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EXECUTIVE SUMMARY

This year's meeting of the UNAIDS Programme Coordinating Board (PCB) occurs at a historic moment in the AIDS epidemic—25 years after the epidemic was first detected, 10 years after the introduction of effective antiretroviral therapy, 10 years after the creation of UNAIDS, and 5 years following the first-ever UN General Assembly Special Session on HIV/AIDS. In contrast to these earlier moments in the epidemic's history, today the foundations of an effective AIDS response are largely in place. Nearly all countries have national AIDS strategic plans, political commitment has grown dramatically stronger and the level of resources available for AIDS programmes in low- and middle-income countries are more than four times greater than in 2001.

Today's challenge is to translate financial and political commitment into effective and sustainable action in countries. This report summarizes key initiatives and achievements of UNAIDS over the last year. With the UN Declaration of Commitment on HIV/AIDS and the "Three Ones" principles as our working framework, we assisted countries in implementing essential programmatic and policy actions to prevent HIV transmission, in expanding access to HIV therapies, in supporting children orphaned or made vulnerable by the epidemic, and in addressing the epidemic's gender and human rights dimensions. At this meeting of the PCB, a separate report will summarize progress achieved in promoting national ownership of the AIDS response through implementation of the "Three Ones". At the request of the United Nations General Assembly, we also facilitated country-driven processes in more than 100 countries, as well as seven regional consultations, to identify national actions needed to move towards universal access to HIV prevention, treatment, care and support.

To enhance our effectiveness in assisting countries, we increased the number of professionals in field offices, reorganized the Secretariat to bring day-to-day management of our country efforts closer to the countries themselves, and adopted new human resource strategies that have improved the calibre of our country staff. Building capacity on monitoring and evaluation has been one of our central priorities over the last year, reflected in our placement in country and regional offices of experts in monitoring and evaluation. We have also moved rapidly to implement the recommendations of the Global Task Team on Improving Coordination Among Multilateral Institutions and International Donors, clarifying the roles and responsibilities of Cosponsors and the Secretariat and implementing a new joint problem-solving mechanism with the Global Fund to Fight AIDS, Tuberculosis and Malaria. The creation of joint UN programmes has enhanced the UN's coherence and effectiveness at country-level; our technical support to countries has been amplified and streamlined; and more rigorous performance reporting has improved the accountability and transparency of the Joint Programme.

Scaling up towards universal access to prevention, treatment, care and support calls on all of us—governments, civil society, the private sector, the UN and other partners—to take greater action against AIDS. UNAIDS must provide enhanced support to countries as they implement stronger, more sustainable responses. Priority areas for us in the near future include improving the coherence and effectiveness of UN efforts and making the money work, pursuing harmonization and alignment, and increasing technical support. Reducing vulnerability through a gender-sensitive approach grounded in the promotion and protection of human rights will continue to be one of our main areas of focus. Advocacy, resource mobilization, policy advice and partnership development will remain central to UNAIDS' work, together with the promotion of new prevention and treatment technologies.

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I. MAJOR TRENDS IN THE AIDS EPIDEMIC AND ITS IMPACT

AIDS continues to pose a global threat of historic dimensions, with more than 4 million new infections having occurred in 2005 alone. As the *2006 Report on the global AIDS epidemic* published on 30 May 2006 describes, the global epidemic is strikingly diverse. While some countries have experienced declines in HIV prevalence, infection levels remain stable or are on the rise in others. Throughout the world, young people are most heavily affected, with children and youth aged 0-24 accounting for about half of all new HIV infections.

Women and girls. Whereas AIDS in the early years of the epidemic was primarily a disease of men, recent years have confirmed its rapid feminization. In countries reporting to UNAIDS in 2006, young women are twice as likely to be HIV-infected than young men. Women also shoulder the main burden of care giving in AIDS-affected households.

HIV prevention: promising signs, major challenges. Adding to the well-documented achievements of Thailand and Uganda in reversing their national epidemics, successes in HIV prevention are now appearing in all parts of the world. National HIV prevalence has fallen in Kenya and Zimbabwe, and infection levels have similarly declined in Cambodia, in four states in India, and in urban areas of Burkina Faso and Haiti. In nine of 14 sub-Saharan African countries, the percentage of young people having sex before the age of 15 years declined and in 8 out of 11 sub-Saharan African countries, condom use among young people increased. In 6 of the most affected countries in Africa, a decline of at least 25% in prevalence rate was documented between 2001 and 2005 among 15-24 year-old pregnant women in capital cities.

Extending these emerging prevention achievements to all other countries will require major improvements in coverage for essential HIV prevention strategies. Globally, only 33% of males and 20% of females know how to prevent HIV transmission, and in 2005, targeted prevention programmes reached only 9% of men who have sex with men and less than one in five injecting drug users. With an estimated 50% shortfall in the supply of public sector condoms, we estimate that a condom was used in only 9% of risky sex acts worldwide in 2005. Only 9% of pregnant women worldwide were offered HIV prevention services last year—a meagre increase over the 8% coverage reported in 2003.

Increasing treatment access. Access to treatment, primarily limited to high-income countries and Brazil at the dawn of the New Millennium, is fast becoming a reality in many low- or middle-income countries. In 2005, the number of people on antiretroviral drugs nearly doubled—from 700 000 to 1.3 million. During the two-year period covered by the “3 by 5” initiative, global treatment access more than tripled, and the number of people on antiretroviral drugs in sub-Saharan Africa increased 8-fold. While the “3 by 5” initiative fell short of its target of delivering antiretroviral drugs to 3 million by the end of 2005, it definitively demonstrated the feasibility of administering antiretroviral therapy in resource-limited settings, catalysed action in many countries and helped identify strategies for overcoming bottlenecks to scaling up access to treatment.

The epidemic’s deepening impact. Still in its early stages, the AIDS epidemic is already exacting an enormous toll on households, communities and countries. In southern Africa, life expectancy has decreased by more than two decades, poverty has deepened, and agricultural, educational and health systems have been devastated. Even in countries where HIV prevalence is much lower than that in southern Africa, studies indicate that HIV will substantially slow the projected rate of poverty reduction in the next two decades. Globally, 15 million children under 18 years of age have lost one or both parents to AIDS; the number of such children is projected to grow beyond 25 million by the

end of this decade. In 2005, however, community-based or public sector support programmes reached fewer than 10% of households with children orphaned or made vulnerable by AIDS.

Foundations for effective action. Despite the daunting challenges posed by AIDS, a strong foundation has now been established to support a robust and effective response. Among countries reporting to UNAIDS in 2005 and early 2006, 90% now have a national AIDS strategy and 85% have a single national body to coordinate AIDS efforts. In addition, financial resources for AIDS in low- and middle-income countries totalled US\$ 8.3 billion in 2005—a 4-fold increase over 2001 funding. The World Summit at the United Nations (UN) in September 2005, following a commitment of the Group of Eight (G8) countries, endorsed a massive scaling-up of HIV prevention, treatment and care to come as close as possible to universal access by 2010—underscoring the urgent need to maximize the efficiency and effectiveness of HIV financing.

Despite the dramatic growth in HIV financing, the AIDS epidemic continues to outpace the global response. Maximizing the pace of programme scale-up requires using every bit of finance as effectively as possible. To this end, a strong global consensus now supports the “Three Ones” principles as the governing framework for effective action on AIDS at country level. Rapid action to implement the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors¹—discussed further in Section III—aims to maximize the effectiveness of the multilateral system in facilitating full implementation of the “Three Ones”.

II. UNAIDS SUPPORT FOR ACTION IN COUNTRIES

Following the PCB’s review of an independent evaluation of the first five years of UNAIDS, in 2003 we embarked on a major intensification of our work at country level. In the 2004–2005 biennium, the Secretariat placed an additional 137 national and international professional staff members in country offices. Under the current Unified Budget and Workplan for 2006–2007, funding for country-level action is nearly twice the amount budgeted for global activities—reflecting a significant organizational shift in priorities in comparison with 2002–2003, when global activities outweighed country-level activities in the Unified Budget and Workplan. Our enhanced country-level focus seeks to strengthen national ownership of the AIDS response through implementation of the “Three Ones”. In recent months, our enhanced focus on national ownership is apparent in our work in helping countries develop clear action plans to move towards universal access.

The dramatic increase in AIDS financing makes the opportunities for effective national action greater than ever, but it also underscores the importance of making the money work. By streamlining and improving our own operations, through rapid implementation of the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors, we seek to maximize our own effectiveness in supporting country partners and to strengthen our collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria. This section describes the substantive support we have provided to countries and Section III summarizes the ways we are working to improve our own effectiveness.

A. Towards universal access

There is growing recognition that the exceptional problem of AIDS merits an exceptional global response. In place of partial or incremental solutions, a strong global consensus has emerged in favour of an AIDS response that aims for universal access to HIV prevention, treatment, care and

¹ http://www.unaids.org/en/Coordination/Initiatives/global_task_team.asp

support. In 2005, the UN General Assembly charged UNAIDS with facilitating an extensive consultative process to establish country-specific strategies building towards universal access.

Intensifying HIV prevention

The Declaration of Commitment on HIV/AIDS identifies HIV prevention as the mainstay of the AIDS response. As noted in Section I, a growing number of countries are experiencing declines in national HIV prevalence as a result of favourable behavioural changes following the implementation of sound HIV prevention programmes. A collaborative modelling exercise estimated that expanding available prevention strategies worldwide would avert more than half of all HIV infections projected to occur between 2005 and 2015 and would save US\$ 24 billion in associated treatment costs². Yet despite the potential for available prevention strategies to reverse the global epidemic, there are signs that support for HIV prevention efforts may be on the wane in some countries.

UNAIDS prevention policy. With the goal of reinvigorating global HIV prevention efforts, at its last meeting the PCB endorsed our policy position paper, *Intensifying HIV Prevention*. As requested by the PCB, we developed an operational plan for supporting countries in scaling up prevention efforts. We are identifying 45 countries for enhanced prevention support from UNAIDS. In accordance with the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors, our prevention action plan clearly identifies the division of labour among the UNAIDS Cosponsors and Secretariat in key thematic areas, and action plans are now being developed in each area under the leadership of the designated lead agency.

With the aim of helping countries to implement comprehensive prevention programmes that are tailored to the scale and nature of individual epidemics, the Secretariat has developed programmatic guidance for countries in adopting an evidence-informed approach to scaling up HIV prevention. A policy coordination unit in the Secretariat now closely monitors policy gaps that impede prevention scale-up. To guide policy-makers and programme planners, the Secretariat will soon publish a summary of evidence supporting HIV prevention and with the World Health Organization (WHO) will jointly issue a series of technical papers on the prevention evidence base. We will also soon issue a policy brief reflecting recommendations from a November 2005 consultation on scaling up prevention and care for men who have sex with men.

These new prevention initiatives build on concrete advances in our assistance to countries in the past year. The United Nations Children's Fund (UNICEF), for example, supported the expansion of programmes to prevent mother-to-child HIV transmission in 79 countries, peer education initiatives in 63 countries and youth-oriented media programmes in 43 countries. Assistance by WHO facilitated the expansion of sites implementing the 100% condom use programme among sex workers and their clients in China, Lao People's Democratic Republic, Mongolia and the Philippines. With the goal of preventing condom shortages, 85 countries are now using Country Commodities Manager, a tool developed by the United Nations Population Fund (UNFPA) to assist countries in assessing reproductive health commodity requirements, stock positions and possible shortfalls. UNFPA contributed US\$ 40 million in 2005 to address emergency condom shortfalls in 51 countries.

Significant efforts have focused on engaging non-health sectors in HIV prevention activities. As a result of advocacy and technical support by the United Nations Educational, Scientific and Cultural

² Stover J et al. (2006). The global impact of scaling-up HIV/AIDS prevention programs in low- and middle-income countries. *Science Express*, 2:1–10.

Organization (UNESCO), for instance, HIV prevention education was incorporated in national education policies in the Russian Federation and in seven countries in South-East Asia. The International Labour Organization (ILO) is in partnership with the United States Department of Labour to implement workplace prevention and education programmes in 23 countries.

Reducing vulnerability. As roughly half of all countries report the existence of laws that may hinder the delivery of HIV prevention and treatment services to vulnerable and most-at-risk populations, UNAIDS has prioritized work with countries to extend the reach of prevention programmes for key populations and to reduce social, legal and cultural barriers to effective prevention. For example, as a follow-up action to the PCB's endorsement of the *Intensifying HIV Prevention* policy position paper, UNAIDS convened a stakeholders consultation in November 2005 to explore strategies to enhance the access of men who have sex with men to HIV prevention and care. The United Nations Office on Drugs and Crime (UNODC) launched technical assistance projects on HIV prevention and injecting drug use in Latin America, Eastern Europe and Central Asia, Asia, Africa and the Middle East. In 2005, WHO added buprenorphine and methadone to its list of essential medications, accelerating the trend towards national adoption of such therapies as an HIV prevention strategy. In Kazakhstan, following a shift in national policy by the President, pilot projects have been introduced for substitution treatment to prevent HIV and to enhance medication adherence for drug-dependent people living with HIV. By the end of 2005, China had 128 methadone clinics and 91 pilot needle and syringe projects.

The Office of the United Nations High Commissioner for Refugees (UNHCR) has expanded its efforts to prevent HIV transmission among refugees and internally displaced people, including new services for HIV testing and counselling, prevention of mother-to-child transmission and adoption of universal precautions in refugee camps. The World Food Programme (WFP) and other partners launched a pilot project in Malawi to reduce the transmission of HIV and other sexually transmitted infections along transport corridors used for the delivery of humanitarian aid. An international meeting of policy-makers in October 2005—cosponsored by UNODC, the Government of Canada, and other partners—focused on strategies to promote the development and adoption of country-level policy and legislation to address HIV prevention, treatment and care in prisons.

Prevention research. The Secretariat is working with key stakeholders to articulate a comprehensive HIV prevention research advocacy agenda. Key research and information gaps in the prevention field have been identified, and the Secretariat has begun the analysis of available data regarding such gaps.

We provided expert guidance following the release of encouraging new research findings in July 2005 on the HIV prevention potential of adult male circumcision. A trial of 3274 men in South Africa demonstrated a 60% reduction in the risk of acquiring HIV during the 18-month study period among men who became circumcised.³ Emphasizing that countries should ensure that male circumcision is performed by trained practitioners in safe, properly equipped settings, we advised that it was premature to promote adult male circumcision for HIV prevention until results are available from ongoing trials in Kenya and Uganda. In anticipation, the Secretariat joined with WHO, UNFPA, UNICEF and the World Bank to address the complex policy, technical and logistical issues that countries face when determining the role that male circumcision should play in comprehensive HIV prevention programmes. We are preparing briefing packs for various target audiences, tools for rapid assessment of circumcision prevalence and popular attitudes,

³ Auvert B et al. (2005). Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 trial. *PloS Medicine*, 2(11):e298.

programmatic guidance for clinical tools and monitoring and evaluation, and an operational research agenda. A surgical manual for male circumcision has been developed, and modellers have assessed the potential impact of circumcision on the epidemic. The South Africa AIDS Law Project and our Reference Group on Human Rights are addressing human rights and ethical and legal issues associated with adult male circumcision.

While research and development efforts continue for HIV vaccines and methods of pre-exposure prophylaxis, six large-scale clinical trials of vaginal microbicides and a diaphragm–gel combination trial are underway to assess HIV prevention efficacy in humans. When community criticism of clinical trials of tenofovir to prevent HIV transmission resulted in the termination of the trials in Cambodia and Cameroon, we convened three regional consultations to examine optimal strategies for forging meaningful partnerships between communities and researchers. Attendees at a subsequent consultation in Geneva noted both the evolving understanding of the term ‘community’ and the need for prevention research to balance the best interests of research participants against the social benefits of science. A series of recommendations—published in *AIDS* in 2006⁴—are now being implemented. While we work with partners to develop guidelines for good community practice in HIV prevention trials and on financial and logistic arrangements for provision of care and treatment to trial participants who seroconvert during the trial, Family Health International is developing an estimate of the recommendations’ financial implications for researchers and trial sponsors.

Increasing access to HIV treatment

Access to treatment has been a growing priority for UNAIDS since the PCB meeting in Nairobi, Kenya, in 1997. Through its Drug Access Initiative, launched in 1998, UNAIDS successfully demonstrated the feasibility of introducing antiretroviral drugs in resource-limited settings in Africa. Under the Accelerating Access Initiative, UNAIDS helped negotiate with leading pharmaceutical companies the first major price reductions for antiretroviral drugs in low- and middle-income countries.

With the launch of the “3 by 5” initiative by WHO and UNAIDS in December 2003, we greatly intensified our efforts to expand access to life-preserving therapies in the low- and middle-income countries that are home to 95% of the world’s people living with HIV. The initiative aimed to take advantage of unprecedented levels of political commitment and international funding, particularly from the United States President’s Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, dramatic reductions in the price of medications, and evolving public health strategies to simplify the provision of antiretroviral drugs.

As the convening agency within UNAIDS on issues of treatment and care, WHO took the lead in UNAIDS’ efforts to promote greater access to HIV treatment. WHO provided formal guidance and hands-on technical support to assist countries in the selection of standardized antiretroviral regimens; prequalified medications to ensure that antiretroviral drugs used in national programmes are of acceptable quality; and developed educational modules used to train thousands of health-care workers in low- and middle-income countries. Globally, WHO has joined with partners to create an international system for monitoring HIV drug resistance, with the goal of providing national policy-makers with information relevant to the selection and revision of standardized first- and second-line regimens. With the goal of increasing uptake of treatment in low- and middle-income countries, WHO and UNAIDS formally endorsed the routine offer of an HIV test in health-care settings, with particular emphasis on the need to increase testing rates in high-prevalence countries.

⁴ UNAIDS (2006). Creating effective partnerships for HIV prevention trials: report of a UNAIDS consultation, Geneva, 20–21 June 2005. *AIDS*, 20:W1–W11.

Under “3 by 5”, each of the UNAIDS Cosponsors pledged to undertake specific action to support scaling up access to treatment. For example, as part of its Unite for Children, Unite Against AIDS campaign, jointly undertaken with UNAIDS, UNICEF is working to ensure access to treatment for HIV-infected children, with the aim of ensuring the delivery of antiretroviral drugs or cotrimoxazole, or both, to 80% of children living with HIV by 2010. The World Bank launched a US\$ 60 million initiative to assist countries with scaling up HIV treatment access and has aided countries in developing efficient procurement and supply management systems. As a result of sustained advocacy by UNHCR and its partners, refugees in more than 20 countries are accessing antiretroviral drugs through formal and informal mechanisms. The United Nations Development Programme (UNDP) cosponsored (with WHO, the African Union and the Third World Network) regional training that developed the capacity of national ministries in 36 countries to formulate and adopt provisions in patent and trade legislation to allow for the import and manufacture of generic medications.

Along with WHO, the Secretariat undertook weekly reviews of country-level processes for scaling up access to treatment, helping identify obstacles to programme expansion and rapidly mobilizing UN Theme Groups to provide technical and strategic support to overcome bottlenecks. In 2004, 70 of 73 UN Theme Groups reported achievements in the area of treatment access. UNAIDS Programme Acceleration Funds supported targeted proposals in 65 countries to expedite scaling up treatment access. The Secretariat aided in the development of diverse partnerships (e.g. with religious leaders, treatment activists and people living with HIV) to accelerate scaling up treatment access and collaborated with WHO in the organization of partnership meetings.

The “3 by 5” initiative clearly demonstrated that administration of antiretroviral drugs in resource-limited settings is feasible, that a public health approach can accelerate scaling up treatment access, and that low- and middle-income countries have the ability to achieve rates of treatment success comparable with those reported in high-income countries. Experience under “3 by 5” also highlighted the factors that slow scaling up of access to treatment. As summarized in a final report on “3 by 5”, released in March 2006, the rate of increase in treatment access is primarily determined not by demand, but by such supply-related factors as drug supply, funding, people’s knowledge of their HIV status, and human resource capacity. Experience gained under “3 by 5”, including successful strategies developed by countries to overcome obstacles to scaling up, are now informing national goal-setting and strategy development in the push towards universal access.

Care and support

We assist countries in implementing a model of care that is comprehensive, ensuring that people living in HIV- and AIDS-affected households have access to all the physical and psychosocial support they need to cope with their situation. In 2004–2005, WFP, for example, provided food and nutrition to 2.2 million people infected with and affected by HIV in Africa, Asia and Latin America. Advocacy and research by ILO focuses on strategies to improve access to social security at the workplace.

An urgent global priority is to ensure proper care and support for the 2.3 million children living with HIV, the 15 million children orphaned by AIDS, and the millions of other children made vulnerable by the epidemic. Under the Unite for Children, Unite for AIDS campaign, UNICEF and its partners have established the global goal of providing care and support by 2015 for 80% of all children affected by the epidemic. In pursuit of this aim, UNICEF is providing technical support to countries in the development of costed national action plans for children orphaned or made vulnerable by AIDS. In February 2006, a Global Partners Forum, co-hosted by UNICEF and the

United Kingdom, underscored the need for stronger global action to strengthen the capacity of families to protect and care for children orphaned or affected by AIDS, to mobilize an effective community-based response to support affected families, to ensure equal and full access to education, and to guarantee children's universal access to HIV prevention, treatment and care.

A country-focused approach

Increased urgency to assist countries in scaling up HIV prevention, treatment, care and support strategies was reflected in the outcome of the September 2005 World Summit, where UN Member States committed themselves to a massive scaling up of HIV prevention, treatment and care, with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all who need it. This commitment broadened a similar pledge made by G8 countries at their July 2005 summit in Gleneagles, Scotland, where leaders of the largest industrialized countries pledged to work to achieve "an AIDS-free generation in Africa".

These ambitious commitments have brought the AIDS response to an historic juncture. To take advantage of the emerging global consensus, the UN General Assembly formally requested in December 2005 that we facilitate a country-driven process, with an assessment on the way forward to be provided to the General Assembly for consideration during the High Level Meeting on AIDS in 2006.

Thousands of people from all regions seized this critical opportunity to identify and help overcome the specific challenges and obstacles to scaling up AIDS programmes. In recent months, UNAIDS facilitated consultations in more than 100 low- and middle-income countries. These consultations, organized by national AIDS coordinating authorities and ministries of health, included the participation of civil society, donors and other key partners. In addition, we assisted in seven regional consultations on universal access, under the leadership of the African Union, the Caribbean Community Secretariat and Pan Caribbean Partnership Against HIV/AIDS, the Commonwealth of Independent States, and the Latin American Horizontal Technical Cooperation Group, with the participation of the Association of Southeast Asian Nations and South Asia Association for Regional Cooperation.

Building on the "Three Ones" principles and the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors, these processes furthered strong country ownership of the AIDS response. As a complement to these consultations, the Secretariat convened a multipartner Global Steering Committee to identify needed global-level actions towards universal access, solidify and increase global support for a stronger AIDS response, and act as a political sounding board.

B. Making the money work

To maximize the effectiveness of available financing, we focused much of our effort towards making the money work for countries. Over the past two years, we have generated concrete commitments from a broad array of partners at all levels to work collaboratively within the "Three Ones" principles for a coordinated AIDS response. The "Three Ones" aim to replace the proliferation of strategies, committees and monitoring systems with a single, harmonized AIDS response, thus minimizing confusion, reducing transaction costs and maximizing the impact of HIV efforts.

Support for country-level harmonization and alignment

To facilitate widespread implementation of the "Three Ones" principles—which were reaffirmed during the 2005 World Summit—I joined with senior officials of bilateral and multilateral

development organizations to undertake special missions to promote harmonization and alignment of national AIDS strategies in China, Indonesia, Kenya, Mozambique, Rwanda, Swaziland, Uganda and the United Republic of Tanzania in line with the outcomes of the Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) conference in Paris, France. In all regions, we worked to ensure that national AIDS plans were moving towards implementation, reflected multisectoral involvement, and benefited from the active engagement of international donors, nongovernmental organizations and other stakeholders.

In the Russian Federation, for example, the UN Theme Group on HIV/AIDS played a leading role in developing a two-year project (funded by the United Kingdom and Sweden) to enhance coordination, planning and monitoring and evaluation of the national AIDS response. In Zambia, a UN Team on AIDS has been established, with the division of labour adapted to the country context, and the UN system has been assigned the lead on AIDS in the country's joint assistance strategy. UNICEF is coordinating procurement and supply management for antiretroviral drugs and other health commodities in Ethiopia, Guinea Bissau and Malawi. As Section IV describes, UNAIDS implemented a comprehensive management plan in 2005 to improve its support to countries and other stakeholders in the implementation, harmonization and alignment of national AIDS strategies.

As part of our drive to promote implementation of the "Three Ones", we have encouraged countries to undertake regular participatory review of the implementation of national AIDS strategies and have assisted countries in conducting such reviews. In 2005, more than a dozen countries in Africa, Asia and Europe undertook such joint reviews. In Malawi, for example, diverse partners now review the national response every six months, under the leadership of an independent and multidisciplinary team identified through an international procurement process.

To promote harmonized and aligned national programmes, we prioritized assistance to countries in mainstreaming AIDS into broader development programming. In 2005, UNDP, the World Bank, and the UNAIDS Secretariat launched a joint initiative to support countries in integrating AIDS into poverty reduction strategies, holding the first regional workshop attended by AIDS authorities, as well as finance and planning ministries, from seven African countries. Joint country assessment missions have been undertaken in seven African countries and issues papers developed for each. In 2005, UNDP provided capacity development support for district planning and implementation in 27 districts in southern Africa, as well as mainstreaming training sessions for 22 countries in Latin America and the Caribbean.

The "Three Ones" have become the core guiding principles for coordination and harmonization and alignment of national AIDS responses, and have been embraced by diverse stakeholders. In 2005, for example, the African Union formally urged all Member States to adhere to the "Three Ones" in intensifying efforts to implement well-coordinated national plans to improve access to HIV prevention, treatment, care and support. Launched in 2005, the Blair Commission for Africa called for the articulation of high-level, time-bound and concrete actions to make the "Three Ones" a reality in countries. The "Three Ones" approach reflects the increased prominence within the broader development agenda on harmonization and coordination and alignment, as reflected in the 2005 Paris Declaration on Aid Effectiveness.

Projecting resource needs

Maximizing the strategic impact of available funding requires an ongoing understanding of the magnitude, nature and trends of resource flows for AIDS programmes. Since 2001, we have worked to track available financial resources for AIDS activities in low- and middle-income countries and to project future resource needs. In 2005, UNAIDS continued to refine, support and

coordinate efforts to monitor AIDS resources by serving as Secretariat of the Global Resource Tracking Consortium.

National AIDS Spending Assessments. In 2005, the UNAIDS Secretariat focused increased energy on assisting countries in undertaking National AIDS Spending Assessments and in establishing countrywide systems for the continual collection, analysis and reporting of HIV-related expenditures. A total of 60 countries, most of them in sub-Saharan Africa, have been trained in the initiation of National AIDS Spending Assessments. The activities of Consortium members and UNAIDS sponsorship of country projects facilitated reporting in 2005 by 95 countries on actual health and non-health government spending related to HIV.

Enhanced national capacity to monitor AIDS spending is advancing the AIDS response in several ways. In Latin America, for example, countries are using national spending data in the development of Global Fund proposals, and civil society has relied on the results of National AIDS Spending Assessments to advocate successfully for increases in domestic AIDS funding. In Burkina Faso and elsewhere, national AIDS commissions are using national spending data to enhance coordination with the World Bank and bilateral donors.

Improving donor reporting. Through the DAC Working Party on Statistics, the Secretariat continued to work with OECD and DAC countries in 2005 to improve donors' reporting on HIV-related financing. As a result of joint efforts undertaken by the Secretariat and OECD, donors took steps to better disaggregate reported funding by type of intervention and to capture financing for the social mitigation of AIDS.

Projecting resource needs. In 2005, UNAIDS estimated that total resource needs for HIV programmes would be US\$ 15 billion in 2006, US\$ 18 billion in 2007 and US\$ 22 billion in 2008⁵. These sums are needed to position the world to have halted by 2015 and begun to reverse the spread of HIV and AIDS, as stated in Millennium Development Goal 6. We derived these projected resource needs from 9 regional and subregional consultations, facilitating the input of 155 experts from 78 affected countries. Using information collected in the consultations, UNAIDS assessed unit costs for services in different settings and identified country-specific resource requirements. To quantify the gap between available and needed resources, UNAIDS commissioned surveys in various countries to estimate current programme coverage and to assess national capacity to scale up. A steering committee and a technical working group supplemented country-specific information and assisted in the analysis of coverage and financial data.

Mobilizing resources for the AIDS response

UNAIDS has been intensively supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria to become a critical vehicle for the financing of HIV programmes. We assist countries in developing funding proposals, and now, more and more, in implementing HIV programmes.

In addition to its role as a UNAIDS Cosponsor, the World Bank remains a crucial source of financing for HIV programmes. In Sri Lanka, for example, it is financing the country's HIV prevention effort that involves 10 government departments and 47 nongovernmental organizations, as well as a national initiative to provide free antiretroviral drugs to all people living with HIV. World Bank financing is also building district-level AIDS capacity in Uganda and scaled-up prevention and support for vulnerable populations in Trinidad and Tobago.

⁵ UNAIDS (2005). *Resource needs for an expanded response to AIDS in low- and middle-income countries*. Geneva.

In addition, numerous countries have increased their own budgetary allocations for AIDS. In the Russian Federation, for example, approved government spending on AIDS grew from US\$ 5 million in 2005 for federal expenditure to a projected US\$ 350 million for 2006–2007 in combined federal and regional budgets. In China, funding from the central government for HIV prevention, treatment and care has grown significantly in recent years, reaching US\$ 100 million in 2005. Altogether, domestic public and private spending on AIDS in low- and middle-income countries totalled US\$ 2.6 billion in 2005, equivalent to 31% of all global AIDS financing.

UNAIDS has worked closely with bilateral donors in many countries to mobilize resources to support the national response. For example, following the development of a UN Joint Action Programme on HIV/AIDS and successful advocacy, the United Kingdom Government pledged a total of US\$ 47 million over 3 years (2005–2007) to the Indonesian Partnership Fund for HIV/AIDS. The UNAIDS Secretariat facilitated the establishment of a pooled funding mechanism, the Fund for HIV/AIDS in Myanmar, and implementation of US \$ 26 million in activities. Based on this successful experience, work commenced in 2005 with donors and other partners to expand resources available in the country through a Three Disease Fund addressing tuberculosis, malaria in addition to AIDS. In India, the UNAIDS Secretariat has mobilized US\$ 11 million for a range of priority activities for 2006.

C. Monitoring and evaluation

Monitoring and evaluation is a central priority for UNAIDS. Last year witnessed the collection, analysis and dissemination of critical new data on the course of the epidemic and the status of the response, which provided the basis for the *2006 Report on the global AIDS epidemic*—the most complete report on the epidemic to date. An important driver for monitoring and evaluation efforts in 2005 was the High Level Meeting on AIDS, when global leaders gathered to evaluate progress towards fulfilment of the time-bound milestones in the Declaration of Commitment on HIV/AIDS. In countries where our monitoring and evaluation experts are posted, national AIDS reports are more comprehensive and detailed, gender disaggregation for service data occurs more frequently, and civil society is more likely to be included in monitoring and evaluation efforts, including endorsement of national AIDS reports.

Core indicators. Approximately 120 countries submitted country-level data to UNAIDS in early 2006 on 18 core indicators for assessing progress towards achievement of the goals and targets in the Declaration of Commitment on HIV/AIDS. To ensure that data reported by countries were the most complete and accurate possible, we clarified the core indicators in 2005, specifically emphasizing the importance of data disaggregation by sex, priority indicators for countries with concentrated and low-level epidemics, and the critical need to involve civil society throughout the data collection cycle. The process of gathering and analysing data on these core indicators has provided important impetus towards national efforts to improve monitoring and evaluation systems.

As components of its comprehensive monitoring of national and global progress towards implementation of the Declaration of Commitment on HIV/AIDS, UNAIDS studied various national and global surveys on specific aspects of the AIDS response (such as the perceptions of business leaders regarding AIDS). In addition, UNAIDS commissioned studies to estimate regional and global coverage for specific programmatic interventions. Civil society groups from 30 countries also submitted progress reports on implementation of the Declaration of Commitment on HIV/AIDS.

This effort culminated in the most comprehensive assessment of the AIDS response, as summarized in the UN Secretary-General's 2006 report to the High Level Meeting. As noted above, the report described substantial progress in many countries towards the milestones in the Declaration of Commitment on HIV/AIDS, while noting shortfalls in others. While the world met the resource mobilization target for 2005, for example, it fell far short of the global goal of 80% coverage for programmes to prevent mother-to-child transmission, providing antiretroviral prophylaxis to only 9% of HIV-positive pregnant women worldwide. Especially as individual countries develop concrete plans to move towards universal access, data collected on the core indicators for the Declaration of Commitment on HIV/AIDS provide national AIDS programmes, donors, civil society and other stakeholders with critical information on coverage gaps and programme and policy priorities.

Monitoring country responses. By May 2006, 93 countries were using the UNAIDS Secretariat's Country Response Information System, the first multicountry mechanism to track national responses using standard indicators. Some 12 countries are using the system to collect data at the district level, and more than 60% of countries reporting on core indicators for the Declaration of Commitment on HIV/AIDS relied on information collected through the Country Response Information System. This reporting system is strengthening and accelerating countries' ability to collect and analyse essential information on the epidemic. In Botswana, for example, all district-level multisectoral AIDS committees use the system to produce quarterly analyses that inform policy-makers and programme planners.

Software developed by UNAIDS supports monitoring and evaluation activities on an ongoing basis, facilitates data exchange, and provides a standard platform familiar to a broad array of stakeholders, contributing to a unified national approach to monitoring and evaluation as outlined in the "Three Ones". A revised version of the software supports data collection through the United States President's Emergency Plan for AIDS Relief, facilitating information exchange between the United States Government, UNAIDS and national monitoring and evaluation officers.

Building national monitoring and evaluation capacity. While 51% of countries reporting to UNAIDS cite improvement in national monitoring and evaluation between 2003 and 2005, only half of all countries have a national plan for monitoring and evaluation, with 33% of reporting countries currently in the process of developing such a plan. To address these weaknesses in national monitoring and evaluation capacity, the UNAIDS Secretariat, WHO, UNICEF and the United States Government have placed more than 60 technical monitoring and evaluation experts in priority countries in all regions, with posts lasting from two to four years. In 2005 and the first quarter of 2006, the Secretariat alone put in place 40 new country-level monitoring and evaluation officers to assist national governments in the development and implementation of unified monitoring and evaluation systems, in line with the "Three Ones" principles.

Our capacity to provide technical support to national monitoring and evaluation efforts has been strengthened by enhanced coordination at global and regional levels. In November 2005, the UNAIDS Monitoring and Evaluation Reference Group launched three working groups to catalyse an evaluation research agenda, establish standard indicators for country-level monitoring, and promote the standardization and simplification of indicators. A new computer-based clearing house helps UNAIDS link country requests for technical assistance in the area of monitoring and evaluation with available expertise and resources. The World Bank and the UNAIDS Secretariat are taking the lead in the establishment of a joint monitoring and evaluation facility, which will ensure consistent global guidance on technical issues, development of monitoring and evaluation tools, and the timely and transparent flow of information to all partners.

Epidemiology. UNAIDS has long served as the world's primary global resource on HIV epidemiological data. In December 2005, the UNAIDS Secretariat and WHO jointly published the annual *AIDS Epidemic Update*, which reported that levels of new infections in several countries had begun to fall while the overall global number of people living with HIV continued to rise.

In May this year, we issued the *2006 Report on the global AIDS epidemic*. In addition to the epidemiological tables included in previous global reports, the 2006 version provides for the first time country-specific epidemiological profiles. Estimates in the global report for the number of people living with HIV and for new HIV infections in 2005 were somewhat lower than those reported in earlier AIDS updates, reflecting the declines in prevalence in some parts of the world, as well as access to substantially greater and more reliable epidemiological data from many countries. In particular, the availability in many countries of national population-based surveys has added complementary data to the standard surveillance data from antenatal clinics; however, if participation rates in the surveys are low, the data can be difficult to interpret.

Improvements in the magnitude and quality of epidemiological data stem, in part, from the sustained efforts of UNAIDS Secretariat, WHO, the United States Centers for Disease Control and Prevention and other partners to assist countries in building national surveillance capacity. Between March 2005 and April 2006, the UNAIDS Secretariat and WHO conducted 12 regional workshops for experts from more than 150 countries who are responsible for using specific tools and methodologies to develop HIV epidemiological estimates. To develop the estimates cited in the *2006 Report on the global AIDS epidemic*, the UNAIDS Secretariat participated in 10 country-specific consensus meetings.

Evaluation. As UNAIDS has grown and evolved, it has increased its emphasis on stronger evaluation and programme monitoring, with the aim of operating as efficiently and effectively as possible in the service of its many stakeholders. Between 2003 and 2005, UNAIDS undertook evaluations of a broad array of its own activities. Various evaluation reports, for example, documented cooperation among UN partners at country level, although such coordinated action appears stronger in some settings than others. Prevention evaluations emphasized the importance of community involvement in programme success. An interim evaluation of the "3 by 5" initiative concluded that, "large-scale HIV treatment access is achievable, effective and increasingly affordable".

D. Women and girls

The Global Coalition on Women and AIDS is an informal global alliance of civil society groups, networks of people living with HIV, governments and UN agencies, with secretariat functions provided by the UNAIDS Secretariat. Launched in 2004, the Global Coalition has become a focal point for global efforts to address rising HIV infection rates among women and girls.

The Global Coalition undertakes joint efforts in three interrelated spheres: evidence and policy development; high-level advocacy; and country-level action. In 2005, the Global Coalition helped address critical gaps in the knowledge base for advocacy and policy development by publishing *Girls' Education and HIV Prevention* (UNICEF) and *WHO Multi-Country Study on Women's Health and Domestic Violence against Women*.

In the realm of advocacy, the Global Coalition employs a range of approaches to increase awareness of and commitment to the issue of women and AIDS, including visits with decision-

makers and opinion leaders at global, regional and country levels, as well as media and other communications activities.

To intensify country-level action to reduce women's vulnerability, the Global Coalition works to raise the visibility of women living with HIV and to promote their involvement in the development, implementation and monitoring of national AIDS programmes. The Global Coalition has provided targeted grants to UN Theme Groups in seven countries to strengthen the gender components of national AIDS strategies and to foster the inclusion of women's groups in civil society forums. In Kenya, such funds supported mapping of all women's organizations for the National AIDS Coordinating Committee. In Viet Nam, UNAIDS and the Global Coalition helped the Women's Union, which has 13 million members countrywide, to develop an HIV strategy. The OPEC Fund for International Development provided funding to UN Theme Groups in the Caribbean and Latin America to promote leadership by women living with HIV, and more than 40 countries sought funding through the UNAIDS Programme Acceleration Funds to address various aspects of the feminization of the epidemic. With support from the Flemish Government, partners in Mozambique are implementing a multisectoral action plan to address many of the issues that increase the vulnerability of women and girls, as identified by advocacy of the Global Coalition.

Action by the Global Coalition is most advanced in southern Africa, where the epidemic's growing burden on women and girls is most apparent. Following up on the UN Secretary-General's 2004 Task Force on Women, Girls and HIV/AIDS, the Global Coalition has developed national action plans on women and AIDS in nine countries in the region and has worked to ensure that key elements of these plans are incorporated into national AIDS strategies and operational plans. The Global Coalition has also helped mobilize resources for implementation of these action items and to build working partnerships between government and civil society.

E. Human rights and vulnerable populations

As underscored in the UNAIDS-supported country consultations on universal access, stigma and discrimination continue to help drive the epidemic's expansion and to impede national AIDS responses. To promote a global response grounded in human rights, UNAIDS continued to work with governments on legislative reform and review of draft legislation. In December 2005, for example, at the request of the Government of Armenia, UNAIDS commented on draft legislation under consideration by parliament. To assist in legal reform efforts, UNAIDS is developing a series of human rights resources and tools, including a collection of key HIV-related legal decisions.

Steps were taken in 2005 to strengthen UNAIDS' internal capacity to provide leadership on human rights issues through enhanced training to country-level staff. Implementing the agreed division of labour among Cosponsors, UNDP has joined the Secretariat to co-host the UNAIDS Reference Group on HIV and Human Rights. As part of a long-term effort to orient the Reference Group's work more towards country-level action, the Danish Institute of Human Rights and the Uganda Human Rights Commission were retained following a competitive selection process to serve as joint secretariat.

In the past several years, progress has been made in establishing a strong evidence base on strategies to alleviate HIV stigma. A study by the International Center for Research on Women found that 56% of people living with HIV had experienced at least 1 of 17 specific forms of stigma and discrimination in the past year, with women experiencing HIV-related stigma at much higher rates than men. As a contribution to the global effort to increase the knowledge base on HIV stigma and discrimination, UNAIDS finalized a best-practice report, *Case Studies on HIV and AIDS-*

Related Human Rights Violations, Stigma and Discrimination. In 2004–2005, UNAIDS, in partnership with the International Planned Parenthood Federation, convened a process by and for people living with HIV to develop an index for stigma, discrimination and human rights.

F. Civil society engagements and partnerships

In 2005, the Secretariat and Cosponsors intensified their efforts to translate the vision of a broad-based AIDS response from aspiration to reality, developing and strengthening partnerships with people living with HIV, women and young people, populations most at risk, faith-based organizations, businesses and labour. For example, with support from UNAIDS over the past six years, the All-Ukrainian Network of People Living with HIV helped in 2005 to found the Union of People Living with HIV in Eastern and Central Europe, uniting associations of HIV-positive people from 10 countries in a common endeavour to mobilize resources for underfinanced networks in the region.

In response to concerns regarding the vitality and future directions of the global movement of people living with HIV, UNAIDS hosted a series of think tank meetings in 2005. These meetings documented a serious lack of meaningful participation of people living with HIV at national, regional and global levels. A lack of coordination, shared goals and principles among organizations and networks of people living with HIV, combined with institutional problems, individual burnout, illness and death, and a lack of funding, were felt to be threatening the ability of people living with HIV to take their place at the centre of AIDS responses. In addition, many think tank participants felt that fewer HIV positive people were inclined to disclose their status and become visible in the response to AIDS due to the risk of human rights abuses. We are now providing support to the participants to embark on a re-mobilization of HIV-positive communities worldwide. With the Government of the Netherlands and the nongovernmental organization Aids Fonds, we also facilitated the first joint board meeting of three key global networks of people living with HIV, aiming at a joint resource mobilization effort.

Special efforts have been undertaken to ensure civil society involvement in implementation of the “Three Ones”. In February 2005, UNAIDS launched an electronic forum for civil society to increase its engagement in the “Three Ones”. Participants in the forum identified the need for increased support for skills development in civil society organizations. In Indonesia and Nigeria, UNAIDS hosted civil society consultations on the “Three Ones”.

In 2005, the Union of the Superiors General, composed of the heads of all Catholic religious orders, approached UNAIDS, requesting help in mapping the AIDS-related activities of the various religious orders. We have also worked closely with Caritas International. UNDP initiatives in Arab states, Latin America and the Caribbean raised the AIDS awareness of religious leaders and increased their commitment to fight AIDS stigma; in the Arab states, eminent religious leaders signed the Cairo Declaration on AIDS. With respect to other sectors, UNAIDS support contributed to the launching of the Pan-Caribbean Business Forum on AIDS, as well as the release of the International Olympic Committee’s “Together for HIV and AIDS prevention: a toolkit for the sports community”.

G. AIDS, security and humanitarian response

Addressing the security dimensions of the epidemic, UNAIDS has helped design and implement programmes for national uniformed services in more than 60 countries, with earlier phases of programme negotiation underway in 25 additional countries. In 2005, for example, India’s military

entered into formal partnership with UNAIDS to promote HIV prevention among the country's 2.5 million uniformed personnel. Likewise, through the efforts of UNDP, UNAIDS is organizing HIV peer education for 1.2 million young recruits in the Russian Federation. The efforts of Eritrea, Thailand and Ukraine to integrate HIV prevention in the national uniformed services have been documented as best practices.

In 2005, UNAIDS continued its collaboration with the UN Department of Peacekeeping Operations (DPKO) to ensure effective implementation of Security Council Resolution 1308 relating to HIV and AIDS and international peacekeeping operations. HIV prevention is now an integral part of pre-deployment training for all UN peacekeepers, and all peacekeeping missions now benefit from a full-time HIV adviser or focal point. With the United States Centers for Disease Control and Prevention, UNAIDS and DPKO have designed a template to conduct knowledge, attitude and practice surveys among UN peacekeepers, pilot testing the approach in Liberia. To extend HIV programming throughout all aspects of peacekeeping mission mandates, the UNAIDS Secretariat, DPKO and UNFPA drafted guidance on addressing HIV during disarmament, demobilization and reintegration. In July 2005, UNAIDS and DPKO briefed the Security Council on progress in implementation of Resolution 1308, releasing its findings in a new report, *On the Front Line*. We also commissioned researchers from the London School of Economics and Political Science in the United Kingdom to investigate the documented links between AIDS and security, documented in a March 2006 report, *HIV/AIDS and Security: Fact, Fiction and Evidence*.

The UNAIDS Secretariat is participating in the AIDS, Security and Conflict Initiative (ASCI), a collaborative and decentralized research and learning venture being undertaken by the Netherlands Institute of International Relations (also known as Clingendael) in cooperation with the Social Science Research Council. ASCI aims to synthesize existing knowledge, develop the evidence base, and identify appropriate policies and programmes in the field of AIDS, security and conflict.

To support implementation of HIV programmes for UN peacekeepers and national uniformed services, we produced a range of programme tools, including a comprehensive programming guide and a peer education kit. AIDS awareness cards, available in more than a dozen languages, have been separately tailored for UN peacekeepers and employees and national uniformed personnel; more than 1 million such cards have been distributed worldwide.

As Chair of the Inter Agency Standing Committee (IASC) Task Force on HIV/AIDS in 2005, the UNAIDS Secretariat facilitated the updating of guidelines for HIV interventions in emergency settings, which are now being implemented through regional and country level training. The Secretariat has played a central coordinating role in the development of a joint UN work programme for scaling up interventions for populations of humanitarian concern, which is now being implemented by numerous UN partner agencies.

III. STRENGTHENING THE MULTILATERAL RESPONSE TO AIDS

We undertook major steps to improve our own effectiveness in assisting countries in developing, implementing and monitoring AIDS responses, and in encouraging diverse stakeholders to align their efforts with nationally driven strategies under the "Three Ones". This section summarizes new mechanisms and strategies put in place over the past year to increase our coherence, efficiency and operational effectiveness. To enhance transparency, coordination and accountability, UNAIDS more clearly articulated the roles and responsibilities of its constituent parts and under the 2006–2007 Unified Budget and Workplan implemented a more rigorous and detailed reporting system. Joint UN action on AIDS is now supported by a series of mechanisms for strategic coordination,

including regional support teams, country-level joint programmes, and joint UN teams on AIDS. In its efforts to maximize the impact of multilateral action on AIDS, the Programme has been guided by the broadly embraced recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors.

Division of labour and consolidated technical support plan. The UN consolidated technical support plan for AIDS is the cornerstone of our effort to promote harmonization and alignment of national AIDS strategies. In accordance with the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors, which called for clearer delineation of roles and responsibilities within UNAIDS, the plan designates a lead organization that provides technical support in different thematic areas. The lead organization also serves as an entry point for governmental or other country-level stakeholders that need support in a particular technical area. The lead organization consults with relevant partners within the UNAIDS to identify the optimal provider of technical support; where we lack the capacity to fully respond to a stakeholder's request in a timely manner, the lead organization is responsible for facilitating provision of technical support through other means, such as our technical support facilities and other technical support networks. Greater clarity on the division of labour within UNAIDS is intended to address the often overlapping mandates of UNAIDS Cosponsors, stimulate coordinated action, and enhance overall coherence.

The UN Technical Support Division of Labour has already been adapted to country level in 45 different countries, including Armenia, Botswana, China, Ghana and Lesotho. At the global level, UNDP, UNFPA and WFP have adapted their organizational structure around their technical support areas in the Division of Labour and strengthened their capacity in the areas where they have been designated lead organization. UNICEF has taken similar steps with respect to mother-to-child transmission of HIV.

Technical support facilities have been established in four regions to provide timely, high-quality technical support to countries. The technical support facility in southern Africa, for example, has been contracted to provide more than 450 days of technical support by a range of country partners, including national AIDS authorities, bilateral donors, regional entities and the UN system. These facilities reflect UN reform in action, with the UN taking the lead in establishing minimum standards and monitoring quality control while strengthening local capacity to respond to technical support needs. In the Latin America and Caribbean region, in association with the Brazilian Government we have improved technical assistance in the region through the establishment of the International Centre for Technical Cooperation, which is the recent beneficiary of a three-year grant from the United Kingdom.

Global joint problem solving and resolving implementation bottlenecks. In another action to implement the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors, the Secretariat, UNDP, WHO, UNICEF, UNFPA, the World Bank and the Global Fund Secretariat joined together to establish a global joint problem solving and implementation support team to address barriers to rapid implementation of vital HIV programmes. Meeting monthly, this team has worked closely with UN country teams and with national authorities to resolve implementation impediments in diverse countries and regions, including Bolivia, the Caribbean, Guinea Bissau, Honduras, Niger, Nigeria, Mozambique, Myanmar and Senegal.

The global joint problem solving and implementation support team works with country-level stakeholders to conduct a time-compressed analysis of central implementation bottlenecks, helping

identify urgent technical support needs. The team then works to facilitate the rapid deployment of needed technical support, such as in Niger, where strategic intervention helped the country address an antiretroviral stock-out crisis. Similarly, the team also aided Guinea-Bissau in expediting the development of antiretroviral protocols and in building national laboratory capacity with the help of WHO and UNICEF. Under the terms of reference for the team, UN agency partners make firm commitments for the delivery of specified technical support and are accountable for the delivery of such assistance. The team is also active at global and regional levels to address obstacles to implementation, such as onerous procedural requirements or a breakdown in communications among agencies.

The global joint problem solving and implementation team is yet another example of how we are strengthening our collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria. As stated in a letter by the Executive Director, Richard Feachem, and myself, staff of the Global Fund Secretariat are now encouraged to use our country offices in order to promote stronger harmonization of our work in countries. A study undertaken by the Global Fund and the World Bank identified the specific assets of each organization in supporting national AIDS responses and identified areas where strategic coordination could be improved.

Joint UN programmes and teams. In December 2005, the Secretary-General issued a letter to all UN Country Teams directing the creation of a single UN country support programme on AIDS, including joint UN teams on AIDS. These teams will work under the authority of the UN Resident Coordinator system and the UN Country Team and will be facilitated by UNAIDS Country Coordinators. As of April 2006, joint UN programmes and teams had been established in 19 countries in Africa, Asia, and Latin America and the Caribbean.

Programme acceleration funds. These remain a well-established funding mechanism to catalyse effective country-level action, with 95% of amounts budgeted for such assistance during the previous biennium effectively obligated. The catalytic potential of programme acceleration funds is exhibited by the Indian Ocean Commission, which leveraged US\$ 150 000 in UNAIDS support to obtain US\$ 8 million in AIDS assistance from the African Development Bank and €1.5 million from the French Government. Programme acceleration funds help jump-start a broad range of efforts at country-level: for example, such funding supported broad-based partnership development and resource mobilization for the Tobago Youth Sexual Health Outreach Project, establishment of monitoring and evaluation and procurement systems in Cambodia, capacity-building for organizations of people living with HIV in Haiti, and enhanced coordination and joint programming in support of the “Three Ones” in the Russian Federation.

Consistent with the recommendations of the Global Task Team on improving coordination among multilateral institutions and international donors, UNAIDS is implementing management changes in programme acceleration funds to promote decentralized decision-making and to increase accountability. Under this approach, Regional Support Teams now have greater authority to review and approve projects. We are also implementing new procedures to strengthen reporting on funded initiatives.

AIDS in the UN workplace

A new system-wide initiative, “UN Cares”, will unite, harmonize and enhance the many ways the UN provides HIV-related support to its staff and their families. This system-wide approach has been endorsed by the UNAIDS Committee of Cosponsoring Organizations. A US\$ 1 million allocation in the current Unified Budget and Workplan supports activities in the UN workplace, including development of a sustainable system for procurement of preventive commodities and implementation of a web-based database of available care and support facilities globally. In support of the initiative, the Human Resources Task Force has developed an action plan for implementation

of the new system-wide initiative, including distance learning tools, monitoring indicators and measures to ensure access to post-exposure prophylaxis kits.

Management

To ensure the effectiveness of UNAIDS' intensification of country-level support, the UNAIDS Secretariat implemented significant management improvements in the past year. Earlier this year, we refined our policy on staff mobility, which encourages the geographical mobility of our staff in order to improve our performance and to contribute to the professional growth and career development of our staff. To improve our ability to select the most talented and promising candidates, we use an 'assessment-centre' approach that rates candidates against a set of identified competencies, reducing the risk of bias and granting each candidate an equal opportunity to demonstrate his or her abilities. The UNAIDS Secretariat is the first UN organization to volunteer to develop and test a broad-banded salary structure linked to a pay-for-performance system.

The UNAIDS Secretariat has shifted direct oversight of country offices from Geneva to Regional Support Teams charged with mobilizing and leveraging technical, financial and political support to the UN's joint country-level efforts. As a result of this change, the Secretariat has transferred first-level management and programming support closer to country- and regional-level actors and partners. Under the reorganization, headquarters staff in Geneva now focus on: global level advocacy, consolidation of scientific evidence and best practices; development of policies and strategic guidance; synthesis and analysis of country and regional information for strategic use by UNAIDS; performance monitoring and management of the country and regional offices of the Secretariat; and ensuring clear linkages between organizational priorities and resource allocation.

For UNAIDS as a whole, a new framework for reporting progress under the Unified Budget and Workplan is intended to promote greater accountability and transparency. Under the Unified Budget and Workplan for 2006–2007, each planned strategy or tactic relates to one or more key results, which in turn must support achievement of one or more principal results. In addition, the principal results are tied to and support the achievement of the goals of Declaration of Commitment on HIV/AIDS. The Unified Budget and Workplan also mandates more rigorous and detailed reporting by Cosponsors and the Secretariat.

IV. DIRECTIONS FOR THE FUTURE

In the 25 years since its initial detection, AIDS has grown into one of the world's greatest threats to development efforts. The exceptional nature of the epidemic calls for exceptional measures. However, at the same time, we cannot lose sight of the necessity to mainstream work on AIDS into broader development efforts. There is still no vaccine or cure in sight, which means that full-scale action will need to be sustained over the longer term. It is imperative that the episodic and crisis-management approaches that have characterized the AIDS response be replaced by a more strategic forward-looking response, based on evidence-informed programmes for HIV prevention, treatment, care and support. At the same time, global funding for HIV programmes must be significantly increased and maintained over many years, ensuring that the burden of sustainability is not placed on the world's poorest nations

All national strategies should be converted into costed action plans that establish clear goals and milestones and that fully engage civil society. Donor and other stakeholders should fully adhere to the "Three Ones" by aligning their efforts with nationally determined strategies and coordinating mechanisms. With strong national leadership and the support of every level of society, countries

must work to eliminate stigma and discrimination and also prioritize initiatives to increase the status and empowerment of women and girls.

A renewed emphasis on HIV prevention is urgently needed. Without substantially greater progress in reducing the number of new HIV infections, the disease will continue to outpace the global response. Major new investments will be needed to strengthen human resources and systems, and all actors must take action to ensure the affordability of basic commodities, from condoms to antiretroviral drugs.

Scaling up towards universal access to prevention, treatment, care and support calls on governments, civil society, the private sector and other partners to take greater action against AIDS. This includes the UN system. We must provide stronger support to countries as they implement stronger, more sustainable responses through the following actions:

Improving the coherence and effectiveness of UN efforts. We will increase the number of countries with joint UN programmes and ensure that our enhanced country efforts benefit from strong and timely management support from our regional teams.

Making the money work. We will continue building a strong working partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria and other major donors identifying and addressing bottlenecks to programme scale-up.

Harmonization, alignment and accountability. The impact of national responses must be maximized through promoting inclusive ownership, harmonization and alignment by all actors. We will focus on ensuring full implementation of the “Three Ones” principles, paying particular attention, in our assistance to countries, to the need for strong national monitoring and evaluation programmes in line with the recommendations of the Global Task Team on Improving Coordination among Multilateral Institutions and International Donors. Alignment depends on accountability both on the side of national AIDS programmes and their supporters. UNAIDS will work to offer new tools and forums for accountability.

Technical support. We will increase the magnitude, timeliness and quality of technical assistance to country partners, including through our Technical Support Facilities, with the aim of expediting the scaling-up of comprehensive national responses as well as the effectiveness of current efforts.

Advocacy. Experience has shown that leadership is key to moving ahead in the global response to AIDS. We will continue to work with Member States and civil society to mobilize leadership in the implementation of the agreed outcomes of the 2006 High Level Meeting on AIDS. At the same time we will continue to advocate for the elimination of any form of stigma and discrimination.

Resource mobilization. We will continue to advocate for additional and sustained funding to ensure that countries have sufficient financing to move towards universal access. Strong country ownership is the first ingredient of successful responses to AIDS: therefore, no credible national AIDS plan should go unfunded. We will continue working with countries to develop strong funding proposals to address national needs.

Strategic information and policy advice. As comprehensive national programmes are brought to scale, we will continue to identify and disseminate best practices and work with partners in the development of global policy on key issues. We will continue to build national surveillance capacity and ensure that UNAIDS remains a critical, reliable global information resource on AIDS.

Partner development. We will enhance our efforts to ensure the active engagement of all sectors of society in national AIDS responses. In particular, we will intensify our efforts to encourage the meaningful involvement of people living with HIV at all levels and an increase of the resources available globally for their networks and associations.

Reducing vulnerability. With our partners in the Global Coalition on Women and AIDS, we will advocate for urgent implementation of policies to address the sources of women's vulnerability. We will also maintain and strengthen our emphasis on equitable access to HIV prevention, treatment, care and support for populations that are most at risk.

New technologies. We will continue to work with a broad range of partners to advocate for and promote the development of new technologies, including preventive technologies for women, new generations of effective treatments, and vaccines.