2004. UNICEF and its partners organized major initiatives, studies and workshops for religious leaders in East Asia and the Pacific, South Asia, and East and Southern Africa Regions. UNICEF has hosted and organized a number of regional and country level consultations in Southern Africa, on the issue of orphans and vulnerable children, to help build consensus on priority interventions such as abolishing school fees. UNICEF advocated with parliamentarians during Kenya's last election. The issue of orphans and equal access to education was a major political platform. Fees were abolished and an additional million plus children went to school.

- *Strategic information.* UNICEF has produced alone and with partners: *Young People and HIV/AIDS: Opportunity in Crisis* (2002) which is the first composite of country data to be used in monitoring the UNGASS HIV goals for young people, *Children on the Brink* (2002), produced with UNAIDS and USAID, achieved high-level global media attention regarding the needs of HIV-affected children; *Africa's Orphaned Generations* (2003) defines the scale and impact of the crisis, *A Framework for Care, Protection and Support of Orphans and Vulnerable Living in a World with HIV/AIDS* (2003) (see above). UNICEF issued an *Executive Directive on Minimum Standards of Attainment for all UNICEF Offices on HIV/AIDS in the Workplace* (2003). In consultation with partners an Office Managers' toolkit and video were produced to support this.
- *Monitoring and evaluation.* UNICEF's Multiple Indicator Cluster Survey (MICS) is one of the largest population-based surveys of social indicators for children in 70 countries. MICS provided information on young people's HIV-related knowledge and behaviors to guide programming. Together with partners, UNICEF developed core indicators and monitoring guidance on orphans and vulnerable children, PMTCT, young people and care and support.
- *Partnerships.* UNICEF partners with an array of organizations including bilaterals, nongovernmental organizations, faith-based groups, foundations, and other UN Agencies. UNICEF produced two key documents: *What religious leaders can do about HIV/AIDS: action for children and young people* and *What Parliamentarians can do about HIV/AIDS*. These were developed through a participatory process, and forums such as the African Religious Leaders Assembly on Children and HIV/AIDS and the African Leaders Consultation on Orphans, and stimulated concrete actions.
- *Internal capacity.* All 127 country offices engaged in HIV/AIDS advocacy and programming. UNICEF increased the HIV-related expenditure from US\$ 67 million in 2001 to US\$ 111 million in 2003 (preliminary figure). At global level, regional and country level UNICEF has respectively 34, 37 and 335 full time staff working on HIV/AIDS.

### **Gaps and challenges**

- *Bringing programmes to scale.* UNICEF and its partners need to intensify actions to scale up essential HIV/AIDS programming for national coverage.
- *Children living with HIV.* UNICEF has a key role to play in the development of guidelines and programmes for children living with HIV/AIDS. The Fund has started to take up this leadership role, but faster progress is needed.
- *People living with HIV.* UNICEF endorses the principle of greater involvement of people living with HIV/AIDS, but could do more to promote genuine and effective participation by this important stakeholder group.

## **UNDP**

### **Objectives for the work in 2002-2003**

UNDP assists countries in creating enabling policy, resource and legislative environments to foster effective nation-wide, gender-sensitive, and multisector response to HIV/AIDS and to achieve millennium development and UNGASS on HIV/AIDS *Declaration of Commitment* goals.

**Service line 1: Leadership and capacity development to address HIV/AIDS.** UNDP provides support for national HIV/AIDS strategies that mobilize social and political leadership and action across all sectors.

**Service line 2: Development planning, implementation and HIV/AIDS responses.** UNDP promotes national development planning processes as multi-sectoral and multi-level engagements by governments, the UN and other partners.

**Service line 3: Advocacy and communication to address HIV/AIDS.** UNDP uses advocacy and communication to promote a deeper understanding of the epidemic, reduce its impact and reverse its spread.

In its role in support of the UN Resident Coordinator system at the country level, UNDP aimed to play a pivotal role in ensuring a coherent and mutually reinforcing response by UNAIDS Cosponsors, bilateral donors and private foundations.

### **Key achievements**

- *Support to national strategic planning on HIV/AIDS.* UNDP developed an expert resource network embracing over 100 experts to provide advice in the areas of national strategic planning, leadership development, HIV/AIDS programme costing, community conversations and district-level planning in Africa and Asia. In Asia and the Pacific, Eastern Europe, and Latin America UNDP assisted decentralized planning at district level through leadership capacity development. As the Convening Agency on Governance and Development Planning, UNDP supported in all regions finance system development and mainstreaming of HIV/AIDS into poverty reduction strategies, including Poverty Reduction Strategy Papers.
- *Partnership development.* “Leadership for Results” initiatives in diverse regions significantly strengthened multisectoral ownership of, and engagement in, the response to HIV/AIDS. UNDP generated results-oriented partnerships between government, civil society and other stakeholders in approximately 30 countries, as well as among UN Country Teams in some countries. UNDP sponsored initiatives in numerous countries to bring together key ministries to develop joint strategies on HIV/AIDS. In Ethiopia, for example, UNDP supported the strengthening of the public, civil society and private response to the epidemic. Through the leadership programme eight African countries were supported to include sector ministries other than health.
- *Community level mobilization.* UNDP produced a guidance on working with civil society organizations to mobilize communities. Fourteen countries worldwide received direct support to empower communities to identify their challenges and find their own solutions in addressing HIV/AIDS. In Africa seven regional community organizations networks covering 43 countries received capacity building assistance.
- *Greater Involvement of People Living with HIV/Aids.* In every country-level activity sponsored by UNDP, people living with HIV/AIDS (PLWHA) comprised at least 5% of participants. UNDP provided extensive technical assistance to strengthen

governance and organizational capacity of PLWHA organizations in Africa, the Middle East, Asia and Europe. UNDP supported establishment of the Asia Pacific Initiative for Empowerment of PLWHA in partnership with 18 PLWHA groups in the region.

- *Advocacy.* UNDP Human Development Report (HDR) 2003 emphasized the impact of HIV/AIDS on the international development agenda, regional and national human develop reports increasingly address HIV/AIDS: two regional Human Development Reports focusing on HIV/AIDS (in Central and Eastern and Europe and the Commonwealth of Independent States; and in South Asia) were produced.
- *Vulnerability reduction.* UNDP implemented a programme in Asia addressing sexual trafficking, including the provision of rehabilitation services to victims of sexual trafficking.
- *Capacity development and impact mitigation.* UNDP is launching the Southern Africa Capacity Initiative to help countries address the steady and growing loss of human and institutional capacity as a result of HIV/AIDS. In Malawi, for example, UNDP helped numerous ministries analyze the epidemic's impact and explore ways to respond
- *Human rights, gender and discrimination, and addressing root causes of vulnerability.* UNDP has been addressing the gender power imbalances and the widespread discrimination against PLWHA, and assisted national governments in integrating human rights and gender protections into national AIDS strategies. UNDP facilitated the development of legislation to prevent HIV-related discrimination in ten African countries, as well as Cambodia, Haiti, Nepal and Ukraine. First ever model legislation on HIV/AIDS was produced for countries in Africa. Three countries in Latin America were supported in the revision of law in light of HIV/AIDS and human-rights approach. In several countries, including Botswana, Cambodia, Ethiopia, Ghana, India, Lesotho, Nepal and Swaziland, UNDP has worked closely with the media and arts, and developed communication strategies to address gender relations that render women and girls vulnerable to infection, and advocate for legal reforms to end discrimination.
- *Promoting strategic effectiveness at country level.* As head of the UN Development Group, the UNDP Administrator issued guidance in 2003 to UN Resident Coordinators on the importance of strengthening UN country efforts on HIV/AIDS. The guidance directed that UN Theme Groups be enhanced and that inclusive, multi-sectoral responses be ensured in all countries

## **Challenges**

- *Scaling up.* As with all the development partners working for HIV/AIDS, UNDP faces this challenge of scaling up actions.
- *Advocacy.* Even though current efforts are successful, this will continue to be a challenge as there is a need to reach far larger numbers.
- *Monitoring and evaluation.* Measuring results, outcome and impacts, as well as sustainable action, at individual, societal and institutional levels is complex and remains a challenge.

## **UNFPA**

### **Objectives for the work in 2002-2003**

UNFPA prioritized HIV prevention through:

1. information, education and communication programmes for promoting behavioural change, especially among youth and adolescents;
2. integration of HIV/AIDS prevention interventions in reproductive-health programmes, with special attention given to adolescent reproductive and sexual health;
3. condom programming (both male and female); and
4. prevention of HIV infection in pregnant women and mothers.

### **Key achievements**

- *Advocacy.* UNFPA has engaged in extensive advocacy on HIV prevention issues with ministers and parliamentarians in sub-Saharan Africa and Asia. In Benin and Uganda, for example, parliamentary caucuses have formed to promote effective HIV prevention for young people. Advocacy by UNFPA helped persuade the governments of Bangladesh and Malawi to incorporate HIV/AIDS into school curricula. UNFPA hosted a group of youth advocates representing 27 countries to define a global youth-owned, youth-driven and youth-managed advocacy initiative—Global Youth Partners—to increase investment in young people and their access to information, education and services to prevent HIV infection. UNFPA also contributed to the establishment of the Global Coalition on Women and AIDS.
- *Strategic information.* UNFPA gathered programme-related materials and training resources on HIV/AIDS prevention among young people in Africa and made widely available an analytical inventory of good practice. In the Middle Eastern countries UNFPA made an inventory of data on knowledge, practices and attitudes of young people. UNFPA piloted the introduction of voluntary counseling and testing into reproductive health structures and documented the positive results. UNFPA published a study on the impact of HIV/AIDS from a population and development perspective.
- *Young people.* UNFPA supported establishment of youth friendly services worldwide. UNFPA analyzed the policy environment in four countries with respect to HIV prevention for young people, collected and made available prevention tools for this population group. In Chad, Namibia, Nepal, Dominican Republic and South Africa a process of documenting and sharing exemplary youth-focused HIV prevention strategies for scaling up action resulted in the initiative “Safe Youth Worldwide: Scaling up HIV prevention for Every Youth”. In Chad and Namibia, UNFPA supported establishment of 12 youth clubs, trained 660 peer educators and 30 counsellors among youth. In Eastern Europe and Central Asia, UNFPA has worked actively to build the capacity of national NGOs and governmental organizations to implement peer education and to strengthen sexual and reproductive health education programmes. Results include the training of 241 trainers and over 70 000 young people reached through national training activities. UNFPA also facilitated the development of the Youth Peer Education Electronic Resource network that links active peer educators from 27 countries.

- *Improving access to commodities.* UNFPA provided technical tools to help countries forecast and assess needs and to maintain logistic management systems for effective condom programming (male and female). The agency has also provided guidance on how to overcome the barriers to access and the consistent and correct use of condoms. The Fund conducted baseline studies and needs assessments in Bolivia, Cambodia, India, Nepal, Zambia related to condom programming for population groups at higher risk of HIV infection. UNFPA produced a package of information and logistical support for reproductive health commodity provision in peacekeeping missions.
- *Resource mobilization.* UNFPA is collaborating with the UNAIDS Secretariat and other partners to track HIV/AIDS resources in low- and middle-income countries. UNFPA provided catalytic funds to the International Partnership for Microbicides which better enabled it to access larger funds
- *Humanitarian emergencies.* With UNHCR, UNFPA organized an inter-agency meeting on HIV and emergency responses, and contributed to the integration of HIV/AIDS into the UN system's humanitarian activities. UNFPA continued its support to HIV/AIDS/sexually transmitted infections prevention work with uniformed services in Latin America and the Caribbean. UNFPA supported training on HIV prevention and gender awareness for peace keeping personnel from Africa, Asia and Eastern Europe. In Lesotho, Malawi, Swaziland and Zambia, UNFPA supported HIV/sexually transmitted infections prevention activities in the humanitarian crisis situations.
- *Internal capacity.* UNFPA has significantly increased staffing on HIV/AIDS; presently, 12 full-time staff work on HIV/AIDS in its central office, 8 in regional offices, and HIV/AIDS focal points exist in country offices. HIV prevention-programming workshops strengthened staff capacities in the field and fostered greater collaboration.

### **Gaps and challenges**

- *Stigma, discrimination and denial* coupled with cultural sensitivities in addressing sexual and reproductive health issues impede prevention efforts especially for women, girls and the poor.
- *Scaling up.* While UNFPA is making a difference in the availability of condoms for HIV/AIDS prevention and in the development of public policy on HIV/AIDS, there is still much to be done to bring this effort to a sufficiently large scale to make a measurable difference in the spread of HIV/AIDS.
- *Improving prevention services for those at greatest risk of HIV infection.* The poor access of vulnerable populations to quality advice and treatment for sexually transmitted infections, the limited effect of programmes promoting condom use among women and young clients of health services remains a major challenge.
- *Meeting the challenge of linking HIV/AIDS with sexual and reproductive health,* fully exploiting the opportunities and synergies, will improve maternal health, combat HIV/AIDS and positively impact upon poverty.

## UNODC

### Objectives for the work in 2002-2003

1. *Preventing and controlling the spread of HIV through injecting drug use.* This includes HIV/AIDS prevention activities targeted at youth, promotion of healthy lifestyles and discouragement of initiation to drug use. Other activities focus on the promotion of diversification of services for injecting drug users to prevent the risk of HIV transmission and other interventions to implement a comprehensive approach to HIV/AIDS prevention among injecting drug users.
2. *HIV prevention involving non-injecting forms of drug abuse.* The activities include general awareness creation, capacity building, and development and utilization of information, education and communication tools and materials. These activities target the most vulnerable groups in society, including school-aged youth, out-of-school youth (including street children), sex workers, migrant workers, military personnel, and refugees.
3. *Action-oriented research.* Research activities aimed at a better understanding of several issues relating to injecting drug use and the linkage between non-injecting forms of drug abuse and HIV/AIDS.
4. *Development of best practice documents.* The focus is on the development, identification and dissemination of model drug abuse and HIV/AIDS prevention activities and materials.

### Key achievements :

- *Advocacy.* UNODC has helped raise awareness of the links between HIV/AIDS and drug use, among policy-makers in countries where the epidemic is primarily driven by injecting drug use. UNODC conducted regional and country-level advocacy campaigns with political leaders, media, NGOs and young people to educate people on the role of drug use in the spread of HIV. One campaign in South Asia brought together prominent artists to create paintings about HIV and substance abuse. UNODC advocacy contributed to legal changes in the Russian Federation to permit drug substitution therapy programmes. In Myanmar, where UNODC is the lead agency for the UN Joint Plan of Action for HIV/AIDS, consistent advocacy and technical support contributed to a remarkable change in the national government's attitude toward drug users and HIV/AIDS, as reflected by governmental efforts to develop policies and programmes based on international best practices.
- *Policy guidance.* UNODC helped produce the UN's system-wide policy statement on HIV prevention among injecting drug users, which calls for a comprehensive package of prevention and care services. In 2002 and 2003, UNODC jointly developed with UNAIDS and WHO a position paper *Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention*. That paper was finally published in spring 2004. In 2003, UNODC issued guidance to its field offices clarifying its support for harm reduction programmes to prevent HIV transmission among injecting drug users.
- *Strategic information.* UNODC strengthened technical and research networks on HIV/AIDS and substance abuse, forging linkages with leading professional networks in the field. UNODC worked at country-level to create partnerships on HIV/AIDS between drug control agencies and health ministries. UNODC also jointly produced with

UNAIDS a document summarizing best practices in the provision of HIV/AIDS services to injecting drug users in South-East Asia. To better inform national efforts, UNODC launched a survey of injecting drug users in Egypt.

- *Monitoring and evaluation.* UNODC integrated HIV/AIDS issues into its national drug abuse needs assessment process. These assessments help drive national decisions on programme implementation and human resource initiatives.
- *Coordinating UN efforts on injecting drug use.* UNODC is the convening agency for the Inter-Agency Task Team on Injecting Drug Use. Established in February 2002, the Task Team includes WHO, UNICEF, UNDP, UNESCO and the UNAIDS Secretariat. The Team commissioned a worldwide mapping of the UN response to HIV/AIDS among injecting drug users. Based on the report, the Task Team requested Theme Groups in countries where injecting drug use is a significant route of HIV transmission to establish specific technical working groups. Furthermore, the Task Team organized a workshop for UN country teams to accelerate the UN response to HIV/AIDS among injecting drug users in September 2003.
- *Strengthening internal capacity.* Since becoming a Cosponsor in 2001, UNODC has significantly increased its capacity to address HIV/AIDS. In 2003, UNODC's governing body, the Commission on Narcotic Drugs, requested the establishment of an HIV/AIDS unit to strengthen and better coordinate UNODC's HIV/AIDS-related activities.

### **Gaps and Challenges**

- *Scaling up national responses.* Access to HIV/AIDS prevention and care programmes for injecting drug users remains limited in most countries, underscoring the need for stronger advocacy, technical guidance, and support to national programmes. In many countries, policies are not in place to facilitate an effective response to HIV/AIDS among injecting drug users.
- *Expansion of HIV/AIDS work to the crime prevention and criminal justice field* in particular for prisoners and trafficked persons. Specific programmes are needed for sex-working injecting drug users. The transition from non-injecting drug use to injection requires additional attention.
- *Partnerships.* Effective HIV/AIDS prevention among injecting drug users requires expanded partnerships at global, regional and country levels, including, but not limited, to the UN system, private and public sectors, non-governmental organizations and technical networks.
- *Advocacy.* The success of the Joint UN Action Plan on HIV/AIDS in Myanmar underscores the potential impact of sustained, high-level advocacy at country level. In general, policy-makers and other stakeholders require extensive education on the links between HIV/AIDS and substance abuse.

## **ILO**

### **Objectives for the work in 2002-2003**

ILO operational objectives included the following:

- *Stronger partnerships:* mobilizing social partners and strengthen their capacity to contribute effectively to the response to HIV/AIDS.
- *Employment policy support:* improving knowledge and understanding of the economic, labour force and social consequences of HIV/AIDS; raising awareness of the epidemic's socioeconomic impact and its implications for workers' rights and enterprises; accelerating adoption of appropriate policy interventions through advocacy at the highest levels with ILO constituents;
- *Strengthening social dialogue:* strengthening institutions and arrangements for social dialogue in the workplace to facilitate the development of workplace policies and programmes on HIV/AIDS, consistent with the ILO *Code of Practice on HIV/AIDS and the world of work*;
- *Standards and fundamental principles:* promoting implementation of the *Code of Practice*, with particular attention to anti-discrimination policies, workers' rights, safe working conditions, social protection and elimination of child labour.

### **Key achievements**

- *Advocacy.* On the basis of the *Code of Practice*, ILO engaged in extensive advocacy at regional and national levels throughout the world to raise awareness of HIV/AIDS issues, promote adoption of the *Code of Practice*, and plan its implementation.
- *Policy guidance.* The ILO *Code of Practice on HIV/AIDS and the world of work*, developed in collaboration with ILO's tri-partite constituents, has rapidly become the recognized standard for sound, non-discriminatory workplace policies on HIV/AIDS. The *Code of Practice* has been translated into 27 languages covering all regions and was used by policy-makers and workplace partners in more than 60 countries to develop national action programmes, enterprise policies and collective agreements. It has also guided efforts by the UN system to strengthen its own workplace policies on HIV/AIDS.
- *Labour laws addressing HIV/AIDS.* With the support of ILO, Barbados, Cambodia, Ghana, Commonwealth of Independent States (CIS) countries, Tanzania, Kenya and Thailand have revised labour laws addressing HIV/AIDS. ILO provided technical support in Eastern and Southern Africa and Asia Pacific region on international labour standards and equality issues for judges.
- *Strategic information.* ILO conducted research to improve understanding of the social consequences of HIV/AIDS on the labour force, issuing numerous technical and policy advisory reports to inform workplace policy development. ILO and the Swedish International Development Cooperation Agency assessed HIV-related labour market and employment implications in Zambia, Tanzania and Mozambique.
- *Support to countries.* ILO trained government officials, employers and workers in the formal and informal economies to help them contribute to national responses. ILO provided substantial technical and training support for governments and social partners on integrating an HIV workplace component into national strategic and



development plans in 43 countries worldwide. ILO's HIV/AIDS technical cooperation programme includes projects in more than 25 countries in Africa, Asia, Eastern Europe and the Caribbean

- *HIV prevention.* ILO supports the development of HIV prevention initiatives in the world of work. In partnership with the Swedish International Development Cooperation Agency, for example, ILO undertook an HIV prevention initiative targeting the transport and informal sectors in 11 countries. ILO's experience indicates that the workplace is an excellent venue for prevention education, peer support, impact mitigation, care, and anti-stigma measures.
- *Building partnerships:* The ILO has developed strong partnership with German Agency for Technical Cooperation, Swedish International Development Cooperation Agency, the Italian Cooperation Agency, and the US Department of Labor to support country level operational activities and research.

### **Gaps and challenges**

- *Insufficient responses.* Many countries have yet to recognize HIV/AIDS as a key workplace issue. More intensive advocacy and education on the *Code of Practice* will be required in 2004-2005 to accelerate the adoption of sound workplace policies on HIV/AIDS.
- *Institutional challenges.* As more national governments, companies and labour unions embrace the *Code of Practice*, demands for technical and financial assistance on HIV-related workplace issues will inevitably grow. To address the growing demands for technical assistance, ILO increased its number of full-time staff working on HIV/AIDS by 61% 2002 and 2003. Even with additional staff, meeting the needs of ILO's tripartite constituents at country level will continue to represent a major challenge.
- *Mitigation strategies.* Few countries have begun to adjust social and economic policies to mitigate the epidemic's impact. In particular, countries have made limited use of debt relief to rebuild social and income generation capacities decimated by the epidemic.
- *Informal sector.* New innovative approaches are required to expand the preventive efforts to the informal labour sector in order to reach those most vulnerable and at greatest risk of HIV infection.
- *Care and treatment.* Substantially greater progress has been made in the workplace with regard to HIV prevention than with respect to care and treatment. Relatively few companies currently provide comprehensive care and treatment to HIV-infected workers and their dependents. The challenges now is to find a way to expand access to HIV/AIDS treatment, care and support through occupational health services or through public and private partnership
- *Greater Involvement of People living with HIV/AIDS.* Greater attention is needed to prioritizing the active involvement of people living with HIV in implementation of the *Code of Practice*.

## UNESCO

### Objectives for the work in 2002-2003

UNESCO focused on preventive education on HIV/AIDS working on five core tasks:

- *Advocacy at all levels*: engaging ministries, agencies and nongovernmental organizations under its mandate, such as those for education, science, culture, communication and sports, as well as civil society and the private sector.
- *Customizing the message*: development of effective and culturally sensitive messages towards target groups, first for those most at risk.
- *Changing risk behaviour and vulnerability*: promoting education programmes—formal and non-formal—so that all young people know the facts about HIV/AIDS and how to prevent it and act on this knowledge.
- *Caring for the infected and affected*: knowledge, attitude and skills to provide care for the infected and affected is a vital part of any programme in preventive education.
- *Coping with the institutional impacts*: development and dissemination of tools for monitoring, assessing and responding to the impact of the epidemic on schools, students, teachers and other key institutions at the country level.

### Key achievements

- *Advocacy for preventive education*. UNESCO developed an advocacy kit for ministries of education. The UNESCO Director-General addressed HIV/AIDS and education at the opening session of the meeting of African Ministers of Education in Dar es Salaam in November 2002. The development and launch of the advocacy strategy to promote inclusion of HIV/AIDS prevention in the national Education for All action plans with the background document *FRESH<sup>1</sup>: A comprehensive School health approach to prevent HIV/AIDS and improve learning outcomes* marked another important stage in mobilizing involvement of education sector as well as multi-sectoral response in the education domain.
- *Methodological support for HIV/AIDS preventive and life-skills education*. UNESCO provided technical support and methodological guidance for developing in-school preventive education programmes and teachers' training, including pedagogical materials and manuals. UNESCO published extensive policy guidance and best practices.
- *Strategic information*. UNESCO provided extensive technical support to education sectors at country level to increase their engagement in national HIV/AIDS responses. UNESCO established global clearinghouses on the epidemic's impact on education and on HIV/AIDS preventive education and curriculum development. Jointly with UNAIDS, UNESCO undertook national assessments in nine countries, highlighting socio-cultural factors that facilitate the spread of HIV. UNESCO conducted situation analyses of HIV/AIDS among children in difficult circumstances in Lesotho, Namibia and Zambia. In early 2003, UNESCO launched its collaborative action research programme, designed to produce tools and practical approaches to prevent HIV transmission and mitigate the epidemic's impact.

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<sup>1</sup> FRESH – Focusing Resources on Effective School Health

- *Capacity development.* UNESCO focuses extensive efforts on the preservation and enhancement of capacity in education sectors to respond effectively to HIV/AIDS. In this regard, UNESCO is engaged in the development of regional HIV/AIDS strategies for sub-Saharan Africa, Asia-Pacific, Arab States, Latin America and the Caribbean, and Europe.
- *Promotion of human rights.* UNAIDS/UNESCO resource kit *HIV/AIDS and Human Rights: Young People in Action* supported mobilization of youth organizations, networks, institutions worldwide. UNESCO provided capacity building support in the area of HIV/AIDS and human rights for 48 countries in South Africa, Asia, Arab region. UNESCO's initiative on children in difficult circumstances "strengthening partnerships to combat HIV/AIDS and discrimination" helped garner mobilization of human rights actions in Burkina Faso, Cameroon, Cote d'Ivoire, Mali, Niger, the Mekong sub-region. The interactive web page "Young People on HIV/AIDS and Human Rights" and African and Asian youth network discussion groups on HIV/AIDS and human rights supported further involvement of youth in promotion of human rights.

### **Gaps and Challenges**

- *National capacity.* Many countries lack the capacity to adapt proven prevention strategies to national circumstances and to incorporate these strategies into national education efforts. Under the 2004-2005 UBW, UNESCO is enhancing its field-based efforts to build capacity in education sectors to respond effectively to HIV/AIDS.
- *Scaling up national responses.* As in other aspects of the response to HIV/AIDS, the involvement of education sectors must transition from a focus on project-level activity to development and implementation of national policies and programmes.
- *Preventive education in rural areas and for youth out-of-school.* Efforts for expanding preventive education need to reach out to children and young people not embraced by formal schooling systems. More innovative approaches and technical support will be required.
- *Impact.* HIV/AIDS is having a profound and often-devastating impact on national education sectors, and national efforts to mitigate the epidemic's impact on education are uneven.
- *Monitoring and evaluation.* Mechanisms to monitor and evaluate UNESCO's own HIV/AIDS efforts are currently insufficient. UNESCO has initiated an external evaluation of its HIV/AIDS activities to clarify strengths and weaknesses and to identify future organizational strategies to maximize effectiveness.

## WHO

### Objectives for the work in 2002-2003

WHO identified the following priority areas of work:

1. prevention of HIV transmission among young people, with a focus on sexual and reproductive health;
2. prevention and treatment of sexually transmitted infections;
3. voluntary counselling and testing;
4. prevention of mother-to-child transmission of HIV;
5. care and support of people living with HIV/AIDS, including access to drugs and antiretroviral therapy, palliative care and psychological and social support;
6. blood safety;
7. safe injection practices and protection and care of health workers;
8. vulnerable groups, including injecting drug users and commercial sex workers;
9. epidemiological and behavioural surveillance;
10. high-quality research in reproductive health, vaccine development and diagnostics;
11. monitoring of drug resistance.

### Key achievements

- *Advocacy.* WHO has become a leading global advocate for a comprehensive response to HIV/AIDS treatment, care and support, with particular focus on the bringing antiretroviral therapy programmes to scale. The “3 by 5” initiative led by WHO provides an umbrella for global advocacy by civil society, UN agencies and other stakeholders. WHO has supported and co-hosted major regional consultations on expanding access to treatment and care.
- *Access to HIV/AIDS treatment.* The Accelerating Access Initiative helped governments to negotiate lower prices for antiretroviral drugs and provided extensive technical assistance to countries in the development and implementation of national care and treatment strategies. In 2002, WHO published comprehensive guidelines on the use of antiretroviral therapy in resource-limited settings, followed by the publication of case studies on early experience with the introduction of antiretroviral therapy in diverse developing country settings. Twelve antiretroviral medications were added to the WHO List of Essential Medicines in 2002, and for the first time, a list of manufacturers and suppliers which meet prescribed WHO manufacturing standards was published. WHO support for negotiations for antiretroviral price reduction helped to increase coverage of people receiving treatment in Mexico, Southern Cone and Central America. WHO produced and disseminated guidelines and protocols for HIV-related treatment for HIV-infected mothers and their infants, including breast feeding
- *Strategy and policy.* WHO actively supported accelerating HIV vaccine development and related clinical testing, developed a framework to address TB/HIV co-infection and initiated the multi-stakeholder Global Collaboration for Blood Safety. Guidelines for HIV/AIDS in emergency settings were also developed.
- *Prevention.* A training package was developed for health care workers involved in delivering services to prevent mother-to-child transmission. To guide prevention efforts for those at greatest risk of HIV infection, WHO developed advocacy, policy and programming guides for HIV prevention among injecting drug users, as well as a

rapid assessment and response guide for HIV prevention among especially vulnerable young people.

- *Health sector capacity.* WHO developed the Global Health Sector Strategy for HIV/AIDS 2003-2007 in consultation with national governments, UN organizations, non-governmental organization, PLWHA and other partners. In all regions, with particular attention on Africa, WHO offices provided technical support for the scaling-up of the health sector response.
- *Monitoring and evaluation.* Fifteen new HIV test kits were evaluated and the data published widely WHO collaborated with UNAIDS in publishing the *AIDS Epidemic Updates* in 2002 and 2003. Significant attention was devoted to improving national capacity to monitor epidemic trends and to estimate national prevalence. WHO published guidelines for second generation surveillance, widely distributing CD-ROMs with all tools and methods. WHO improved methods for estimated HIV prevalence in countries with low or moderate prevalence, and launched the Global School-Based Student Health Survey in collaboration with health and education agencies in 10 African countries.
- *Partnerships.* As host of the the International Treatment Access Coalition secretariat in 2003, WHO worked with diverse partners to promote advocacy efforts for scaling up HIV/AIDS treatment and care.
- *Internal capacity.* WHO has dedicated significantly increased resources to the fight against HIV/AIDS. Full-time equivalent staff increased from 69 at the beginning of 2001 to 175 by the end of 2002, with additional increases in 2003-2004 to support treatment scale up and the acceleration of HIV/AIDS prevention.

### **Gaps and challenges**

- *Scaling up.* Although global momentum, and resources, has significantly grown, especially with regard to access to HIV/AIDS treatment, access remains sharply limited. At the end of 2003, with an estimated 6 million people in need of ART, only 400 000 people in low- and middle-income countries were receiving it, Major barriers to scale-up include insufficiently developed mechanisms for procuring and sustaining supplies of ART drugs and inadequate national capacity, for example, to absorb resources, coordinate action, train and retain health care providers and implement interventions.
- *Surveillance.* The weakness of surveillance systems in many countries inhibits the development and implementation of data-driven national responses.
- *Socio-cultural barriers to effectiveness.* Even when national governments recognize the importance of evidence-based responses, prevalent cultural or attitudinal issues often frustrate effectiveness of such initiatives.
- *Equitable access to care and treatment for vulnerable populations.* Many countries have yet to prioritize national action on behalf of vulnerable populations, such as women and girls, displaced persons, sex workers and injecting drug users.

## **World Bank**

### **Objectives for the work in 2002-2003**

HIV/AIDS is one of seven key corporate priorities for the World Bank. The World Bank's strategic plan on HIV/AIDS has four main parts:

1. *Advocacy* to position HIV/AIDS as a development issue and to catalyze resources across the Bank and among its development partners;
2. *Mainstreaming HIV/AIDS in all sectors* (e.g., education, urban and local government, transport, mining and poverty-reduction strategies);
3. *Support to national HIV/AIDS strategies* through projects and other resources (e.g. Multi-country HIV/AIDS Programs, Poverty Reduction Strategy Papers, the Heavily Indebted Poor Countries Initiative, and subregional grants);
4. *Knowledge management and coordination of technical resources*, especially on implementation, monitoring and evaluation, through support teams and networks in fiduciary, institutional and thematic areas.

### **Key achievements:**

- *Advocacy.* Consistent and high-level advocacy by the World Bank helped keep HIV/AIDS at the top of the global development agenda. HIV/AIDS is a regular and high profile agenda item at the Annual Meetings of the World Bank and the International Monetary Fund.
- *Mainstreaming.* HIV/AIDS is now one of seven corporate priorities of the World Bank. In 2002, the Bank created the Global HIV/AIDS Programme to oversee and coordinate Bank activities on HIV/AIDS.
- *Resource mobilization.* Over the last five years, the World Bank has committed over US\$ 1.5 billion to HIV/AIDS programmes, with the bulk of the funds flowing through the Bank's MAP for Africa and the Caribbean. By implementing innovative financing and administrative mechanisms that minimize delays in disbursement, the Bank has expedited delivery of critical financing to the countries. Through the Multi-Country HIV/AIDS Programs at least one-half of the Bank's funding for HIV/AIDS activities goes directly to community-based organizations, NGOs, faith-based organizations and the private sector for local AIDS initiatives, helping build multi-sectoral capacity at country level. In addition, the Bank supports capacity building for national programme managers to increase cost-effectiveness of resources allocation.
- *Strategic information.* The World Bank has conducted extensive analyses in different regions of the economic impact of HIV/AIDS. These analyses help inform and direct regional and national efforts to mitigate the epidemic's impact and alert policy-makers to the need for an extraordinary response to the HIV/AIDS threat. For example, policymakers in Latin America (e.g., Honduras, Panama, Guatemala, Mexico) are making use of a cost-effectiveness model developed by the Bank to maximize the impact of scarce prevention dollars on their health programmes, including HIV/AIDS programmes. A World Bank report on the *Long-run Economics Costs of AIDS: Theory and Application to South Africa* was launched in July 2003. A similar study is underway in Kenya and plans have been initiated for work in Ethiopia, India and Nigeria. According to a survey by the International AIDS Economics Network, the

World Bank is cited by experts in the field as one of the world's three most valuable sources of HIV-related information.

- *Monitoring and evaluation.* The UNAIDS family established the Global AIDS Monitoring and Evaluation Support Team (GAMET), which is housed at the World Bank. GAMET supports activities designed to facilitate the development of an operational monitoring and evaluation framework at the national level, encourage management for results, and promote community learning. These are all conducted as part of a programme to support the "one monitoring and evaluation framework" element of the Three Ones' strategy. Since 2002, GAMET has conducted over 85 monitoring and evaluation field-support visits in Africa and initiated work in East Asia and in Europe and Central Asia in early 2004.
- *Treatment and care.* In 2003, the Bank committed to use its financial assistance to assist countries in the scaling-up of HIV/AIDS treatment programmes including the purchase of antiretroviral drugs in both Africa and the Caribbean. In connection with this initiative, the Bank co-sponsored a global meeting on antiretroviral drug resistance. The Bank is funding antiretroviral therapy in eight countries and treatment plans are being prepared in 16 countries. A Technical Guide for the procurement of HIV/AIDS medicines and related supplies was developed in 2003 and was adopted by the United Nations' Interagency Pharmaceutical Coordination Group.
- *Involving the private sector.* The Bank supported private sector responses in 19 African countries. As a result of this work, five business councils were launched. To provide technical guidance for the private sector partners' involvement, a CD-ROM for use by private sector counterparts for developing sector response to HIV/AIDS was developed.
- *Research.* The World Bank supported the International Partnership for Microbicides and the International AIDS Vaccine Initiative.
- In 2002-2003 Regional Strategies, that guide the World Bank's work on HIV/AIDS, were completed in Eastern Europe and Central Asia, and initiated in Middle East and North Africa and East Asia and the Pacific.

### **Gaps and challenges**

- *Scaling up.* Although political commitment on HIV/AIDS has grown in most regions, substantial progress is needed in bringing prevention, care, treatment and support programmes to broad scale. In many countries, the response to HIV/AIDS represents a 'business-as-usual' approach, and countries with emerging epidemics have yet to heed the lessons of the HIV/AIDS experience in sub-Saharan Africa.
- *Capacity limitations.* While funding and political commitment for HIV/AIDS have significantly grown, capacity limitations at country level remain a major barrier to further progress on HIV/AIDS. The Bank and other donors must do a better job of ensuring that capacity building initiatives are incorporated into all forms of HIV-related financial assistance.
- *Monitoring and evaluation.* Although progress has been made in expanding monitoring and evaluation capacity at global and national levels, challenges remain in coordinating the various monitoring and evaluation efforts of UNAIDS Cosponsors and bilateral donors.
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## **UNAIDS Secretariat**

### **Objectives for the work in 2002-2003**

The UNAIDS Secretariat identified three strategic objectives:

1. To provide *strategic leadership and policy coordination* required for an expanded global response.
2. To support the *mobilization of political, social and programme resources* required to move to scale the global response to the epidemic.
3. To improve *access to strategic information* required by advocates, policy makers and programme managers.

### **Key achievements**

- *Support to countries.* Following PCB's decisions based on the Five Year Evaluation of UNAIDS, the Secretariat re-oriented its efforts to expand help countries to scale up their response. It supported UN Country Teams to develop Implementation Support plans to harmonize country level efforts. The "Three Ones" have become a key principle to orient the action of the Secretariat at country level: one agreed national HIV/AIDS action framework, one national AIDS authority, and one agreed country-level monitoring and evaluation system.
- *Advocacy.* The Secretariat is leading global efforts to ensure achievement of the targets set forth in the *Declaration of Commitment on HIV/AIDS*. A key event was a day long meeting of the U N General Assembly in September 2003. Intensive advocacy in high-priority countries—including China, India and Indonesia—contributed to significantly stronger national resolve to tackle HIV/AIDS. The Secretariat worked for greater collaboration on HIV/AIDS in countries and supported critical regional initiatives, such as the Asia/Pacific Leadership Forum on HIV/AIDS and Development, the New Partnership for Africa's Development, and the Pan Caribbean Partnership against HIV/AIDS. Led by the Secretariat, the World AIDS Campaign focused on stigma and discrimination and the promotion of a human rights approach.
- *Strategic information.* Ninety-six new publications were produced, including 39 on Best Practice. The Secretariat improved estimates on HIV/AIDS, including on mortality and orphanhood. In partnership with Cosponsors and other players, the Secretariat mapped HIV/AIDS programmes and financial resources in numerous countries. Where difficult issues have emerged—such as the role of sexually transmitted infection control in HIV prevention, the contribution of unsafe injections to HIV transmission in Africa, or challenges in scaling up PMTCT initiatives—the Secretariat convened experts to identify consensus conclusions and recommendations. The Secretariat revamped the UNAIDS web site, and daily utilization nearly doubled over the biennium.
- *Monitoring and evaluation.* The Secretariat published a major *Report* on progress in the implementation of the *Declaration of Commitment*, identifying key gaps and priorities for intervention. It increased technical monitoring and evaluation assistance to countries and supported global efforts to harmonize monitoring and evaluation approaches. At the country level, it worked with WHO to improve national capacity for HIV/AIDS surveillance. Implementation of the Country Response Information System (CRIS), the



first multi-country mechanism to track national responses using standard indicators, strengthened UNAIDS' ability to monitor global progress on HIV/AIDS.

- *Partnership development.* The Secretariat works with a broad array of organizations of people living with HIV—at global and national levels. It played a pivotal role in strengthening the faith-based response to the epidemic. Through ongoing work with key global business organizations and philanthropic entities, the Secretariat leveraged the private sector response to the epidemic. At country level, the Secretariat helped develop and supported partnership mechanisms in 71 countries. It worked closely with major media companies to increase awareness to HIV/AIDS and to encourage greater global commitment.
- *Resource mobilization.* The Secretariat, together with UNFPA, helped monitor resource flows on HIV/AIDS leading to establishment of critical benchmarks for HIV/AIDS financing. It assisted countries in all regions in developing successful funding proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, to the World Bank and other funding agencies and to develop HIV/AIDS sensitive national budgets.

### **Gaps and challenges**

- *Advocacy.* Despite major successes, political commitment remains inadequate in many countries and within key sectors. Continued advocacy will be required to sustain the scaling up of both HIV treatment and prevention.
- *Technical resources and capacity.* Although resources for HIV/AIDS have significantly increased, spending in 2003 was less than one-half of what will be needed in 2005 and less than one-third of amounts needed in 2007. Effective utilization of resources is often hindered by insufficient capacity at country level.
- *Country-level effectiveness.* The Secretariat faces a major challenge in scaling-up country level support to countries in monitoring and evaluation, partnerships and resource mobilization in 2004-2005.
- *Population groups at greater risk of HIV/AIDS.* The Secretariat currently has convening responsibility for HIV prevention among men who have sex with men and sex workers and their clients. Given the need to increase significantly the work in these areas system-wide, new strategies and approaches to launch a full-fledged inter-agency effort will need to be identified.
- *Cross-cutting issues.* The Secretariat will need to increase efforts to play its catalytic role in addressing both the growing feminization of the epidemic, and to counter stigma and discrimination associated with HIV/AIDS.
- *UN system mobilization and coordination.* The involvement of UN system needs to be broadened further and engagement deepened at all levels.
- *Strengthening results-based management.* The Secretariat faces major management, monitoring and reporting challenges associated with the strengthened country level presence and to support the entire Joint Programme to focus on achieving tangible results in countries.