



UNAIDS/PCB(20)/CRP3
15 June 2007

**20th Meeting of the UNAIDS Programme Coordinating
Board**

**Geneva, Switzerland
25–27 June 2007**

**Mid-term Progress Report
2006–2007 Unified Budget and Workplan**

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Introduction

This mid-term report summarizes UNAIDS' progress in implementing planned activities and achievements under the 2006–2007 Unified Budget and Workplan during the first year of the biennium. The 2006–2007 Unified Budget and Workplan—a key aim of which is to intensify country-level action to advance implementation of the *2001 Declaration of Commitment on HIV/AIDS*—included a 28% increase in funding for the Joint Programme, specified 16 Principal Results for the Joint Programme as a whole, 49 Key Results of Cosponsors, Secretariat and interagency work and provided details on deliverables and implementation strategies.

The Unified Budget and Workplan for 2006–2007 is based on several strategic considerations, including the significant growth in financial resources for the global AIDS response in recent years. With the goal of “making the money work,” the 2006–2007 Unified Budget and Workplan emphasizes assistance to countries in overcoming implementation bottlenecks and promoting country-level ownership, harmonization and accountability. The plan for the current biennium also seeks to enhance the Joint Programme's strategic coherence, with particular attention to country-level action.

Performance monitoring and evaluation framework

A key feature of the 2006–2007 Unified Budget and Workplan was a major strengthening of monitoring and evaluation of the Joint Programme. In accordance with the request from the UNAIDS Programme Coordinating Board to “take further steps to strengthen the Unified Budget and Workplan as an instrument for UN system coherence . . . with a strengthened results-based management approach,” the Cosponsor Evaluation Working Group developed the 2006–2007 Unified Budget and Workplan Performance Monitoring and Evaluation Framework. The framework, based on extensive technical consultation and peer review, serves as an instrument to assess UNAIDS results in the 2006–2007 biennium, to promote cohesiveness in tracking and reporting, to facilitate access to information on progress across the Joint Programme, to permit joint learning and to generate data for evidence-informed decision-making.

The Performance Monitoring and Evaluation Framework includes three components: 1) joint monitoring of the progress towards the UNAIDS Principal Results through the use of a performance monitoring matrix, 2) joint evaluations of UNAIDS efforts in selected priority areas, and 3) individual performance monitoring and evaluation of the key results of Cosponsors and the Secretariat.

The discussion below summarizes results from this three-pronged assessment of UNAIDS performance in 2006. In Section I, this report summarizes key achievements and lessons learnt under each of the 16 Principal Results, including identification of key challenges to UNAIDS' achievement of its aims under the Unified Budget and Workplan. Section II describes selected findings of evaluation projects undertaken by individual Cosponsors, by the Secretariat or jointly in 2006. Section III describes progress in implementing the planned work and major achievements for each of the 10 Cosponsors, the Secretariat, and interagency work. The complete reports on the 2006 progress in implementing the UBW Key Results by Cosponsors, the Secretariat and interagency, are available in the UBW performance monitoring database and can be provided upon request.

I. Achievements by Principal Result

The 16 Principal Results of the 2006–2007 Unified Budget and Workplan reflect the anticipated collective impact of the Joint Programme in the global AIDS response. This section highlights key achievements under each Principal Result in 2006 and lessons learnt.

1. UN system coordination

Coordinated, coherent UN action, with stronger strategic positioning, greater capacity, and increased accountability to support the HIV/AIDS response at all levels.

Progress reported against achievement indicators

- Of 83 countries submitting data for 2006, UN Theme Groups have established joint UN teams in 65 countries, 38 developed joint programmes of support endorsed by the UN country team and/or the UN Theme Group on HIV/AIDS, and 33 begun implementing these joint programmes.
- Establishment of regional AIDS teams significantly enhanced coordination and communication among members of the UNAIDS family, although the growth in regional action also increased the coordinating burdens on the UNAIDS Secretariat.
- Through the framework of the Unified Budget and Workplan (core, supplemental and regular resources of Cosponsors, and estimated expenditures at country level), members of the Joint Programme have mobilized US\$ 2.6 billion for HIV-related activities for 2006–2007 – a doubling over resources mobilized by the UNAIDS family in 2004–2005.

Highlights of UNAIDS contributions

- UNAIDS under the leadership of the UNAIDS Secretariat has implemented recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, including an agreed Division of Labour within the Joint Programme for provision of technical support.
- In furtherance of the UN Secretary-General's guidance to UN Resident Coordinators in December 2005, the UNAIDS Secretariat worked with UNDG to develop guidance for UN country teams and UN Theme Groups on AIDS to develop joint programmes of support on AIDS. Already in 2006 UNDP supported efforts to strengthen the functioning of Joint UN Teams on AIDS in 18 countries and one region.
- In 46 countries, HIV is a specific outcome in the UN Development Assistance Framework, which guides programmatic planning for the UN at country level.
- Establishment of UNAIDS Regional Support Teams enhanced the timeliness and effectiveness of the UNAIDS Secretariat's support and coordination of UN system efforts in countries.
- Approximately US\$ 8.4 million in funding was approved by UN Theme Groups in 2006 through UNAIDS Programme Acceleration Funds.

Lessons learnt

The coherence and effectiveness of UN efforts at country level have significantly improved, but additional efforts are needed to maximize the UN's strategic impact in assisting countries in scaling up towards universal access to HIV prevention, treatment,

care and support. Additional joint UN teams and joint programmes of support are needed, especially in countries with high HIV prevalence or incidence, or where the epidemic risks expanding to new populations. Advocacy is also needed to ensure optimal support for joint AIDS efforts from UN Resident Coordinators. Joint meetings of national stakeholders have proven to be an effective vehicle to address national governance and the functioning of joint UN teams.

2. Human rights

Countries adopt and implement legislation, regulations and policies to address stigma and discrimination and to promote human rights and fundamental freedoms among people living with HIV and members of vulnerable groups.

Progress reported against achievement indicators

- According to UNAIDS country reports, 68% (58 of 85) of countries in 2006 had laws and regulations protecting people living with HIV from discrimination.
- Sixty one per cent (52 of 85, which is 13 countries more as compared to 2005 reports) reported having an independent national institution to promote and protect the human rights of people living with HIV.

Highlights of UNAIDS contributions

- In 2006, UNAIDS under the leadership of the Secretariat launched a consolidated edition of the International Guidelines on HIV/AIDS and Human Rights.
- More than three quarters of all UNHCR country operations (including all 29 countries and 40 operations where UNHCR extended HIV-related financial and technical support) had specific programmes to reduce HIV stigma and discrimination for refugees and surrounding communities.
- UNDP analysed legislation in eastern and southern Africa, the Arab States, and the Caribbean; advocacy and communications efforts were expanded in three regions to address stigma, discrimination and gender equality; and anti-stigma media projects were supported in Asia, North Africa and the Middle East.
- In 2006, UNODC initiated projects to prevent human trafficking in five countries, while working to continue national projects previously begun in six additional countries and regional projects in west and central Asia and in eastern Europe.

Supporting HIV-positive teachers in east and southern Africa

To address the stigmatization that often occurs when teachers disclose their HIV serostatus, the Joint Programme endeavoured in 2006 to broaden the evidence base regarding the needs and perspectives of teachers living with HIV. UNESCO joined with WHO and other partners to convene an international consultation in Kenya for key stakeholders in the education sectors of six African countries, including teachers' networks, ministries of education, and teachers' unions. According to stakeholders who attended, networks of HIV-positive teachers should be actively engaged in advocacy, needs assessments and programme design for the education sector. Because most such groups function independent of formal structures, sustainability of these networks is a major challenge. Although many education sectors have formal workplace policies for HIV, these are often poorly implemented in local schools, which frequently lack the capacity to address the needs of teachers living with HIV.

- UNESCO developed human rights kits, supported youth-led and peer-based activities in South America, produced human rights guidelines for south-east and south Asia and undertook six major initiatives to enhance access to targeted and culturally appropriate services by vulnerable populations.
- A new ILO project in 14 countries in Africa trains labour lawyers and judges in applying legislation to protect workers from discrimination.

Lessons learnt

Human rights protections are critically important for populations that are especially vulnerable. Experience to date underscores the continued importance of advocacy for populations of humanitarian concern to prevent mandatory HIV testing and HIV-related discrimination in access to services. National policies should specifically take account of the needs of vulnerable populations in prison settings, including women, young prisoners and minority populations.

3. Leadership and advocacy

Increased awareness on the AIDS epidemic, its trends and impact, as well as on effective approaches to curb the epidemic and alleviate its impact, and leadership among government authorities, decision-makers and key opinion leaders to take action and enable an expanded response.

Progress reported against achievement indicators

- By December 2006, 90 countries established targets for moving towards universal access to HIV prevention, treatment, care and support, with most having been incorporated in the national AIDS action framework.
- By December 2006, 45 countries reported having one national multisectoral monitoring and evaluation plan endorsed by major stakeholders and integrated with the agreed national AIDS action framework.

Moving towards universal access in Ghana

National responses have been quickened by growing global resolve to move towards universal access to HIV prevention, treatment, care and support. In 2006, UNAIDS facilitated country-led processes to develop national targets for universal access in more than 100 countries

The galvanizing effect of planning for universal access is apparent in Ghana, which aimed to ensure an optimally inclusive process for agreeing on national targets and to link these targets with broader development frameworks. A situation analysis completed in early 2006 informed a series of consultations that included community-based organizations, people living with HIV and international partners. The culmination of the process was a set of 14 indicators with baselines, targets for 2008 and 2010 and clearly defined data sources, covering HIV prevention, treatment care and support, as well as national commitment.

Highlights of UNAIDS contributions

- The UNAIDS Secretariat with the involvement of all Cosponsors supported the High Level Meeting on AIDS that resulted in unanimous endorsement of the *2006 Political Declaration on HIV/AIDS*, which reaffirmed the *2001 Declaration of Commitment on HIV/AIDS*; pledged to

move towards universal access to HIV prevention, treatment, care and support; and acknowledged the need for substantially greater financial resources for HIV efforts in the coming years.

- With support from UNDP, 10 countries and one region implemented leadership programmes to strengthen and scale up multisectoral AIDS responses. In the Arab States, for example, leadership programmes reached more than 1000 influential individuals and supported formation of the first regional Arab Business Coalition responding to AIDS.
- UNFPA advocacy reached more than 28 million young people in Africa through the UNFPA Special Youth Programme.
- UNESCO has forged close partnerships with ministries of education or other governmental channels in more than 70 countries; in 2006 it organized approximately 20 international and 30 national events to support partnership forums, and to encourage multi-stakeholder involvement in the AIDS response.
- The UNAIDS Secretariat supported consultative, country-led processes in more than 100 countries to debate issues associated with scaling up towards universal access. Results from this process informed not only the deliberations at the High Level Meeting but also the development of universal access targets in 90 countries.
- More than 2400 mass media articles quoted UNAIDS reports or statistics produced by the Joint Programme. UNAIDS also had a leading presence at the International AIDS Conference in August 2006, with the UNAIDS family involved in the organization of more than 100 sessions.
- WHO conducted high level advocacy at global, regional and country level to increase awareness and commitment for a comprehensive approach to HIV prevention and treatment.
- With a particular focus on increasing the involvement of people living with HIV in national AIDS responses, four special envoys of the UN Secretary-General acted as liaisons among government leaders, nongovernmental organizations and civil society groups, networks of people living with HIV, UN agencies and donors.

Lessons learnt

The global goal of moving towards universal access to HIV prevention, treatment, care and support—reflected in the 2006 Political Declaration on HIV/AIDS—has catalysed substantially stronger action on AIDS. National target-setting for universal access has enabled many countries to adapt their national AIDS action frameworks to new challenges and opportunities.

Strong national leadership remains essential to an effective response. Experience to date underscores the necessity of strong political support to bring to scale paediatric care and treatment and services to prevent mother-to-child transmission, as well as prevention services for vulnerable populations. Active political support at all levels is critical to the success of national AIDS authorities, as is sustained programmatic and financial support from donors and finance ministries.

4. Partnerships

Broad-based partnerships that include government, empowered civil society and nongovernmental organizations, women, young people, people living with HIV, faith-

based organizations, the private sector, philanthropic entities and intergovernmental organizations for action on AIDS at global, regional and country levels.

Progress reported against achievement indicators

- According to UNAIDS country offices, 80% of countries (68 of 85) provide for the full participation of civil society in the periodic review of national AIDS strategies.
- More than two thirds (69%) provide for the full participation of people living with HIV, although fewer than half (47%) fully involve faith-based organizations in periodic AIDS reviews.
- In four regions that responded to a survey, there are more than 20 functional subregional and regional intergovernmental multi-partner initiatives and entities that address AIDS or mainstreamed AIDS issues into their action plans.

Highlights of UNAIDS contributions

- With extensive assistance by the UNAIDS Secretariat, an estimated 1000 civil society representatives participated in the High Level Meeting on AIDS.
- Civil society partners were supported to play a key role in many of the advances in the global AIDS response in 2006, including progress in treatment scale-up, enhanced integration of HIV in programmes for populations of humanitarian concern.
- Advocacy and awareness efforts of the Global Coalition on Women and AIDS helped elevate the global profile of women's issues in the global AIDS response.
- For the first time, civil society networks in 30 countries submitted reports to the UNAIDS Secretariat on national progress in implementing the *2001 Declaration of Commitment on HIV/AIDS*, with findings incorporated in the *2006 Report on the global AIDS epidemic*.
- The ILO in 2006 trained key national partners in an additional 16 countries to support workplace action on AIDS.
- UNDP strengthened partnerships with 23 networks of people living with HIV in Asia, provided leadership training to 70 people living with HIV in the Arab States, and worked with 13 nongovernmental organizations in south Asia to complete rapid assessment studies and consultations on HIV-related aspects of trafficking and mobility.
- UNFPA forged more than 50 new partnerships in Africa to expand access to integrated HIV and sexual and reproductive health services.

Partnering with civil society: the 2006 High Level Meeting on AIDS

In preparation for the High Level Meeting, with assistance from UNAIDS, UN General Assembly President Eliasson appointed a 12-member civil society task force to assist with preparations for the High Level Meeting, including people living with HIV, women, young people and diverse sectors. In addition to disseminating information to civil society, the task force recommended civil society speakers for a plenary session, panel discussions and a highly successful interactive civil society hearing attended by UN Secretary-General Kofi Annan. At the meeting itself, the task force convened a daily civil society caucus and coordinated with UN security to avoid problems or misunderstandings created by the unprecedented presence and participation of nongovernmental representatives. UNAIDS assisted the task force by providing financial support, handling the pre-registration of civil society delegates, and placing a full-time civil society liaison in the UNAIDS New York office in the months prior to the High Level Meeting.

The participation of approximately 1000 civil society representatives in the High Level Meeting helped bring this vision to fruition, infusing the meeting with unprecedented grassroots energy and on-the-ground expertise.

- The UNAIDS Secretariat produced guidelines on civil society engagement in implementing the “Three Ones” and supported a number of global, regional and national HIV-positive networks.
- The WFP supported 440 nongovernmental organizations to include food and nutrition components in their AIDS strategies and programmes.
- The World Bank organized jointly with the UNAIDS Secretariat the Civil Society Consultation with representatives from all MAP countries in Nairobi in May 2006 to improve engagement and implementation of AIDS activities by civil society organizations and to identify ways of improving their engagement and participation in the national response.

Lessons learnt

Although most countries provide for the involvement of civil society in the review of national AIDS strategies, the meaningful engagement of civil society often remains inadequate. Most national systems for monitoring and evaluation fail to take account of activities by civil society organizations or faith-based groups. Strengthened and sustained support—both technical and financial—is vital to the capacity of civil society to participate fully in the AIDS response. It is particularly critical to involve people living with HIV in national and subnational efforts.

5. Country capacity—the “Three Ones” principles

Countries able to establish or strengthen a single national AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral AIDS action framework that drives the alignment of all partners (including at decentralized levels), and one agreed national monitoring and evaluation framework for AIDS programmes that is capable of producing high-quality estimates on the status and trends of the epidemic, its impact and the response to it.

Progress reported against achievement indicators

- Nearly all countries (75 of 78 reporting) have a national AIDS framework, although only about half (38 of 75) of such frameworks have been translated into a costed and budgeted operational plan and/or annual action plan.
- Fifty three country offices reported having a national joint monitoring and evaluation coordination body.

Highlights of UNAIDS contributions

- More than 30 countries received UNAIDS assistance in developing prioritized, evidence-based and costed strategies and action plans in 2006.
- The Country Harmonization and Alignment Tool, launched in 2006, aims to support implementation of the “Three Ones” by providing countries with a tool for assessing how well international and national organizations are integrating their programmes into national efforts.

- UNDP supported 23 countries in integrating AIDS into national development plans and Poverty Reduction Strategy Papers, and provided assistance to 21 countries to strengthen governance of AIDS responses.
- Eligibility criteria for Programme Acceleration Funds were expanded to include promotion of the “Three Ones” principles for coordinated country action.
- The AIDS Strategy and Action Plan (ASAP) service hosted by the World Bank operated in 21 countries with support ranging from peer reviews of draft strategies to assistance in strategy development, costing, prioritization and assessments of implementation of the previous strategies.

Building national capacity for strategy and action planning on AIDS

The AIDS Strategy and Action Plan (ASAP) service, housed at the World Bank on behalf of UNAIDS, helps countries strengthen their national AIDS strategies and action plans. The ASAP Capacity Development Program provides assistance to countries with their national strategic planning processes, through regional workshops for policy-makers and technical staff. An ASAP Technical Advisory Committee (ATAC) chaired by UNDP ensures a process of consultation, coordination and collaboration among UNAIDS partners and other relevant institutions and individuals. The first workshop for high level policy-makers was piloted in the Caribbean in early December 2006 for 14 countries, in coordination with the review of the Caribbean Multi-Country AIDS Programme organized by the UNAIDS Secretariat and the World Bank. ASAP aims to provide capacity building training in strategic planning for approximately 50 countries in 2007 and 2008, with the first training for the Africa region set to take place in August 2007.

Lessons learnt

National coordination of AIDS efforts has improved in some countries, but substantial additional work is needed to ensure harmonization and alignment of all stakeholders with nationally determined strategies and coordinating mechanisms.

Although nearly all countries now have strategic AIDS frameworks and national AIDS coordinating bodies, country-level priorities of individual donors often still fail to agree with national priorities.

Availability and use of epidemiological and surveillance data. AIDS Strategies need to be informed by reliable data. Only when the epidemic is well understood in terms of what is driving it and where epidemics are concentrated, can a good strategy be developed.

Government ownership. Strong involvement of the national AIDS coordinating body is key in the development of a national strategic plan and national action plan.

6. HIV prevention programmes

Countries able to establish, implement and scale up HIV prevention responses, addressing, in particular, the needs of children and young people

Progress reported against achievement indicators

- Although 88% of countries (74 of 84 reporting) have national strategies on HIV prevention, progress has been limited in bringing prevention efforts to scale, only 11% of HIV-positive pregnant women worldwide received services to prevent

mother-to-child transmission in 2006; in sub-Saharan Africa, only 12% of men and 10% of women know their HIV serostatus.

- Despite the failure to extend HIV prevention to most people at risk, additional evidence emerged in 2006 to underscore the potential impact of prevention efforts, as countries in diverse regions reported declines in HIV prevalence in key populations following the implementation or strengthening of HIV prevention programmes.

Highlights of UNAIDS contributions

- To reinvigorate the global HIV prevention effort, UNAIDS launched “Uniting for HIV prevention,” a worldwide mobilization involving civil society, treatment activists, the private sector and government. In 2006, the UNAIDS Secretariat in collaboration with Cosponsors and other partners also developed guidelines to assist countries in scaling up HIV prevention, which were released in early 2007.
- UNFPA efforts facilitated training for 13 300 youth trainers, peer educators and programme staff; reached 5.8 million young people through an interactive computer-based distance learning tool, established or strengthened 60 national peer networks, and purchased for distribution 111 million condoms. UNFPA supplied 28 countries with condoms needed to avoid stockouts, and the frequency of stockout alerts in African countries declined by 70%.
- WHO provided technical support to more than 30 countries to establish and harmonize national prevention and treatment scale-up targets.
- The ILO trained key national partners in an additional 16 countries to support workplace action on AIDS and also surveyed good practices in 400 different workplace settings.
- UNESCO supported over 70 countries in the area of education and AIDS; involved 29 countries in the Global Initiative on AIDS and Education (EDUCAIDS); there is demonstrated progress in the development of effective AIDS and education strategies in the CARICOM countries, in 16 Arab States, in Central Asia, Belarus, China and the Russian Federation.
- HIV prevention has been integrated into pre-deployment training for all UN peacekeepers. Since 2005, for example, more than 10 000 personnel in the UN

Scaling up female condoms in Nigeria

Although female condoms were first introduced in Nigeria in 1991, use of this prevention technology remained low, as awareness of its existence was primarily confined to nongovernmental organizations and research institutions involved in early pilot testing. To expand the availability and use of female condoms, the UNFPA field office in Nigeria collaborated with the Federal Ministry of Health to implement a female condom initiative.

A situation analysis was conducted, and a coordinating committee was formed, involving more than 30 nongovernmental organizations that meet quarterly to plan and provide technical support for scaling up. UNFPA and the Nigerian Government financed training for nongovernmental organizations in female condom counselling and distribution and provided them with initial product stocks. Promotional materials were also created and widely distributed.

Since the condom initiative was implemented, female condom use has increased nearly tenfold, rising from 25 230 products used in 2003 to 223 565 in 2006. With multiple outreach channels, nongovernmental organizations accounted for 76% of national distribution in 2006.

peacekeeping mission in Liberia have undergone awareness training on HIV, including a personal risk assessment.

Lessons learnt

HIV prevention efforts are failing to keep pace with the epidemic's expansion.

For every patient with whom antiretroviral therapy was initiated in 2006, six new HIV infections occurred, threatening the long-term viability of a comprehensive AIDS response. Political leaders in many countries continue to shy away from evidence-based prevention strategies for vulnerable populations; financing for HIV prevention remains inadequate; national efforts frequently fail to account for the role of gender or for the special needs of young people; condom programming remains insufficient; and the stigma associated with HIV and with most-at-risk populations

reinforces HIV-related vulnerability. While prevention efforts globally remain inadequate, there are often stark variations among countries in prevention intensity; coverage for clinical services for young people, for example, ranges from 1% to 75%. Several countries have proven slow in responding to important epidemiological trends, such as the growing role of injecting drug use in HIV transmission in parts of Africa. In certain areas, such as rapid needs assessment to inform HIV prevention programming in prisons, additional normative tools and guidance are needed.

Overcoming barriers to scale-up of services to prevent mother-to-child transmission is an urgent global priority.

Between 2005 and 2006, little progress was made in expanding global coverage of services to prevent mother-to-child transmission, with the percentage of HIV-infected pregnant women who received antiretroviral prophylaxis increasing only from 9% to 11%. Lack of access to HIV counselling and testing in antenatal care settings remains a major barrier to scale-up, and inadequate access to clean water and formula milk results in continued high rates of transmission as a result of breastfeeding. Intensified action is needed to integrate key service systems, expand access to HIV testing, and provide meaningful assistance to mothers to avert new infections associated with breastfeeding.

Services to prevent mother-to-child HIV transmission

Although progress globally has been disappointing with respect to expanding coverage of programmes to prevent mother-to-child transmission (PMTCT), experience in a number of countries demonstrates the feasibility of rapidly expanding access to such services. In seven countries from multiple regions, coverage for prevention of mother-to-child transmission exceeds 40%. UNAIDS is strengthening its efforts to extend such success to all countries, with UNICEF and WHO effectively pooling their efforts in this arena to maximize coordination and impact.

Scale-up of PMTCT services is possible even in the most resource-limited countries. In Rwanda, for example, the number of health facilities providing these services increased more than fourfold between 2002 and mid-2006, with 52% of all health facilities now providing such services. In January 2006, Rwanda began implementing a new national policy that shifts the prophylactic regimen from single-dose nevirapine to the more effective combination of zidovudine and single-dose nevirapine. In antenatal facilities providing such preventive services, 90% of pregnant women are tested for HIV, although improved follow-up with preventive services are needed to reduce attrition rates. Only 70 of the 232 facilities that provide PMTCT services are able to deliver antiretroviral prophylaxis due to lack of trained personnel, CD4 testing technology and other laboratory infrastructure.

7. Women and girls

Policies and programmes implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection.

Progress reported against achievement indicators

- Women now represent 48% of all HIV infections worldwide. In 2006, 90% of countries (71 of 79) had national AIDS frameworks that include programmes for women and girls.
- Thirteen countries reported with disaggregated data by sex and age on 50% or more UNGASS core indicators which require such disaggregation according to the UNGASS guidelines.

Highlights of UNAIDS contributions

- The 2006 Political Declaration on HIV/AIDS included strong language on the epidemic's gender dimensions and on the need to integrate HIV and sexual and reproductive health services.
- In 2006, through the Global Coalition on Women and AIDS, UNAIDS assisted nine countries in strengthening AIDS programming for women—Burkina Faso, Ghana, Kenya, Pakistan, Senegal, Serbia, Sudan, Zambia and Zimbabwe.
- The Global Coalition on Women and AIDS prepared the three key publications: *Economic security for women*, *Increase women's control over HIV prevention*, *Support caregivers*; created evidence-based Report Cards on HIV Prevention for Girls and Young Women and piloted them in ten countries across Africa, and supported research in Botswana, Kenya, Namibia and the United Republic of Tanzania on the access to HIV treatment for women.
- Twenty three countries in 2006 committed to implement female condom programming, and UNAIDS assisted 10 countries in expanding integrated sexual and reproductive health services.
- UNFPA completed national report cards on HIV prevention for young women and girls for eight countries, with an additional 12 being prepared.
- A number of WFP country offices are addressing gender issues in care and treatment programmes, including training men as home-based caregivers and

Global Coalition on Women and AIDS: placing women high on the international AIDS agenda

Efforts by partners in the Global Coalition on Women and AIDS helped ensure that the 2006 Political Declaration on HIV/AIDS included strong commitments to address the gender inequalities. A new *Agenda for Action on Women and AIDS* calls on national governments and the international community to secure women's rights, invest more money in AIDS programmes that work for women, and enhance women's decision-making involvement in the AIDS response. In addition to such global efforts, partners in the Global Coalition also stepped up work at country level, including:

- support to ten countries to strengthen programming for women in national AIDS action frameworks;
- leveraging funds to enhance the HIV focus of the UN Trust Fund on Violence Against Women, which supports local anti-violence efforts;
- strengthening the evidence base on caregivers and making recommendations to increase attention to caregiving in national priorities and plans; and
- continuing support for grassroots organizations addressing women's property and inheritance rights in sub-Saharan Africa.

- encouraging male involvement in programmes to prevent mother-to-child transmission.
- UNODC documented best practices on HIV programmes to address the needs of women living in prison settings.
- WHO developed and field-tested guidelines on integrating gender into HIV programmes in the health sector in Belize, Honduras, Nicaragua and the United Republic of Tanzania.

Lessons learnt

Addressing the epidemic’s gender dimensions remains an overriding challenge in the global AIDS response. Field testing in the United Republic of Tanzania revealed that providers of HIV-related health-care services generally have a poor understanding of gender issues, highlighting the importance of gender training across a wide array of sectors. Women living with HIV often remain in acute need of economic empowerment and assistance, frequently confronting laws that interfere with inheritance and property rights. Gender mainstreaming is critical across the breadth of the AIDS response, including in humanitarian settings, where women often face the risk of sexual violence and other unique threats and challenges.

8. Children affected by HIV and AIDS

Countries able to adopt and implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.

Progress reported against achievement indicators

- An estimated 530 000 children under age 15 became infected with HIV in 2006, with the vast majority experiencing HIV exposure during gestation or delivery, or because of breastfeeding. Despite an increase of more than 50% in 2006 in the number of HIV-infected children receiving antiretrovirals, global HIV-related paediatric treatment coverage (15%) remains notably lower than coverage for adolescents and adults (28%).
- More than 15 million children have lost one or both parents to AIDS, and this number is projected to increase to more than 20 million by 2010. In 2006, 82% of countries (65 of 79 reporting) had national AIDS action frameworks that include programmes for children orphaned or made vulnerable by HIV.

Africa’s orphaned and vulnerable generations

AIDS is responsible for one out of four orphans in Africa. Children affected by AIDS are at higher risk than other children of lacking regular schooling, living in homes with insufficient food and suffering from anxiety; they are also at higher risk of HIV infection.

Support to caregivers, extended families and communities can help address this crisis, but broader action is needed to ensure children’s access to education and health care and protection from abuse. Better information systems are required to capture up-to-date data on children affected by AIDS; action in multiple sectors must be better linked and be based on a growing body of evidence; partners must increase resources and programming for children. (*Joint report by UNICEF, UNAIDS and the US President’s Emergency Plan for AIDS Relief – Africa’s orphaned and vulnerable generations: children affected by AIDS*)

Highlights of UNAIDS contributions

- A joint report by UNICEF, UNAIDS and the US President's Emergency Plan for AIDS Relief (PEPFAR)—*Africa's orphaned and vulnerable generations: children affected by AIDS*—highlighted the epidemic's grave impact on children in Africa.
- UNICEF assisted in development of technical guidance on paediatric HIV care and treatment, cotrimoxazole prophylaxis, regional and country adaptations of antiretroviral treatment guidelines, and sources and prices for key commodities. UNICEF is in the process of developing guidance on supplies of paediatric formulations.
- The Interagency Task Team on Orphans and Vulnerable Children issued technical guidance on scaling up programmes for orphans and vulnerable children.
- UNICEF and the Global Campaign for Education expended on the advocacy campaign "Send a Child to School" to highlight the fundamental role girls' education plays in reducing their vulnerability to HIV.

9. Programmes addressing vulnerability to HIV

Countries able to develop, implement and scale-up strategies, policies and programmes at national and decentralized levels which identify and address factors that make individuals and communities vulnerable to, and at greater risk of, HIV infection.

Progress reported against achievement indicators

- Evidence-based HIV prevention services reached only 8% of injecting drug users in 2006 and only 9% of men who have sex with men.
- Nearly three out of four (73 percent) national frameworks include programmes for prison populations, while 65% and 49% of countries includes programmes for men who have sex with men and for injecting drug users, respectively.

Prioritizing most-at-risk populations in national AIDS responses

UNAIDS advises countries with concentrated and low-level epidemics to focus on intensive coverage in vulnerable populations at highest risk. With an adult HIV prevalence of 0.1%, Lao People's Democratic Republic was early in recognizing the centrality of vulnerable populations in its HIV strategies. An initial grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria supported treatment of sexually transmitted infections, condom promotion, and behaviour change communication for sex workers and their clients. A forthcoming grant from the Global Fund's Round 6 will focus on services for sex workers and for men who have sex with men. As the primary venues for national HIV prevention planning, the country has established thematic working groups on sex workers and their clients and on men who have sex with men, with plans to create working groups on mobile populations and injecting drug users.

Highlights of UNAIDS contributions

- In 2006, UNODC launched large-scale technical assistance projects on services for injecting drug users in 11 countries and assisted 25 countries to conduct policy and legal reviews to facilitate implementation of HIV prevention and care programmes for injecting drugs users and in prison setting.
- UNODC produced global and regional toolkits on HIV in prisons; developed a global strategy on HIV prevention and care in prisons; launched regional information portals on effective prison-based interventions in Central Asia, the Russian Federation, and Southern Africa; and documented good practice case studies in Brazil and the Russian Federation.

- All refugee programmes where UNHCR is coordinating health and community services have established essential HIV interventions in accordance with the Interagency Standing Committee Guidelines on HIV/AIDS in Emergency Settings.
- WHO provided normative guidance on ensuring equitable access to HIV treatment and prevention services including those for vulnerable populations.
- UNFPA supported 27 countries to scale up national HIV prevention, including those for young people most at risk and out-of-school.
- UNDP provided assistance to inter-country efforts in south-east Asia in rescue, rehabilitation, and reintegration of trafficked women and girls, supported country assessments on AIDS and migration in Latin America.
- The number of countries supported by UNICEF for implementing programmes for especially vulnerable adolescents grew in 2006 to eight countries in 18 countries in Africa, 13 countries in Middle East and North Africa region, 18 countries in South Asia and the Pacific, seven countries in Latin America and Caribbean and 12 in Eastern Europe.
- WFP assisted 39 countries to establish programmes to mitigate AIDS impact through food based safety nets; supported food based programmes reaching out in 2006 to over 9 million people with HIV-related interventions on care, treatment, mitigation and prevention.
- ILO supported the review of the international instruments and national laws in Algeria, Egypt, Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia with reference to the ILO *Code of practice and world of work* and provisions to protect people living with HIV and groups of persons at higher risk of HIV.

10. Health-care systems for treatment of HIV

National, regional and international strategies are adopted and under implementation to strengthen health care systems to reinforce prevention and equitably deliver services for the diagnosis, treatment and care of HIV, including expanded capacity to procure and deliver an uninterrupted supply of medicines and diagnostics.

Progress reported against achievement indicators

- As of December 2006, roughly 2 million people worldwide were receiving antiretroviral therapy—representing a 54% increase in treatment coverage in comparison to December 2005 and a coverage rate of 28%. In Botswana and other countries, sharp declines in AIDS mortality have been observed following the expansion of treatment access.
- National AIDS action frameworks in nearly all countries (77 of 79 reporting) call for measures to strengthen health systems for the provision of HIV treatment.

Highlights of UNAIDS contributions

- More than 30 countries received WHO technical support in the development of national treatment scale-up and in the adaptation of protocols for the Integrated Management of Adolescent and Adult Illness.
- Technical support from the Joint Programme facilitated implementation of TB/HIV activities in 34 countries.
- WFP assisted 32 countries to develop and implement national strategic AIDS plans that include food and nutrition support components, and 41 countries received

technical support in addressing nutrition as part of scale-up towards universal access.

- Sixty four World Bank projects are strengthening various areas of health system capacity including: laboratory services, training health care workers, strengthening surveillance and health management information systems and upgraded health service delivery facilities including procurement and supply chain management.
- UNDP assisted 28 countries in the development and implementation of trade policies for sustainable access to AIDS medicines, including support for legislative review of patent and intellectual property provisions in 24 countries in Africa and the Caribbean.
- UNICEF sponsored national trainings on paediatric care in South Africa, as well as procurement and supply management trainings in Belarus, Ethiopia, Kenya, Malawi, Nepal, Nigeria, Pakistan, Uganda and the United Republic of Tanzania.
- WHO supported 10 countries in the development of health workforce plans and strategies that address HIV-related needs.
- UNODC developed a global strategy to promote HIV prevention and care in prisons.

Expanding access to antiretroviral drugs in southern Africa

Southern Africa accounts for 32% of all HIV infections and 34% of AIDS deaths. Due to the extraordinary burden of HIV in this subregion, countries in Southern Africa have been a key focus of efforts to expand access to life-preserving antiretrovirals.

In the three years prior to December 2006, antiretroviral coverage increased from 2.7% to 32% in South Africa, from 0.6% to 18% in the United Republic of Tanzania, and from 2.1% to 15% in Zimbabwe. In each of these countries, efforts to increase treatment access have occurred within the framework of national AIDS strategies. The United Republic of Tanzania has complemented its comprehensive AIDS strategic framework with a National Operational Plan for Care and Treatment for HIV/AIDS 2003–2006, which aims to provide antiretrovirals to 62% of adults and children with advanced HIV disease by 2010. Zimbabwe has also established concrete targets for treatment scale-up, seeking to provide treatment to 75% of eligible adults and children by the end of the decade.

Countries in the region confront numerous impediments to treatment scale-up. Especially pressing is the need to preserve and build human capacity in the health sector. In Zimbabwe, economic instability and the loss of international support in recent years have weakened the country's health system, slowing the pace of scale-up.

Lessons learnt

Substantial progress in increasing access to antiretrovirals demonstrates that treatment scale-up is feasible in resource-limited settings, although several factors continue to slow treatment roll-out in many countries. Rates of survival, treatment adherence and improvements in clinical indicators are comparable for patients in developing and high-income countries. While scale-up to date has been impressive, more than 70% of people who need treatment are not currently obtaining it. To accelerate treatment scale-up, key impediments must be overcome, including the uncertainty of long-term financing, limited access to affordable paediatric antiretroviral formulations, weaknesses in national procurement and supply management systems, inadequate capacity in national health systems, and the high cost of second-line antiretrovirals.

11. Family and community-based care

Countries able to strengthen family- and community-based care systems to provide and monitor treatment, support to people living with HIV (including treatment literacy and adherence) and equitable access to HIV-related medicines.

Progress reported against achievement indicators

- Sixty nine country offices reported having a national AIDS body that is supporting coordination of HIV-related service delivery by civil society organizations.

Highlights of UNAIDS contributions

- Under the inaugural Red Ribbon awards, 25 community groups from 24 countries received support to expand their community-based AIDS activities.
- UNDP supported eight countries in capacity-building initiatives for communities, including supporting community conversations on AIDS.
- WFP implemented 13 operational research and pilot projects on food and nutritional support for HIV-affected populations, including seven operational research projects that examine the role of food in supporting treatment adherence and success.
- UNAIDS under the leadership of the Secretariat supported a network of home and community based organizations, involving HelpAge International, World YWCA, GROOTS, related advocacy materials were developed to promote social protection for caregivers, including the AIDS Day advocacy pack “Keep the promise: support older carers”.
- Technical assistance was provided by WHO through the Preparing for Treatment Programme for community involvement in treatment preparedness, adherence and monitoring systems.
- ILO extended technical assistance in the informal economy in 30 countries worldwide. The community outreach programmes included innovative seed funding schemes and skills development for women and men workers living with HIV.
- The World Bank supported the development of new ways to deliver HIV-related health services through nongovernmental and community-based organizations, including contracting non-state providers for health services.

Lessons learnt

Decentralization and local ownership help expand access to HIV prevention, treatment, care and support. While most countries now have national AIDS action frameworks, local ownership of the AIDS response is often inadequate. Experience indicates that decentralization is associated with increased care-seeking, improved service utilization and quality of care. Within the framework for coordinated national action, local communities should have leeway to devise strategies that respond to local needs and circumstances. Enhanced use of community-based resources and greater horizontal collaboration among developing countries are important strategies in accelerating the move towards universal access.

12. National action to alleviate impact

Countries able to integrate AIDS, as both emergency and development issues, into national and sector development processes and instruments, and to develop and implement sector-specific strategies to address the economic and social impact of the AIDS epidemic, including in the workplace.

Progress reported against achievement indicators

- Five countries integrated HIV into public expenditure reviews and the medium-term expenditure framework
- Roughly half of countries (41 of 83 reporting) have integrated HIV into their national labour plans, with 38 countries reporting the existence of workplace HIV programmes.

Highlights of UNAIDS contributions

- In 2006, UNDP, the World Bank and the UNAIDS Secretariat supported capacity-building through workshops, analytic tools and targeted technical assistance on the integration of HIV into Poverty Reduction Strategy Papers. Roughly two out of three Poverty Reduction Strategy Papers or national development plans analyse factors associated with HIV-related vulnerability, while only 29% discuss the epidemic's economic impact.
- UNDP sponsored three research studies on the impact of large-scale HIV funding on development, and launched research initiatives on the epidemic's socioeconomic impact in Asia, eastern Europe and central Asia, and Latin America and the Caribbean.
- ILO integrated HIV in its Decent Work Country Programmes and supported a number of regional responses and initiatives on HIV and workplace in Africa, Latin America and the Caribbean.
- The World Bank supported analytic studies on the epidemic's impact in six countries, including use of innovative economic modeling in Ethiopia, India and Kenya to measure the epidemic's economic and social impact on human capital and the intergenerational transfer of knowledge.
- WFP provided support on integrating food and nutrition support of HIV-affected individuals and households in over 40 countries.

Greater involvement of people living with HIV in the workplace

The workplace is a critical venue for increasing the visibility and involvement of people living with HIV. As Sean Wilson, the ILO project coordinator in Guyana, explains, "The presence and interventions of people living with HIV make participants realize that they, too, can work and continue in the job if they are infected. Participants also see that you can't tell whether a person is HIV-positive just by looking at them."

Progress is apparent in workplaces in India. "Enterprises and trade unions are buying the idea of keeping people living with HIV in employment and creating a non-discriminatory environment for us," says Manoj Pardesi, a person living with HIV who participate in advocacy work by ILO's India project. According to Celine D'Costa, a member of the project steering committee, HIV prevention initiatives in the world of work must be reinforced by measures that ensure access to employment opportunities and for treatment for those who need it. "Our bodies are the battleground of the epidemic," she says. "Whatever policies or laws are made, they affect our lives first, so we should be equal partners in planning and implementation of HIV programmes at work."

13. AIDS in conflict- and disaster-affected regions

National, (sub)regional and international policies to incorporate AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural-disaster situations.

Progress reported against achievement indicators

- Most countries (85%) have strategies to address HIV among uniformed services, while the number of countries including refugees as a target group in national strategic HIV plans increased by more than half.
- More than 75% of refugees have access to antiretroviral therapy when such services are available to the local community, and more than 75% of refugee operations have accessible, culturally appropriate information-education-communications materials in local languages.

Highlights of UNAIDS contributions

- The UNAIDS Secretariat supported the development of the UN System-Wide Work Programme on Scaling up HIV/AIDS services for populations of humanitarian concern. In 2006, more than 16 million condoms were distributed to people of humanitarian concern in 23 countries.
- UNFPA-supported condom programming has been launched in humanitarian settings in 14 countries.
- UNHCR completed a comprehensive HIV information system that is now being used in a number of refugee camps, assisted subregional initiatives on HIV among populations of humanitarian concern, and worked with UNESCO and other Cosponsors to develop a framework for educational responses to HIV among refugees and internally displaced persons.
- All refugee programmes where UNHCR is coordinating health and community services have established essential HIV interventions in accordance with the Interagency Standing Committee Guidelines on HIV/AIDS in Emergency Settings.
- WFP assisted in the integration of nutrition support and antiretrovirals in emergency settings in Malawi and Zimbabwe.
- UNDP performed a review on status of the rights of women in post-conflict settings in the context of AIDS, developed a comprehensive project on the AIDS response in Somalia, in partnership with UNFPA, it supported peer education training on AIDS, gender and reproductive health for demobilized soldiers in Sudan.
- The UNAIDS Secretariat lead the work on the development and release new tools on AIDS in humanitarian settings, including a best practice collection on programmes integrating HIV, food and nutrition activities in refugee settings.

Lessons learnt

UN planning, coordination and leadership on AIDS in humanitarian emergencies have thus far been inconsistent and incomplete. Existing guidelines should be implemented more vigorously and systematically, with support from the UN Office for the Coordination of Humanitarian Affairs and from UNAIDS. Work is also needed to address certain gaps and weaknesses in existing humanitarian and post-conflict

guidelines, including the need to update HIV testing and counselling strategies and to provide guidance on antiretroviral therapy in the reintegration and recovery phase. In addition, mainstreaming of AIDS in coordinated UN contingency planning has yet to occur in most countries.

14. Strategic information, research and reporting

Up-to-date data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response; operational research on effective responses; and promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics

Progress reported against achievement indicators

- Forty four countries have fully implemented HIV surveillance systems that accord with international guidelines, 42 have partially implemented systems and 46 national surveillance systems are regarded as poor.
- Eight countries are now reporting on HIV drug surveillance, with a global goal of having 40 countries report such data by 2010.
- 55% of countries with a UNAIDS country office now have a single national multisectoral monitoring and evaluation plan endorsed by major stakeholders, although most such plans have yet to be costed or accompanied by a budget for management or implementation.

Highlights of UNAIDS contributions

- UNAIDS has established joint monitoring and evaluation teams in 50 countries, and 75 countries received UNAIDS assistance in the development of national monitoring and evaluation plans. The Country Response Information System is in use in more than 60% of countries that reported on national response indicators to UNAIDS in 2006.
- The Global HIV/AIDS Monitoring and Evaluation Team (GAMET) provided ongoing support for development of national M&E systems in 45 countries.
- UNAIDS/WHO methods and software for estimating and projecting AIDS-related data were used by 110 countries and 77 countries provided updates for the *2006 Report on the global AIDS epidemic*.
- The *2006 Report on the global epidemic*—the largest and most comprehensive edition yet—included up-to-date data on national responses, discussion of key challenges in the AIDS response, and country profiles and epidemiological fact sheets. Best practices were documented and disseminated by UNAIDS on a wide range of issues, such as action on AIDS by employers and trade unions.
- UNHCR supported operational research on service integration in refugee settings in Uganda and Zambia.
- WFP supported desk reviews of good practices and lessons learnt with regard to food components in antiretroviral treatment programmes and in programmes for children orphaned or made vulnerable by the epidemic.
- The ILO developed a CD-ROM on good practices for employers' organizations, as well as a collection of case studies on trade union action (published jointly with UNAIDS and global unions), identifying key elements of success for HIV initiatives in the world of work.

- UNESCO distributed decision-making tools and other technical support materials to national and regional stakeholders, including 7000 best practice booklets, 17 training modules, 5000 advocacy and teacher training manuals for use in Asia, and a curriculum implementation manual. More than 60 countries currently receive biannual updates from WHO of strategic procurement and supply management information.
- The World Bank supported an assessment of the surveillance system in Europe and Central Asia.

Lessons learnt

Research efforts should be strengthened at country level to enhance the evidence base for sound decision-making. There is often a lack of harmonization of research activities among independent researchers, academia and national programmes. All national AIDS action plans should have a defined operational research component suited to their epidemics, and donors should recognize such research as an important priority for financial assistance.

Continued improvement is needed in national AIDS information systems. Although substantial improvements have been noted in monitoring and evaluation systems in many countries, many national systems are incomplete with respect to reporting of cases of HIV and sexually transmitted infections and in estimating HIV incidence. Representation of vulnerable populations is frequently inadequate, with many countries experiencing difficulty in estimating the size of key populations. For most-at-risk adolescents and other key populations, many national reporting systems do not routinely collect and disseminate disaggregated data on age, sex and geographic location. Many countries are also failing to make optimal use of available data in programme planning and monitoring. In 2007, UNAIDS will intensify its assistance to countries in improving information systems, building on successes achieved to date from the presence of in-country UNAIDS monitoring and evaluation advisers in 43 countries. Experience to date has demonstrated that the ongoing presence in countries of monitoring and evaluation advisers is more effective than short-term technical assistance missions in increasing national capacity for monitoring and evaluation.

15. Resource mobilization, tracking and needs estimation

Mobilization and utilization of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector, and individuals in the AIDS response.

Progress reported against achievement indicators

- According to the data from the conducted national AIDS spending assessments, US\$ 8.9 billion was available in 2006 for AIDS-related activities. One third of this amount was from domestic sources.
- Seventeen countries reported having completed at least one national AIDS spending assessment (NASA) or similar exercise in recent years; seven countries have performed a NASA for 2006, and several others will produce a NASA in 2007.

- Preliminary estimates for 2006 for AIDS spending by domestic public sectors (i.e. governmental) in low- and middle-income countries in 2006 is estimated at US\$ 2.5–3 billion.

Highlights of UNAIDS contributions

- UNAIDS supported 56 countries in the development of proposals for Round 6 of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Proposals representing 85% of all HIV-related grants approved by the Global Fund in 2006 involved UNAIDS technical assistance.
- UNAIDS provided technical assistance to more than 60 countries to improve the monitoring of HIV-related resource flows, and 95 countries reported data on public expenditures to UNAIDS in 2006.
- WFP allocated 94 staff and roughly US\$ 80 million in operational expenditures towards food-based programming for HIV and tuberculosis in 2006, reaching 9 million people with HIV-related care, treatment, impact mitigation, and prevention programming. WFP also conducted a comprehensive exercise to determine the costs of food and nutrition support in HIV-related programmes.
- In addition to assisting countries in developing proposals to the Global Fund, WHO provided technical support to countries in reallocating internal resources and developing sustainable financing mechanisms for HIV-related programmes.
- The World Bank reached agreement with the Global Fund and the USA government's PEPFAR initiative on joint procurement planning and implementation. Six countries received assistance from the World Bank with respect to coordinated financing mechanisms.
- UNHCR supported the inclusion of the needs of refugees, internally displaced persons and returnees in the proposals for DfID, the Great Lake Initiative on AIDS, OFID Fund, Multi-country AIDS Programmes and other funding mechanisms.
- ILO strengthened capacity of employers and workers to conduct joint resource mobilization at the country level.

Monitoring resource flows in Botswana

In 2006, Botswana used results of a national AIDS spending assessment conducted in 2005 to assess national AIDS efforts. The assessment found that US\$ 220 million were available for HIV programmes in 2005—an impressive figure for a small country such as Botswana, but only 58% of the funding target of US\$ 385 million. Domestic sources accounted for 80% of HIV expenditures, with international sources providing US\$ 44.5 million.

Especially valuable for purposes of the country's review of its AIDS response were the allocations revealed by the national AIDS spending assessment. In 2005, 50% of resources supported HIV treatment, 36% supported multisectoral efforts, and 14% went for HIV prevention services.

Lessons learnt

Although financial resources for HIV have increased, they remain far short of amounts required to mount a comprehensive response that moves towards universal access to HIV prevention, treatment, care and support. While amounts anticipated to be available for HIV programmes in 2007 (US\$ 10 billion) represent a 33-fold increase in resources over the last decade, they are half or less of what will be needed in 2010. To make concrete progress in moving towards universal access, financing from national

governments, international donors, nongovernmental organizations and the private sector must ramp up considerably in 2007 and beyond.

Capacity to monitor resources for HIV has improved but remains inadequate. In partnership with others, UNAIDS has refined and improved the methodology for tracking resource flows at global and country levels. With capacity-building support from UNAIDS, 67 countries have undertaken national AIDS spending assessments, enhancing the ability of national programmes and donors to identify and address key funding gaps. Improvement is needed in both the number of countries undertaking spending assessments and the quality of national assessments.

16. Human and technical resources

All countries in need, regardless of HIV prevalence, able to identify, access and utilize human and technical resources for priority HIV and AIDS activities.

Progress reported against achievement indicators

- Twenty four countries developed technical support needs assessments and plans. Twenty eight countries with joint programmes of support included the UN technical support plan.
- UNAIDS established technical support facilities in four subregions, providing in 2006 alone 2000 days of technical assistance in 49 countries.

Highlights of UNAIDS contributions

- With an estimated shortfall of 4 million health-care workers in developing countries, UNAIDS strengthened its efforts in 2006 to build and strengthen human capacity in the health sector, assisting 10 countries in the development and implementation of health workforce plans that incorporate HIV-related needs. Inter-disciplinary human resource workshops in more than 20 countries in Africa focused on strategies to preserve and enhance capacity in the health sector.
- In collaboration with the Global Fund, UNAIDS supplied targeted technical assistance to more than 15 countries through the Global Joint Problem-Solving and Implementation Support Team (GIST) to overcome bottlenecks to scale-up.
- WFP provided 41 countries with technical support addressing nutrition as part of scale-up towards universal access.
- UNDP assisted 35 countries in implementing grants from the Global Fund or other large-scale funding initiatives.

Overcoming implementation barriers in countries

When problems became apparent in late 2005 with regard to Lesotho's efforts to operationalize a grant from the Global Fund, the Global Joint Problem-Solving and Implementation Support Team (GIST) facilitated a joint visit by the Global Fund, the UNAIDS Secretariat, and the World Bank. In addition to improving communication between the Global Fund and the World Bank—two key funders of Lesotho's national response—the GIST intervention focused on improving monitoring and evaluation and procurement and supply management, weaknesses that were slowing programme implementation. GIST partners organized a plan of action to deliver needed technical assistance; the World Bank took responsibility for helping strengthen monitoring efforts through its Global HIV/AIDS Monitoring and Evaluation Team, while UNICEF (with WHO) assumed a leadership role in mobilizing technical support to strengthen procurement and supply management.

- UNODC provided technical assistance to Belarus, Moldova, Ukraine and central Asian countries on the development of comprehensive national action frameworks, and launched large-scale technical assistance projects on services for injecting drug users in 11 countries.
- WHO technical assistance aided more than 30 countries in the development of harmonized plans for treatment and prevention scale-up, assisted 34 countries in the integration of HIV and TB services, helped 10 countries develop strategies to strengthen the health-care workforce, and facilitated strengthening of procurement and supply management systems in more than 60 countries.
- ILO strengthened support to ministries of labour, employers' and workers' organizations through the technical cooperation programme in over 60 countries.

Lessons learnt

UNAIDS in 2006 prioritized swift implementation of the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors. The Joint Programme implemented an agreed division of labour for UNAIDS technical support. The Global Joint Problem-Solving and Implementation Support Team, undertaken in concert with the Global Fund to Fight AIDS, Tuberculosis and Malaria, is now operational. Although these steps represent important steps forward in expanding access to needed technical support, countries continue to request additional assistance for capacity building.

II. Selected findings from evaluations conducted by Cosponsors and the Secretariat

UNAIDS undertook a number of joint evaluations in 2006. These joint evaluations were lead by the Secretariat and included the involvement of Cosponsors. Joint evaluations address high-priority areas that affect the collective work of the Joint Programme:

- *Global Task Team on Improving AIDS Coordination.* Progress in implementing recommendations of the Global Task Team was assessed. The report found strong support for the UNAIDS Technical Support Division of Labour, as well as progress in establishing joint UN teams and programmes of support. New technical support mechanisms established by the Joint Programme have increased the range of expertise available in countries, although few vehicles exist to monitor awareness and utilization of such mechanisms by national partners. Limited country capacity to identify and articulate technical support needs impedes delivery of needed assistance. Steps have been taken to harmonize and align efforts within the UN system. The evaluation found that further progress is needed in improving coordinating and working relations among multilateral agencies.
- *Programme Acceleration Funds.* An evaluation of UNAIDS Programme Acceleration Funding found that funding flows have improved over previous biennia, UN Theme Groups on HIV/AIDS are better established, creation of HIV focal points in each UN agency has increased technical capacity, and implementation capacity of national partners has grown. Additional effort is needed to address funding delays for sub-projects, improve the consistency of documentation and tracking of implementation, alleviate the labour-intensity of PAF reporting, and increase the ability of UN agencies to provide the technical support needed by implementing partners.
- *UN Learning Strategy on AIDS.* A mid-term evaluation of the UN Learning Strategy on AIDS found that three quarters of UN staff say their country has a learning strategy, with two thirds of respondents having participated in at least one HIV/AIDS learning activity since 2003. Participants in all regions said such learning opportunities had deepened their knowledge about key HIV-related issues. One third of staff surveyed said additional learning opportunities on AIDS are needed. Learning Facilitators, who are highly motivated and active in implementing the Learning Strategy, reported finding available materials to be helpful, especially the booklet “Living in a World with HIV and AIDS”. Although progress has been made in reducing AIDS stigma in the UN workplace, half of learning facilitators reported believing that a UN employee who disclosed his/her HIV status would be stigmatized.
- *Gender assessment of national AIDS plans.* In July 2006, the PCB asked UNAIDS to conduct a gender assessment of three to five national AIDS plans and to develop practical guidelines for addressing gender issues at country level. A research team from UNAIDS, UNDP, the International Center for Research on Women, and the Open Society Institute undertook this gender assessment, with support from other UNAIDS Cosponsors and UNIFEM and financial assistance from Irish Aid and the Global Coalition on Women and AIDS. The team reviewed previous gender

assessments in 30 countries and regions; developed an analytical framework for conducting the assessments requested by the PCB; conducted three new gender assessments in Cambodia, Honduras and Ukraine; reviewed progress in implementing the recommendations of the Secretary-General's Task Force on Women, Girls, and HIV/AIDS in Southern Africa; and developed draft guidelines on the expansion and integration of gender in national AIDS programmes. The assessment found important recognition of the need to address gender inequality in national responses, but a lack of capacity to translate commitments into programmatic action. Mainstreaming gender in national AIDS responses is complicated by the structure of national governments, which typically separate gender issues and AIDS. Insufficient programming exists to address the underlying gender norms and attitudes that influence the behaviour of men and increase women's vulnerability in marriage.

In addition to the Joint Programme's evaluations, individual Cosponsors maintain monitoring and evaluation efforts for their own programmes, including those that are HIV-related. In 2006, evaluations by Cosponsors and Secretariat yielded a considerable body of valuable information on effective strategies for responding to HIV.

Examples of evaluation findings include these.

- A review of mission reports of the Interagency Standing Committee, the primary mechanism for interagency coordination on humanitarian assistance, found that only one of six mentioned HIV, suggesting that AIDS may not yet be fully mainstreamed in organized responses to humanitarian emergency. In response to these findings, UNHCR is emphasizing HIV-related issues in the interagency missions it is now conducting and also plans to hold a reference group meeting on HIV and internally displaced persons to consolidate lessons learnt and chart future directions.
- Reviews and mapping exercises of adolescent participation in 24 African countries, supported by UNICEF, resulted in development of a compendium of 65 case studies of effective programmes for adolescents. A rapid assessment on adolescent programming in west and central revealed that few countries have adolescent-focused HIV programmes.
- A mid-term evaluation sponsored by WFP of regional operations on food and HIV in southern Africa documented the successful provision of food and nutrition assistance to millions of food-insecure people. The evaluation also found, however, that government partners and donors often perceive there is a lack of evidence for the effectiveness of food support for HIV-infected or affected individuals, illustrating challenges faced in mobilizing the long-term resources that will be needed to ensure the consistency and sustainability of such programmes.
- A UNESCO-sponsored evaluation found that school health workshops in the Arab region highlighted the need for greater cooperation between education ministries, health ministries, and nongovernmental organizations.
- A UNFPA initiative in eight African countries and two Caribbean countries aims to promote HIV prevention by expanding access to high-quality, integrated sexual and

reproductive health care. Based on a favourable outcome of a mid-term evaluation, the programme was extended for an additional two years, beginning in October 2006.

- Field testing by WHO in Belize underscored the need to address gender-based violence in HIV counselling and testing and to adapt guidelines on counselling and testing to the needs of especially vulnerable women, such as single parents and female prison inmates.
- The World Bank supported a number of special studies, including HIV-related expenditure tracking in China, epidemiological studies in Papua New Guinea, and a review of the economic burden associated with the epidemic in the western Balkan countries.

III. Achievements by agency

Under the 2006–2007 budget, each member of the Joint Programme is responsible for achieving a limited number of Key Results. This section summarizes each agency's progress in achieving its Key Results¹.

1. The Office of the United Nations High Commissioner for Refugees (UNHCR)

Under the 2006–2007 Unified Budget and Workplan, UNHCR is responsible for the achievement of three Key Results.

Key Result 1: Integration and mainstreaming of HIV/AIDS and human rights of refugees and other persons of concern to UNHCR by effective implementation of UNHCR's protection policies and standards

Reported progress

More than three quarters of all UNHCR country operations (including all 29 countries and 40 operations where UNHCR extended HIV-related financial and technical support) had specific programmes to reduce HIV stigma and discrimination for refugees and surrounding communities. The UNHCR Emergency Handbook incorporates HIV, and UNHCR actively participated in development of the UN System-Wide Work Programme on Scaling up HIV/AIDS services for populations of humanitarian concern. Key UNHCR priorities, reflected in its HIV programming, include gender equality mainstreaming and targeted action for women's empowerment. Trainings on clinical management of rape and on post-exposure prophylaxis were conducted in central and southern African countries.

Experience to date underscores the continued importance of advocacy for populations of humanitarian concern to prevent mandatory HIV testing and HIV-related discrimination in access to services. Training of partners has proved extremely valuable in integrating HIV in humanitarian settings, but partners require continued support and training.

Key Result 2: Increased inclusion and integration of refugees, returnees and other persons of concern to UNHCR in country and subregional HIV/AIDS strategies, proposals and interventions with consequent increase in resources at global, regional and national levels

Reported progress

The number of countries including refugees as a target group in national strategic AIDS plans increased by more than half in 2006. More than 16 million condoms were distributed to people of humanitarian concern in 23 countries. With the aim of increasing the evidence base for decision-making, UNHCR completed a comprehensive

¹ The complete reports on the 2006 progress in implementing the UBW Key Results by Cosponsors, the Secretariat and interagency, are available in the UBW performance monitoring database and can be provided upon request.

HIV information system, and a number of refugee camps began using the system in 2006. UNHCR assisted subregional initiatives, such as the Great Lakes Initiative on AIDS, in incorporating HIV-related measures for populations of humanitarian concern. Working with UNESCO and other Cosponsors, UNHCR contributed to development of a framework for educational responses to HIV among refugees and internally displaced persons. Operational research on the integration of HIV, food and nutrition services in refugee settings in Uganda and Zambia were completed, demonstrating the feasibility of integrating such services in humanitarian settings. A joint assessment was conducted with UNFPA on reproductive health and HIV in Myanmar, and a joint interagency mission focused on HIV and internally displaced people in Nepal.

Key Result 3: Improve implementation of multisectoral and integrated HIV/AIDS interventions for refugees and other persons of concern to UNHCR

Reported progress

All refugee programmes where UNHCR is coordinating health and community services have established essential AIDS interventions in accordance with the Interagency Standing Committee Guidelines on HIV/AIDS in Emergency Settings. All UNHCR-coordinated programmes for populations of humanitarian concern also comport with HIV-related UNHCR guidelines and strategic plans. In 2006, UNHCR expanded its technical and financial support to the Americas and Europe. In keeping with UNHCR's designation as lead organization within UNAIDS for HIV and internally displaced persons, UNHCR mobilized additional funds to undertake initial assessments and coordination missions.

In collaboration with UNFPA, UNHCR has launched condom programming in 14 countries in conflict or post-conflict circumstances. In 2006, HIV-related data in humanitarian settings were collected from 30 countries worldwide, including 35 urban areas and 228 camps. UNHCR has implemented HIV workplace policies in all of its country offices and at headquarters.

2. United Nations Children's Fund (UNICEF)

Under the 2006–2007 Unified Budget and Workplan, UNICEF is responsible for the achievement of three Key Results.

Key Result 1: Evidence based national plans on prevention of mother-to-child transmission of HIV (MTCT) plus and paediatric HIV/AIDS care implemented and monitored in support of scaling up universal access

Reported progress

Globally, it is estimated by UNICEF, WHO and partners that only about 11% of HIV-positive pregnant women worldwide received services to prevent mother-to-child transmission (including antiretroviral prophylaxis) in 2006. Programmes to prevent mother-to-child transmission have achieved at least 40% coverage in seven countries (in Asia, the Caribbean, Latin America and sub-Saharan Africa). Of the 34 countries that collectively are home to 91% of women living with HIV, 26 reported progress in 2006 in expanding access to services to prevent mother-to-child transmission, HIV and infant feeding and paediatric care.

Global and regional commitment on these issues significantly increased in 2006. The Hanoi Call to Action endorsed by delegates at the East Asia and Pacific Regional Consultation on Children and HIV was incorporated in the Summit Declaration on HIV and AIDS adopted by heads of state/government of the Association of South East Asian Nations (ASEAN). Regional meetings in Kampala and Nairobi in 2006 reflected substantial new momentum in the forging of partnerships to accelerate scale-up of programmes to prevent mother-to-child transmission. National AIDS programme directors in all Latin American and Caribbean countries embraced the goal of 100% coverage for paediatric care and prevention of mother-to-child transmission. To accelerate scale-up, UNICEF in 2006 sponsored national trainings on paediatric care and prevention of mother-to-child transmission in South Africa, as well as procurement and supply management trainings in Belarus, Ethiopia, Kenya, Malawi, Nepal, Nigeria, Pakistan, Uganda and the United Republic of Tanzania.

Although data are incomplete, it is projected that the number of children receiving appropriate AIDS treatment significantly increased in 2006. UNICEF assisted in the development of extensive technical guidance on such issues as paediatric HIV care and treatment, cotrimoxazole prophylaxis, regional and country adaptations of antiretroviral treatment guidelines, and sources and prices for key commodities. UNICEF is in the process of developing guidance in other important areas, including supplies of paediatric formulations and scale-up in Asia and the Pacific.

Experience to date underscores the necessity of strong political support to bring to scale paediatric care and treatment and services to prevent mother-to-child transmission. To accelerate scale-up of prevention and treatment services, countries should offer routine HIV testing and counselling in health-care settings, preserving the patient's right to opt out. Lay counselors and lower-level health-care workers can help alleviate the growing burden on medical staff as programmes are brought to scale, while the involvement of partners, families and communities can help accelerate uptake of prevention of mother-to-child transmission. Enhanced South-South cooperation can help identify and disseminate information on lessons learnt.

Key Result 2: Increased percentage of children affected by HIV/AIDS receiving support and protection as a result of the implementation of national plans of action that have been facilitated through partner efforts

Reported progress

At least 20 countries in Africa have completed national action plans on children and HIV, and 10 additional countries in the region are nearing completion of such plans, with progress apparent in all regions. Four countries in Latin America and the Caribbean, as well as one country from central/eastern Europe, have also formulated national action plans. Integration of programmes for children affected by the epidemic in broader development planning has been hindered by the perception that such activities represent an emergency, short-term response. Among 14 countries that have reported data, coverage of external support to households with orphans and vulnerable children ranges from 1% in Senegal to 95% in Botswana, with a median coverage of 10%.

Major international gatherings in 2006 focused on evidence-based strategic recommendations for scale-up of programmes for children affected by AIDS and on opportunities for collaboration between public and private sectors in addressing the needs of children affected by the epidemic. The Interagency Task Team on Orphans and Vulnerable Children issued technical guidance on scaling up of AIDS programmes and services. Five countries in East Asia and the Pacific have national targets for scaling up care services for children, while children have been made a priority in Brazil's universal access agenda. Scale-up would benefit from a stronger evidence base on effective interventions.

Key Result 3: In line with the UNAIDS Technical Division of Labour report, support partners to achieve increased access and utilization of prevention information, skills and services required to reduce adolescent vulnerability to HIV/AIDS

Reported progress

Seventy three countries have programming that addresses adolescents who are especially vulnerable and at greatest risk. Significant progress in implementing such programmes was made in 2006 in all regions. UNICEF supports scale-up through development of technical policy and guidance notes on such issues as HIV prevention for adolescents, training for life skills based HIV prevention in east Asia and the Pacific, and regional guidance for countries in the Commonwealth of Independent States and south-east Asia.

UNICEF has strengthened the evidence base on HIV and adolescents by supporting the Multiple Indicator Cluster Survey, which collected information on adolescents' knowledge and behaviour in 40 countries. However, data on age, gender and geographical location of most-at-risk adolescents are often not available for planning, programming or policy development.

3. World Food Programme (WFP)

Under the 2006–2007 Unified Budget and Workplan, WFP is responsible for the achievement of three Key Results.

Key Result 1: Increased awareness on the role of food and nutrition in HIV/AIDS and tuberculosis programmes, with a special focus on reaching children and vulnerable groups

Reported progress

Thirty two countries have national strategic AIDS plans that include food and nutrition support components. Although baseline data are not available, it is believed that the number of national strategic plans that incorporate food components significantly increased in 2006. An estimated 440 nongovernmental organizations and international bodies include food and nutrition support in their HIV-related strategies and programmes.

Although there is strong anecdotal evidence that food support enhances treatment uptake and improves clinical outcomes, additional scientific evidence is needed to influence policy-makers and support decision-making. In 2006, WFP implemented 13 operational research and pilot projects on food and nutritional support for HIV-affected populations, including seven operational research projects that examine the role of food in support treatment adherence and success. For example, in partnership with researchers and the national government, WFP supported a randomized trial of nutritional supplementation to improve adherence and clinical outcomes in Lusaka. With partners, WFP established and supported an impact evaluation of nutritional interventions within a comprehensive antiretroviral package in Benin, Burundi and Mali. Nutrition support and antiretrovirals were also integrated in services provided in emergency settings in Malawi and Zimbabwe. In 2006, WFP published 10 fact sheets on food and HIV and organized regional consultations in two regions.

Key Result 2: Increased resources for food and nutrition components in HIV/AIDS programmes

Reported progress

In 2006, 19 countries had food-based programmes financed by the World Bank Multi-Country AIDS Programme, the Global Fund and the USA President's Emergency Plan for AIDS Relief (PEPFAR). Experience indicates that partnerships in the HIV field have strengthened WFP's ability to support additional funding for food and nutrition services for HIV-affected populations. In 2006, WFP conducted a comprehensive exercise to determine the costs of food and nutrition support in HIV-related programmes, disseminating findings to WFP country offices and to other UNAIDS Cosponsors.

WFP allocated 94 staff and roughly US\$ 80 million in operational expenditures towards food-based programming for HIV and tuberculosis in 2006—a major intensification of effort compared to 2005, when only six staff were assigned to such tasks. WFP staff support care and treatment, mitigation and prevention programming to roughly 9

million WFP beneficiaries who are infected or affected by HIV. In 2006, 41 countries received technical support from WFP to address nutrition as part of scale-up efforts towards universal access.

Key Result 3: Increased food and nutrition oriented programming within global, regional and national responses to HIV/AIDS

Reported progress

Of the nine million HIV-affected individuals who received food support from WFP in 2006, more than one million were in care and treatment programmes. Although definitive information is not available, it is believed that WFP is the world's largest provider of food support through care and treatment programmes worldwide. The majority of those who received HIV-related food support in 2006 were in southern Africa. A number of WFP country offices are addressing gender issues in care and treatment programmes, including training men as home-based caregivers and encouraging male involvement in programmes to prevent mother-to-child transmission. Thirty nine countries integrated food-based safety nets in programmes to mitigate the epidemic's impact, while 35 countries that are affected by conflict or disasters have implemented HIV-related food programming.

In 2006, seven WFP manuals on food and nutrition programming were available for use by practitioners, including guidance on interventions to improve health, nutrition, educational access, psychosocial support and HIV awareness of school-age children. WFP is also developing guidance on antiretrovirals and TB programmes, as well as a handbook on food assistance programming in the context of HIV.

WFP in 2006 supported desk reviews of good practices and lessons learnt with regard to food components in antiretroviral treatment programmes and in programmes for children orphaned or made vulnerable by the epidemic. Good practices identified in 2006 include innovative exit strategies such as income-generating activities, as well as leadership initiatives to promote women's participation and raise awareness on HIV, gender-based violence and exploitation.

To increase capacity to support the AIDS response, WFP introduced an HIV module in its food and nutrition training, implementing the module in Southern Africa. WFP developed regional strategies in four regions and initiated strategies in three additional regions. These strategies identified the types of interventions that are suitable for different regions or countries, depending on HIV epidemiology, the food security situation and country-level capacity.

4. United Nations Development Programme (UNDP)

Under the 2006–2007 Unified Budget and Workplan, UNDP is responsible for the achievement of five Key Results.

Key Result 1: Leadership and capacity of governments, civil society, development partners, communities, people living with HIV and women developed to respond effectively to the AIDS epidemic with increased commitment, partnerships and coordination

Reported progress

In 2006, 10 countries and one region implemented leadership programmes to strengthen and scale up multisectoral AIDS responses. UNDP supported eight countries in capacity-building initiatives for communities, including supporting community conversations on AIDS.

In the Arab States, for example, leadership programmes reached more than 1000 influential individuals, and UNDP supported formation of the first regional Arab Business Coalition responding to AIDS. A Regional Religious Leaders Forum on AIDS in the Arab States resulted in a pact signed by 250 Muslim and Christian religious leaders to strengthen the regional AIDS response; national trainings were also conducted for religious leaders in Libyan Arab Jamahiriya, Sudan and Tunisia. Under the inaugural Red Ribbon awards, 25 community groups from 24 countries received support to expand their community-based AIDS activities.

National leaders requested additional activities to build leadership capacity and to strengthen partnerships on AIDS. Experience in 2006 underscored the importance of national ownership in leadership development activities, as well as the need for follow-up and continuity in capacity-building efforts.

Key Result 2: Implementation of AIDS responses as multisectoral and multi-level national, district and community actions that mainstream HIV into sector policies and programmes, and national development plans/budgets an instruments, including Poverty Reduction Strategy Papers, Medium Term Expenditure Frameworks and Heavily Indebted Poor Countries initiatives

Reported progress

UNDP supported 23 countries in integrating AIDS in national development plans and Poverty Reduction Strategy Papers. Support was also provided to 17 countries in mainstreaming HIV into key sectors and ministries. UNDP convened a global conference on integrating the AIDS response in macroeconomic frameworks, sponsored three research studies on the impact of large-scale HIV funding on development, and documented four country case studies on accessing and budgeting AIDS funds across sectors. Research initiatives on the epidemic's socioeconomic impact were launched in Asia, eastern Europe and central Asia, and Latin America and the Caribbean.

UNDP assisted 28 countries in the development and implementation of trade policies for sustainable access to AIDS medicines, including support for legislative review of patent and intellectual property provisions in 24 countries in Africa and the Caribbean. Regional and national workshops in Africa and the Pacific increased national capacity to maximize use of the flexibility of the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights. A national workshop in the United Republic of Tanzania, for instance, resulted in the development of a draft legislative act to strengthen national use of TRIPS flexibility.

Experience in these areas in 2006 illustrated both the many opportunities for cross-regional learning and exchange. While many countries have limited capacity to implement integrated plans on AIDS, pursuit of a multisectoral approach has proven effective for leveraging finite capacity in individual sectors. The need for coherence across a wide range of mainstreaming tools was also underscored by UNDP's work in 2006.

Key Result 3: Stigma and discrimination against people living with HIV reduced, and rights of women, girls and vulnerable groups better protected through advocacy, communication and legal reform

Reported progress

UNDP analysed legislation in eastern and southern Africa, the Arab States and the Caribbean, and advocacy and communications efforts were expanded in three regions to address stigma, discrimination and gender equality. An anti-stigma advocacy film was replicated in 24 languages for use across Asia, and UNDP supported media projects in North Africa and the Middle East, generating 26 television episodes (aired regionally), 39 radio episodes profiling people living with HIV, and 12 short films exhibited at film festivals.

UNDP strengthened partnerships with 23 networks of people living with HIV under the Asia Pacific Empowerment Initiative to enhance the greater involvement of people living with HIV. Leadership skills and capacity-building initiatives reached 70 people living with HIV in the Arab States. UNDP provided extensive support for national gender assessments and for the integration of gender and AIDS in national budgets and strategic frameworks. In partnership with 13 nongovernmental organizations in South Asia, UNDP completed rapid assessment studies and consultations on HIV-related aspects of trafficking and mobility.

Experience to date under the 2006–2007 Unified Budget and Workplan demonstrates the difficulty of accessing reliable data on human rights. Media partnerships have proven effective in facilitating broad-scale advocacy. Empowerment of people living with HIV requires long-term commitment and support, strategic partnerships, adequate resources, and focused attention on women living with HIV, including inheritance and property rights and other economic issues.

Key Result 4: Human and institutional capacity built for improved implementation of AIDS programmes in high-prevalence, crisis and/or least developed countries

Reported progress

UNDP assisted 35 countries in implementing grants from the Global Fund or other large-scale funding initiatives. In collaboration with the Global Fund (through the Global Joint Problem-Solving and Implementation Support Team), support was provided to 12 countries and one region to improve management and oversight of AIDS resources. UNDP convened a regional workshop on Global Fund grants for eight countries in Latin America and collaborated with the Global Fund to accelerate implementation and regional coordination among four countries in Central Asia.

UNDP worked as part of a consortium of nine UN agencies to support the scaling up of HIV-related services for populations of humanitarian concern. Collaborative initiatives in which UNDP participated included peer education training for demobilized soldiers in Sudan, as well as development of a comprehensive project document on the AIDS response in Somalia.

Experience to date underscores the importance of collaboration among diverse multisectoral stakeholders for effective coordination and governance. In certain especially difficult contexts, UNDP has stepped in to serve as Principal Recipient for Global Fund grants, raising a host of organizational and administrative challenges. Expansion of the Global Joint Problem-Solving and Implementation Support Team to programmes sponsored by bilateral donors and civil society has helped strengthen coordinated technical assistance to countries facing implementation bottlenecks.

Key Result 5: Coordination and functioning of joint UN teams on AIDS strengthened through the resident coordinator System, and enhanced capacity of oversight mechanisms for coordination and implementation of national AIDS programmes

Reported progress

UNDP supported 21 countries in 2006 in strengthening governance of the AIDS response. A capacity assessment on governance was conducted in five eastern European countries, resulting in a tool for country-level programme formulation. UNDP collaborated with other international partners in a joint training on AIDS, development and UN reform in eastern and southern Africa; four countries were supported to mainstream AIDS into gender and governance projects; and technical support helped strengthen the national AIDS commission in Indonesia.

In 18 countries and one region, UNDP supported efforts to strengthen the functioning of Joint UN Teams on AIDS. UNDP helped establish the joint regional AIDS team in southern Africa and supported the joint UN workplace programme in the region.

In 2006, joint meetings with national stakeholders proved to be an effective mechanism to improve governance of the AIDS response and to strengthen the effectiveness of joint UN teams. Continued advocacy is needed to ensure greater involvement of resident coordinators in efforts to enhance the coherence and impact of joint UN efforts

at country level. Greater sharing of information and best practices would similarly strengthen joint UN teams on AIDS. Insufficient donor coordination and harmonization continues to result in frequent mismatches between donor and national priorities, hindering national governance of the AIDS response.

5. United Nations Population Fund (UNFPA)

Under the 2006–2007 Unified Budget and Workplan, UNFPA is responsible for the achievement of three Key Results.

Key Result 1: Youth-friendly policies and programmes established and/or enhanced that: (i) strengthen national HIV prevention efforts, especially for youth in vulnerable situations, and (ii) empower young people to effectively participate in halting the epidemic

Reported progress

UNFPA reviewed national policies, strategies and action plans involving young people in 33 countries and collected baseline data on HIV intervention coverage in 29 countries. More than 70 UNFPA staff in 27 countries supported HIV prevention scale-up, with particular focus on programmes for young people at risk, including those out of school. The Interagency Task Team on young people created regional technical support groups to coordinate and support the delivery of technical support from UN agencies and partners. Outreach for youth-friendly services reached 1.85 million people worldwide, with 700 000 young people accessing such services in youth-friendly clinics in four African countries.

UNFPA efforts facilitated training for 13 300 youth trainers, peer educators and programme staff. A UNFPA toolkit on youth peer education was translated into 16 languages, an interactive computer-based distance learning training tool for peer educators reached 5.8 million young people, and UNFPA supported numerous regional workshops on peer education and helped establish or strengthen 60 national peer networks. UNFPA advocacy reached more than 28 million young people in Africa.

UNFPA's experience to date indicates that comprehensive, multi-component approaches can promote HIV prevention and contribute to legal reform and expansion of youth-friendly services. Access to clinical services for sexually active young people varies considerably between countries (with coverage ranging from 1% to 75%), as do costs of service provision (with a tenfold per unit variance among countries). Many country partners, especially nongovernmental organizations, lack adequate capacity in data collection, analysis and interpretation, lessening the strategic impact and adaptability of national efforts. There is a critical need to enhance technical knowledge among country-level staff.

Key Result 2: Increased implementation of comprehensive condom programming as a means to prevent HIV infection emphasizing (i) promotion of dual protection, (ii) female condom programming scale up, (iii) increased access for young people to male and female condoms, and (iv) commodity security in humanitarian settings

Reported progress

In 2006, 23 countries made commitments to implement female condom programming within the context of comprehensive condom programming, with 15 of the countries making significant progress in strategy development and implementation. Female

condom distribution increased by 41% in 2006. UNFPA published *Female condom—a powerful tool for protection*.

UNFPA purchased more than 111 million male/female condoms in 2006. Eighty-nine countries now have a forecasting system for condom programming. UNFPA supplied 28 countries with condoms needed to avoid stockouts, and the frequency of stockout alerts in African countries declined by 70%. UNFPA recruited and trained 70 HIV-dedicated country-level staff and established a 46-member team of experts in Eastern Europe to deliver technical assistance to countries in condom programming. A simplified system for rapid national and subnational forecasting was piloted in four countries.

Broadly participatory national mechanisms for planning reproductive health services now exist in 72 of 134 countries surveyed. UNFPA engaged in extensive planning in 2006 for a multi-stakeholder international workshop on condom programming set for January 2007.

UNFPA's work in 2006 highlights the critical need for coordination and integration of comprehensive condom programming into national health communication and human resource development strategies. Likewise, strengthened linkages are needed between reproductive health services and HIV prevention. Access to affordable commodities remains a major roadblock to universal access to reproductive health services and HIV prevention. Close coordination with donor agencies has proved vital to efforts to prevent condom stockouts and close the condom access gap. Effective forecasting capacity at country level is also essential to the prevention of stockouts and to the overall success of broader condom programming.

Key Result 3: Intensified country action through policies and programmes to address women, girls and AIDS with emphasis on (i) linking HIV/AIDS and sexual and reproductive health, (ii) HIV prevention for young women and girls, and (iii) sexual and reproductive health needs and rights of HIV-positive women and adolescent girls

Reported progress

National report cards on HIV prevention for young women and girls were completed for eight countries, with an additional 12 being prepared. Ten countries took steps to integrate HIV and sexual and reproductive health. In the context of the Africa Maternal and Newborn Programme, 40 countries in 2006 were in process of developing national road maps to increase access to services to prevent mother-to-child transmission.

Strides were made in strengthening sexual and reproductive health services for women living with HIV, with three countries piloting rights-based programmes for HIV-positive women. WHO and UNFPA issued clinical guidelines on sexual and reproductive health for women living with HIV, and more than 50 new partnerships were forged in Africa to expand access to such services. Delegates from 17 developing countries participated in the Global Consultation on the Rights of People Living with HIV to Sexual and Reproductive Health. UNFPA sponsored needs assessments in five countries on links between HIV and sexual and reproductive health services, and also worked to develop a global framework on sexual and reproductive health services for

women living with HIV. UNFPA supported “positive prevention” projects for HIV-positive women in six countries.

Based on UNFPA’s experience to date, it is apparent that efforts to catalyse country-level scale-up of HIV prevention and sexual and reproductive health services for women and adolescent girls confront major challenges. Linkages between HIV and sexual and reproductive health services remain weak in many countries, although experience reveals that technical support and strategic information can increase the capacity of country offices to make progress in this area. To accelerate scale-up, it is important to foster partnerships, especially with networks and communities of people living with HIV.

6. United Nations Office on Drugs and Crime (UNODC)

Under the 2006–2007 Unified Budget and Workplan, UNODC is responsible for the achievement of three Key Results.

Key Result 1: Increase and improve service coverage for HIV prevention and care for injecting drug users in countries where use of contaminated injection equipment in the course of drug use is a major or potentially major route of HIV transmission

Reported progress

By the end of 2006, eight key countries had put in place favourable policies and a legal environment enabling implementation of a comprehensive package of prevention and care services for injecting drug users. Sixteen high-priority countries had sufficient capacity to implement effective HIV programmes.

In 2006, UNODC provided technical assistance to Belarus, Moldova, Ukraine and central Asian countries on the development of comprehensive national action frameworks and also launched large-scale technical assistance projects on services for injecting drug users in 11 countries. Technical assistance projects were strengthened for countries in Asia, the Middle East, and South America, including collaboration with the government of Brazil on the launching of a major new HIV prevention and care initiative for injecting drug users. In China, scale-up continued pursuant to a comprehensive national strategy on HIV and injecting drug use, while Cambodia, Malaysia, Mauritius and Viet Nam implemented legal reform or policy changes to strengthen services for injecting drug users. In the process of developing the third phase of its national AIDS control programme, India articulated the need for policy development on harm reduction for injecting drug users. In Africa, HIV transmission related to injecting drug use is on the rise, warranting an urgent response to prevent new waves of infection.

Key Result 2: Develop a global agreed strategy on prevention and care in prison settings and establish national prevention and care programmes in prison settings of selected countries

Reported progress

Ten countries targeted by UNODC had developed national strategies for HIV in prisons by the end of 2006. In seven of these 10 countries, related programmatic implementation was under way.

In the Russian Federation, a government-funded project undertaken in partnership with civil society resulted in HIV training for 200 prison staff and the initiation of antiretrovirals for 700 prisoners. Substantial expansion of prison access to methadone substitution therapy took place in Iran.

UNODC produced global and regional toolkits on HIV in prisons, translating them into UN languages, and also developed a global strategy on HIV prevention and care in prisons. Regional information portals on effective prison-based interventions are now

operational in central Asia, the Russian Federation, and southern Africa. In 2006, UNODC documented good practice case studies in Brazil and Russia, including successful initiatives for youth and women living in prison settings.

Experience to date has highlighted a host of urgent needs with respect to comprehensive HIV service delivery for prison populations. Prison-based surveillance systems for HIV, TB and sexually transmitted infections are needed to inform policy and programme development. Additional normative tools and guidelines are required, including guidance on rapid assessment and response in prison settings. National policies should specifically take account of the needs of vulnerable populations in prison settings, including women, young prisoners and minority populations.

Key Result 3: Provide actual and potential victims of trafficking in persons, particularly women and girls, with comprehensive, gender-sensitive prevention and care in selected countries of origin and destination

Reported progress

In 2006, anti-trafficking programmes that incorporate HIV prevention and care as a major component were in place in seven countries (including countries of origin or destination). In 2006, UNODC initiated projects to prevent human trafficking in five countries, while working to continue national projects previously begun in six additional countries and regional projects in west and central Asia and in eastern Europe. By the end of 2006, no country of origin or destination had yet integrated HIV prevention and care for victims of trafficking in national AIDS strategies.

To inform development of a UN system-wide strategy on HIV and trafficking in persons, UNODC partnered with UNFPA to initiate a study among foreign sex workers in Japan and Thailand. Preliminary work began on development of a “safe mobility package” for potential or actual victims of human trafficking.

Training of government agencies and civil society organizations on HIV in the context of anti-trafficking efforts has occurred in two countries. HIV prevention and care training is planned for responsible government agencies and civil society organizations in 16 countries in 2007.

7. International Labour Organization (ILO)

Under the 2006–2007 Unified Budget and Workplan, the ILO is responsible for the achievement of five Key Results.

Key Result 1: Increased capacity of ILO’s tripartite constituents and other relevant stakeholders to implement workplace policies and programmes, mobilize resources locally and take action in the world of work in support of national efforts to reduce the spread and impact of the epidemic

Reported progress

The ILO in 2006 trained key national partners in an additional 16 countries to support workplace action on AIDS. In a new report (*Saving lives, protecting jobs*), the ILO surveyed strategic AIDS responses in roughly 400 workplaces, involving thousands of workers. The ILO developed a CD-ROM on good practices for employers’ organizations, as well as a collection of case studies on trade union action (published jointly with UNAIDS and global unions). Based on experience to date, the ILO has determined that effective and sustainable work-related outcomes depend on three key factors: full participation by the ILO’s constituents in project planning and implementation, integration of AIDS interventions in ongoing structures and programmes in the world of work, and the availability of tailor-made tools.

Key Result 2: Scaling up the implementation of comprehensive HIV/AIDS workplace policies and programmes integrating prevention, care and the protection of rights at national, sectoral and enterprise levels, in the framework of the ILO Code of Practice, with particular reference to vulnerable populations

Reported progress

The number of countries with legislation and national policies on HIV and the world of work increased in 2006, complemented by a growing number of sector-specific policies and guidelines. Benin, Ecuador, Jamaica, Lesotho, Madagascar and Uganda are among the countries that have recently adopted new laws on HIV and the world of work. Working with other UN partners, the ILO is reviewing international instruments and national laws in Algeria, Egypt, Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia to assess their consistency with an ILO *Code of Practice on HIV/AIDS and the world of work* and to advise on provisions to protect people living with HIV, their families, and people at high risk of infection. In collaboration with UNESCO and WHO, the ILO has promoted the development and implementation of sector-specific guidelines in the education and health sectors, respectively.

Effective implementation of available legal instruments on HIV and the world of work remains a major challenge. A new ILO project in 14 English- and French-speaking countries in Africa trains labour lawyers and judges in applying legislation to protect workers from discrimination. A favourable national legal and policy environment, including legislation to prevent workplace discrimination, is critical for the success of HIV-related workplace programmes.

Key Result 3: Enhanced capacity of occupational health services and increased public-private partnerships—including community outreach programmes—to extend access to social protection, treatment, care and support

Reported progress

The ILO provided guidance, training and support for the mainstreaming of HIV into occupational health services and related workplace committees, additionally working to extend such services to local communities. Together with UNDP and the Arab Labour Organization, the ILO supports the private sector response to HIV in the region, co-organizing a workshop for the private sector in Cairo in June. AIDS was a feature of World Day for Safety and Health at Work on 28 April 2006 (and will remain an emphasis in future years), with the ILO providing informational and advocacy materials for constituents in about 70 countries.

The ILO has extended technical assistance in the informal economy to 30 countries, providing seed funding, skills development and other support to workers living with HIV. In collaboration with partners, the ILO developed a toolkit on AIDS for workers in the informal economy in Asia. While there is strong willingness in the world of work to expand involvement in HIV prevention, care and support, it is challenging to extend such efforts beyond urban centres and the formal sector.

Key Result 4: Methods and guidance for monitoring and assessing the implementation and the impact of workplace programmes in the private sector (formal and informal) and the public sector

Reported progress

At the request of its constituents, the ILO prepared a report analysing different global-level options to strengthen national responses to HIV in the world of work, which will be discussed by the ILO's governing body in 2007. The ILO also produced its biennial report on the labour and employment impact of the epidemic, with special reference to groups at high risk or most affected by HIV. The ILO further refined and applied performance monitoring plans for its projects and disseminated guidance tools to partners on monitoring and evaluation. A multisectoral technical cooperation project in Africa that unites several ILO departments resulted in the organization of innovative "learning workshops" for donors, implementers and partners—the first of which occurred in February 2007.

The ILO's experience underscores the importance of gathering baseline data to gauge performance, assess the impact of the ILO's efforts, and inform decisions on strategy adjustments. Managing the wealth of information on HIV, including currently collected by monitoring and evaluation efforts, is proving to be a challenge, underlining the importance of such capacity-building mechanisms as the above-described learning workshops.

Key Result 5: Mechanisms to strengthen human capacity management and development

Reported progress

In 2006, the ILO prioritized integration of HIV in its Decent Work Country Programmes, helping mainstream HIV through the ILO's work and facilitating links of

the AIDS response to broader development and poverty reduction efforts. At the Special Summit of the African Union in May 2006, the ILO launched a workplace initiative on HIV, TB and malaria and supported African Union efforts to mainstream HIV in its policies and activities. The ILO supported regional initiatives by its constituents, such as a capacity-building meeting on HIV for employers and workers jointly organized by the International Confederation of Free Trade Unions and the International Organization of Employers in December 2006.

8. United Nations Educational, Scientific and Cultural Organization (UNESCO)

Under the 2006–2007 Unified Budget and Workplan, UNESCO is responsible for the achievement of four Key Results.

Key Result 1: Build political commitment for comprehensive education responses to AIDS

Reported progress

UNESCO forged partnerships and used other mechanisms to support collective advocacy and collaboration on HIV and education. In more than 70 countries, UNESCO now has close, ongoing relationships with Ministries of Education or other governmental channels. In 2006, UNESCO organized approximately 20 international and 30 national events to support partnership forums and consortia, and to encourage multi-stakeholder involvement in the AIDS response. UNESCO produced numerous technical support materials in multiple languages, such as CD-ROMs distributed to contacts in more than 100 countries. A May 2006 symposium drew more than 100 civil society groups involved in HIV, development and education.

Progress was also made in integrating HIV in national education strategies in the Caribbean, in 16 Arab countries, central Asia and Belarus, China and the Russian Federation. Education sector plans in eight countries were analysed to assess their HIV-related provisions. UNESCO's experience underscores the importance of strong political commitment to education-focused AIDS advocacy, as well as the need to build strong working relations with Ministries of Education.

Key Result 2: Develop capacity to design, implement and assess efficient education, communication and information strategies and programmes for HIV prevention

Reported progress

Twenty nine countries are now involved in EDUCAIDS, UNESCO's global initiative (in partnership with other UN agencies) to strengthen education's involvement in a comprehensive AIDS response. UNESCO provided direct support for policy development on HIV and education in Indonesia, Malaysia, Philippines, Timor-Leste, Trinidad and Tobago, and Zimbabwe. Education ministers from the Caribbean region formally committed in the Port of Spain Declaration to support the AIDS response.

Decision-making tools and other technical support materials were widely distributed to national and regional stakeholders, including 7000 best practice booklets, 17 training modules, 5000 advocacy and teacher training manuals for use in Asia, and a curriculum implementation manual. UNESCO collaborated with partners to finalize 15 decision-making briefs and supported eight capacity-building workshops primarily attended by representatives from the education sector in Africa, the Arab States and Asia.

Key Result 3: Improve policies and practices through the development, promotion and sharing of knowledge on the relationship between HIV and education

Reported progress

UNESCO worked in 2006 to expand the evidence base on HIV and education, undertaking in-depth situation analyses in China, Jamaica, Senegal and several countries in southern Africa. Clearinghouses in Bangkok, Geneva, Harare, Kingston, Nairobi, Paris and Santiago brought information closer to the field, as reflected by increases in the number of web site visits and in distribution of e-newsletters. The Paris clearinghouse alone has nearly 1100 regular contacts, an increase of 300 since the end of 2005. In addition to web-based information, UNESCO has prioritized the distribution of CD-ROMs to stakeholders who may lack access to adequate computer equipment. The first Russian conference on HIV prevention education attracted more than 150 participants. UNESCO supported a wide range of studies in education and HIV in multiple regions.

Key Result 4: Reduce stigma and discrimination, and ensure human rights, through the promotion of access to quality educational, health and information services for key populations

Reported progress

UNESCO undertook 10 rights-based initiatives, developing human rights kits (on gender and in Russian and Portuguese), supporting youth-led and peer-based activities in South America, and producing guidelines for south-east and south Asia. Six major initiatives enhanced access to targeted and culturally appropriate services by vulnerable populations; these included a study on HIV-related stigma in Bangkok, Delhi and Phnom Penh, as well as a consultation on the needs of HIV-positive teachers in southern Africa. UNESCO helped strengthen harm reduction networks in South America and developed a concept paper for Caribbean education ministers on the greater involvement of people living with HIV.

Working with the ILO, UNESCO developed and disseminated workplace policies in the Caribbean and southern Africa. A regional, multidisciplinary network of more than 40 experts was established in Latin America to encourage HIV prevention with a cultural approach. More than 200 UNESCO staff participated in half-day HIV orientation sessions.

9. World Health Organization (WHO)

Under the 2006–2007 Unified Budget and Workplan, WHO is responsible for the achievement of six Key Results.

Key Result 1: Increased global and national commitment and financial resources available to scale up HIV prevention and treatment in countries

Reported progress

Between November 2004 and November 2006, financial resources available for HIV prevention and treatment initiatives increased by 95%—substantially more than the targeted 20% increase in agreed performance indicators under the 2006–2007 budget. In addition to its wide-ranging advocacy efforts to catalyse a robust, comprehensive AIDS response, WHO has provided technical support to countries in reallocating internal resources, tracking and monitoring resource flows from multiple channels and developing sustainable financing mechanisms for HIV-related programmes. Strategic information, technical assistance and legislative review have assisted countries with respect to treatment access, gender, equity and human rights.

In 2006, WHO assisted 53 countries in accessing HIV-related resources through the Global Fund (exceeding the performance indicator target of 50 countries). This included 49 countries supported by WHO during the Round 6 application process, with a 40% success rate. Four countries received WHO support in the negotiation or implementation phases.

Experience to date indicates that additional awareness is needed of injection safety is needed as an integral component of HIV prevention. Field testing by WHO underscored the need for gender training, including addressing gender-based violence in HIV counselling and testing and adapting guidelines to the needs of especially vulnerable women, such as single parents and female prison inmates.

Key Result 2: Countries supported to accelerate prevention and scale up treatment equitably through a public health approach

Reported progress

In 2006, 24 countries achieved national treatment targets for women, men and children—a 33% increase over 2005. Four countries (Argentina, Jamaica, Russian Federation and Ukraine) offered basic services to prevent mother-to-child HIV transmission to at least 80% of pregnant women.

WHO provided technical support to more than 30 countries to establish and harmonize national prevention and treatment scale-up targets. Technical guidance by WHO addressed equitable access to HIV treatment, prevention of HIV transmission through unsafe blood supplies and in health-care settings, and strategies to increase knowledge of serostatus, including provider-initiated testing and counselling. Countries in Africa, south-east Asia and the Western Pacific received WHO assistance in integration of HIV prevention interventions for women and children into maternal, child health and reproductive health services.

WHO's efforts in 2006 reveal the urgent need for targeted financing to accelerate scale-up of HIV prevention, treatment and care, as well as the importance of ensuring local ownership and the active involvement of civil society in programme implementation and expansion. The involvement of multiple stakeholders, however, often makes it challenging to devise equitable allocation strategies at country level and to organize a fair decision-making process for a comprehensive response. Additional capacity-building, technical assistance and dissemination of existing and new guidance are required to support scaling up of evidence-based responses. Lack of access to HIV counselling and testing in antenatal care settings impedes scale-up of programmes to prevent mother-to-child transmission, and breastfeeding remains an important contributor to transmission to infants due to lack of access to clean water and formula milk.

Key Result 3: Countries supported to strengthen the capacity of their health systems to respond to HIV/AIDS, including through greater community involvement

Reported progress

WHO has supported 10 countries in the development of health workforce plans and strategies that incorporate HIV-related needs. In 2006, WHO launched an initiative to treat, train and retain (TTR) human resources for health and HIV, which has since been integrated in national action plans in 10 countries. WHO conducted a series of interdisciplinary workshops on human resource planning in more than 20 African countries. WHO technical and financial support strengthened community involvement in treatment preparedness, adherence and monitoring systems.

WHO assistance was provided to 34 countries with respect to the development of integrated and coordinated policies for tuberculosis and HIV. Globally, the percentage of TB patients tested for HIV increased from 4% in 2004 to 13% in 2006, with cotrimoxazole preventive therapy and antiretroviral therapy initiated in 66% and 24%, respectively, of individuals diagnosed with HIV/TB coinfection. WHO documented best practices in integrated health service delivery and provided related policy advice and implementation support. A growing number of countries are adapting WHO's Integrated Management of Adolescent and Adult Illness, with training and other technical support provided by WHO.

WHO's experience to date underscores the value of a decentralized health system, which contributes to enhanced care-seeking and improved quality of care. To accelerate scale-up, integration of HIV into broader health systems and development frameworks is needed.

Key Result 4: Countries supported to ensure an uninterrupted supply of HIV-related commodities and medicines

Reported progress

More than 60 countries currently receive biannual updates of strategic procurement and supply management information. WHO's AIDS Medicines and Diagnostics Service

(AMDS) worked in 2006 to strengthen the quality, timeliness and comprehensiveness of its strategic information on prices and sources for key HIV commodities. The AMDS web site maintains up-to-date information and has been enhanced by the addition of procurement and supply management data on condoms.

In 2006, WHO provided technical support on procurement and supply management to more than 60 countries. In collaboration with Health Action International, WHO has assisted countries in conducting pricing surveys for medicines. WHO developed technical standards for female condoms and for procurement of male condoms, as well as guidelines and training programmes on procurement. WHO conducted field tests in three countries of a handbook on supply management at first-level health facilities, jointly facilitated workshops on procurement and supply management and provided training and support to drug regulatory agencies in assessing antiretrovirals, HIV medicines and diagnostics, with an eye towards averting delays in access to effective HIV-related commodities.

Key Result 5: Evidence-based normative tools and guidelines developed, including through research and technological innovations, operational research and targeted evaluation

Reported progress

The number of countries using WHO's Integrated Management of Adolescent and Adult Illness guidelines for HIV prevention, treatment and care increased from 20 in 2004–2005 to 34 in 2006. WHO's HIV-related normative guidelines include the WHO Model List of Essential Medicines, paediatric treatment guidelines, a technical manual for male circumcision under local anaesthesia, guidelines for the control of genital ulcer disease, standard precautions on injection safety, and guidelines for reliable and efficient diagnostic HIV testing. WHO also convened technical consultations on key questions, such as the role of measures to control sexually transmitted infections in HIV prevention.

WHO supported HIV-related operational research in seven countries. WHO-supported research has focused on the acceptability of rapid HIV tests and microbicides, as well as the safety of blood supplies. Policies have been developed to promote the ethical conduct of HIV vaccine trials, and WHO worked with the African HIV Vaccine Programme to develop a new strategic plan for 2006–2010.

Based on its work to date, WHO has noted the lack of harmonization among independent researchers and national programmes. WHO recommends that all national AIDS plans define an operational research agenda suited to their national epidemics.

Key Result 6: Global, regional and national surveillance systems strengthened to provide more accurate strategic information on the epidemic and the response

Reported progress

As of 2006, 44 countries had fully implemented surveillance systems, with 42 countries with partially implemented systems and 46 with systems regarded by WHO as poor. WHO has continued to develop a core set of metrics to monitor the performance of health systems in the AIDS response, including recording and reporting tools and

training materials for antiretrovirals, voluntary counselling and testing, and prevention of mother-to-child transmission. WHO technical support has facilitated mapping exercises for HIV service coverage and delivery points and assisted countries in classifying HIV-related deaths and disabilities. Technical guidance and support have helped countries develop stronger monitoring and evaluation systems, including adaptation of second-generation surveillance to address national needs.

WHO has led global efforts to implement HIV drug resistance activities by assisting countries with technical briefings, national consultations, workshops, establishment of national HIV drug resistance committees, laboratory assessments, and capacity-building initiatives. In 2006, eight countries reported HIV drug resistance surveillance using WHO guidelines—an increase over five countries reporting in 2004–2005, with a target of 40 countries by 2010.

Key weaknesses in national surveillance systems include inadequate representation of vulnerable populations (including lack of information on the size of populations most at risk), incomplete reporting on cases of AIDS and sexually transmitted infections, and suboptimal use of data for programme planning and monitoring. Many countries also lack quality control measures to ensure physicians' adherence to national norms and guidelines on case reporting. Information is often lacking on new infections, and HIV-related stigma continues to hamper reporting of HIV-related deaths. Weak monitoring and evaluation systems make it difficult to measure progress in the AIDS response.

10. World Bank

Under the 2006–2007 Unified Budget and Workplan, the World Bank is responsible for the achievement of five Key Results.

Key Result 1: Improve the efficiency, effectiveness and pace of implementation of AIDS programmes through the improvement of national AIDS frameworks and annual action plans and through mainstreaming AIDS in the public and private sectors and in civil society, especially at the community level to achieve improved effectiveness and efficiency in the use of available resources

Reported progress

The World Bank provided technical assistance or project support to 32 countries to develop focused, prioritized, evidence-based and costed strategies and action plans. The AIDS Strategy and Action Plan (ASAP) service hosted by the World Bank on behalf of UNAIDS became operational in 2006, with a business plan, roadmap, self-assessment tool and guidelines developed and reviewed by stakeholders. ASAP is now active in 21 countries, with support ranging from peer reviews of draft strategies to more focused assistance to countries in strategy development, costing, prioritization and review of previous strategies. In December 2006, the World Bank and the UNAIDS Secretariat hosted a capacity-building workshop for policy makers and programme implementers on strategic planning attended by 10 countries in the Caribbean.

In 69 different initiatives or projects, the World Bank supported AIDS mainstreaming and provided support to civil society and the private sector. The World Bank endeavored in 2006 to identify and document best practices in HIV programme implementation in public and private sectors and in civil society, disseminating findings in workshops and publications. Support was provided for the development of an AIDS strategy for the transport sector in Europe and central Asia.

The World Bank played an active role in the Global Implementation Support Team's work to assist countries in overcoming roadblocks to programme implementation and expansion. Based on experience to date, it is clear that programme implementation can be improved through enhanced utilization of existing capacities of community service organizations and through country-to-country technical assistance and mentoring. Some countries remain reluctant to work with marginalized groups, highlighting the need for additional effort to ensure that the AIDS response reaches groups at high risk of infection.

Key Result 2: Translate the “Three Ones” into action by strengthening a single national AIDS authority through effective and efficient use of available resources, improved donor coordination to facilitate rapid action on AIDS programmes, and harmonization of efforts at global and regional levels, through closer collaboration among UNAIDS Cosponsors and other stakeholders, especially those providing substantial funding

Reported progress

The World Bank conducted joint annual reviews with other donors in 21 countries and helped setup common implementation processes for 15 countries and coordinated

financing mechanisms in six countries. The Bank's collaboration with the Global Fund and PEPFAR to accelerate implementation intensified in 2006, with the first GFATM/USG/WB coordination meeting on AIDS, TB and malaria hosted by USAID in 2006 at which agreements were reached on specific, concrete ways to work more closely together including an agreement on joint procurement planning and implementation. In addition, the Global Fund and the World Bank commissioned an independent study of their complementarities, overlaps and comparative advantages.

Based on the World Bank's experience to date, it is clear that much additional work is needed to ensure donor coordination and harmonization. Active political support at all levels is critical to the success of national AIDS authorities, as is sustained programmatic and financial support from donors and finance ministries.

Key Result 3: Accelerate the scaling-up of treatment and care, through effective and timely use of World Bank resources for treatment and care, including expanded treatment programmes at country level; use of World Bank Multi-Country AIDS Programme resources to support strengthening health systems, including subregional projects; and ensuring an effective and reliable supply of AIDS medicines and diagnostics

Reported progress

The World Bank in 2006 assisted 64 countries in strengthening health sector responses to AIDS. The World Bank supported the development of treatment guidelines, strengthening of laboratory infrastructure, and training of personnel. A high level meeting co-sponsored with WHO and the UNAIDS Secretariat explored the search for sustainable financing for treatment programmes including second line combination ART, while a separate consultation focused on experiences and lessons learnt from the Bank's Treatment Acceleration Project. Forty three countries benefited from World Bank assistance to improve procurement and supply chain management, including workshops and knowledge dissemination.

Key Result 4: Supporting the development and implementation of one national AIDS programme monitoring and evaluation system, through strengthened partnerships of UN Cosponsors, donors and partners in support of the "Three Ones"; enhanced national capacity and systems to improve decision-making; and expansion to additional geographical and technical areas based upon lessons learnt under the 2004–2005 Unified Budget and Workplan

Reported progress

Forty five countries benefited from World Bank assistance in developing operational plans and budgets for monitoring and evaluation. The Bank also assisted 45 countries in establishing functioning monitoring and evaluation systems, including fragile states such as Angola, Congo, Democratic Republic of the Congo, Lebanon and Sierra Leone. In Burundi, Honduras, Madagascar and other countries, the World Bank worked to enhance the epidemiological grounding of national strategic planning. Four countries received technical assistance to conduct a rigorous epidemiological assessment, including HIV incidence and prevalence and infection dynamics. Seven publications were developed documenting lessons learnt in operationalizing monitoring and evaluation systems.

Twenty countries used monitoring and evaluation results to improve planning and programming, while 32 countries now have a common monitoring and evaluation system in line with the “Three Ones” principles. Five countries benefited from joint missions by the World Bank, UNAIDS Secretariat and the Global Fund to promote establishment of a single HIV monitoring and evaluation system. Working with partners, the World Bank supported training and technical assistance on national monitoring of AIDS spending.

Key Result 5: Effectively address the economic and social impact of the epidemic, by ensuring that AIDS policies and programmes are based on sound economic analyses of country needs and responses; integrating AIDS policies and programmes into national poverty reduction strategies; and improving programme implementation by improving the allocation of resources at country level (e.g. national budgets and medium-term expenditure frameworks)

Reported progress

The World Bank supported analytic studies on the epidemic’s impact in six countries. In 2006, 35 countries integrated HIV into Poverty Reduction Strategy Papers or other national development instruments, while five countries integrated HIV into Public Expenditure Review and Medium Term Expenditure Framework. In Ethiopia, India and Kenya, the World Bank has applied innovative economic models for measuring the economic and social impact on human capital and the inter-generational transfer of knowledge.

In 2006, UNDP, the World Bank and the UNAIDS Secretariat supported capacity building through workshops, analytic tools and targeted technical assistance on the integration of HIV into Poverty Reduction Strategy Papers.

11. UNAIDS Secretariat

Under the 2006–2007 Unified Budget and Workplan, the Secretariat is responsible for the achievement of five Key Results.

Key Result 1: Provide leadership for establishing the global AIDS agenda and galvanizing political commitment for a proactive, targeted and optimally effective response, that is contributing towards universal access to prevention, treatment, care and support, and geared to the evolution of the epidemic, and that engages diverse partners and stakeholders, including intergovernmental bodies and governments, other key partners, UNAIDS and the broader UN system

Reported progress

By end 2006, UNAIDS country offices reported that 53 countries had established clear targets for moving towards universal access within the national AIDS action framework, with 90 countries overall having established some form of universal access targets. These targets are the result of a UNAIDS-facilitated process in more than 100 countries that produced recommendations to the High Level Meeting on AIDS on overcoming obstacles to scale-up. In addition, 84 countries provided information to UNAIDS in 2006 on national outcome indicators to gauge AIDS responses; 76 countries have established treatment targets pursuant to these outcome indicators, while roughly two thirds of countries have formulated at least one prevention target. Consistent with recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, UNAIDS developed and piloted the Country Harmonization and Alignment Tool to aid countries in assessing the adherence of national and international partners to the “Three Ones” principles and in conducting participatory national AIDS reviews. The Secretariat worked with UNDP to develop guidance for UN country teams and Theme Groups to develop joint programmes on AIDS.

As a follow-up to the *2006 Political Declaration on HIV/AIDS* that resulted from the High Level Meeting, the Secretariat undertook converting the statement of political intent into a strategic framework for action for 2007–2010. Duly endorsed by the Programme Coordinating Board at its December 2006 meeting, the strategic framework is reflected in the 2008–2009 Unified Budget and Workplan, presented separately to the PCB at this meeting for its approval.

Experience to date highlights the frequent lack of harmonization among partners, including global funding initiatives, which hampers the establishment of, and consensus-building for, national targets on scaling up towards universal access. Broader mobilization and engagement of civil society as equal partners in all aspects of scaling up also represent an urgent priority. Prevention programmes still operate on a relatively small scale, with uneven geographical coverage, and often fail to address the needs of populations most at risk.

Sustained media attention focused on the High Level Meeting, including the launching of the *UNAIDS 2006 Report on the global AIDS epidemic*, and on the XVI International AIDS Conference in Toronto. UNAIDS messages were placed in key publications, including a feature on UNAIDS’ Executive Director in *Newsweek*, two

high-profile interviews with the international TV network *Al Jazeera*, and an in-depth report on AIDS and the business response in *Financial Times*.

Key Result 2: Generation and wide dissemination of up-to-date and reliable data, information and analysis on global, regional and country trends in the epidemic, its impact and the response, to support advocacy and inform policy and strategy formulation by all partners

Reported progress

UNAIDS/WHO methods and software for estimating and projecting HIV/AIDS were used by 110 countries, and 77 countries provided updates for the *2006 Report on the global AIDS epidemic*. The report included the most recent available data on the epidemic, its impact and the global response, as well as country profiles and epidemiological fact sheets. UNAIDS published and widely disseminated 12 new titles in the Best Practice Collection. Policies, strategies and programme guidance — including the areas of HIV prevention planning, sex workers and men who have sex with men—were developed and disseminated.

Of the 77 countries that reported data to the Secretariat on country response indicators, 46 reported having published a surveillance report during 2006, with 26 publishing a report on national estimates. A global two-year cycle is in place for collection and analysis of information on the epidemic and its demographic impact. In 2006, UNAIDS finalized standard high-quality tools for analysis of the epidemic and its impact.

Key Result 3: Harmonized monitoring and evaluation approaches at global, regional and country levels to generate reliable and timely information on the epidemic and the response

Reported progress

Seventy percent of countries (133 of 189) that signed the *2001 Declaration of Commitment on HIV/AIDS* reported on their progress in 2006. Seventy five countries received direct technical assistance from UNAIDS in the development of monitoring plans, including 43 countries with a resident UNAIDS monitoring and evaluation advisor; 50 of the 75 countries have plans with standardized indicators for reporting. Experience to date has demonstrated the superiority of resident technical support and capacity building on monitoring and evaluation, in comparison with short-term external technical assistance.

Technical guidance, complemented by regional workshops, supported countries in their use of the Country Response Information System (CRIS) for report preparation and submission. CRIS is in use in more than 60% of countries that reported on national response indicators to UNAIDS in 2006.

Under the auspices of the UNAIDS Monitoring and Evaluation Reference Group, a series of multi-agency consultations were held in 2006 to harmonize monitoring indicators used by donors and development agencies. With UNAIDS support, joint monitoring and evaluation teams have been established in 50 countries.

UNAIDS and its partners made continued progress in 2006 in enhancing the tracking of HIV resources. The Secretariat conducted 17 workshops in different regions, attracting participation from 60 countries, and also produced a technical manual to ensure standardization of methods and comparability between countries. In 2006, 95 countries reported on national funds spent on HIV programmes from domestic sources between 2001–2005, with findings incorporated into UNAIDS *2006 Report on the global AIDS epidemic*.

Key Result 4: Greater and sustained involvement of civil society, people living with HIV, and vulnerable populations through global, regional and national partnerships that allow for regular and structured engagement of civil society in policy and programme decision-making and implementation

Reported progress

An estimated 1000 representatives of civil society, including those on national delegations, attended the High Level Meeting. Broad country consultations on major obstacles to scaling up, held in more than 120 countries, typically included some level of civil society engagement. Regional consultations in preparation for the High Level Meeting included strong civil society participation as part of national delegations.

A review of nongovernmental organization participation in the Programme Coordinating Board was conducted with an eye towards building on the foundation of 10 years of civil society participation in the UNAIDS governing board. A meeting of civil society focal points from UNAIDS country and regional offices afforded an opportunity to build staff capacity at global, regional and country levels.

The UNAIDS Secretariat with the active involvement of Cosponsors and key partners produced guidelines on civil society engagement in implementing the “Three Ones”, emphasizing organizational development, skills building for civil society organization, and identification of supporting resources. UNAIDS supports a number of global, regional and national HIV-positive networks, and has identified increasing donor support for the involvement of people living with HIV as a major priority. Based on the UNAIDS Secretariat’s experience, it is clear that dedicated organizational resources are needed to ensure focus and coordination of UNAIDS’ efforts to strengthen civil society engagement in the AIDS response.

Key Result 5: Additional human, technical and financial resources available to meet priority needs in the response to the AIDS epidemic and its impact and more effective and efficient use of available resources

Reported progress

An estimated US\$ 8.9 billion were available from all sources in 2006 for HIV activities, with one third of such amounts supplied by domestic sources (government, households and other private sector). Global resource needs for an expanded response in low- and middle-income countries were estimated in 2006 at US\$ 14.9 billion. The *2006 Political Declaration on HIV/AIDS* adopted by the General Assembly in June 2006 recognized estimates that global resource needs for HIV will grow to US\$ 20 billion to US\$ 23 billion annually by 2010, underscoring the urgent necessity for mobilization of substantially greater resources for the global AIDS response.

In 2006, the Secretariat assisted countries in mobilizing financial resources for the AIDS response. Technical and financial support by the Secretariat contributed to the preparation of 56 proposals for the Global Fund's Round 6, resulting in a 50% approval rate for a total lifetime value for approved grants of US\$ 1.15 million. Proposals receiving UNAIDS support represented 85% of all HIV-related grants approved by the Global Fund in Round 6. The Secretariat also actively supported and participated in the creation of new financing initiatives, such as UNITAID. Ninety five countries reported information on public expenditures, for inclusion in the *2006 Report on the global AIDS epidemic*.

Technical support facilities were established in four regions, covering 60 countries. As a result of catalytic funding from UNAIDS, the International Centre for Technical Cooperation on HIV/AIDS in Brazil has mobilized an additional US\$ 10 million from donors to scale up its services to country partners.

12. Interagency activities

Under the 2006–2007 Unified Budget and Workplan, interagency activities were responsible for the achievement of four Key Results.

Key Result 1: Coordinated and collective UNAIDS action to provide an enabling environment to increase national action through amplification of global-level coordinated advocacy, generation of evidence base and joint programming in emerging areas.

Reported progress

More than 2400 mass media articles quoted UNAIDS reports or statistics produced by the Joint Programme. UNAIDS also had a leading presence at the XVI International AIDS Conference in August 2006, with the UNAIDS family involved in the organization of more than 100 sessions.

Four special envoys of the UN Secretary-General made official visits to countries in their respective regions to advocate high-level commitment to scale up AIDS responses in low- and middle-income countries. With a particular focus on increasing the involvement of people living with HIV in national AIDS responses, the special envoys acted as liaisons among government leaders, nongovernmental organizations and civil society groups, networks of people living with HIV, UN agencies and donors.

The Global Joint Problem-Solving and Implementation Support Team (GIST) undertook rapid assessments of implementation bottlenecks to Global Fund grants in more than 15 countries, facilitating action in nine of the countries to overcome bottlenecks. GIST members meet monthly to plan actions, with a “lead agency” designated for coordination and regular reporting in each country benefiting from GIST assistance. Decisions regarding responsibilities for the provision of technical support occur within the overall framework of the UNAIDS Technical Support Division of Labour.

In furtherance of UN Security Council Resolution 1308, UNAIDS continued its collaborative work with the UN Department of Peacekeeping Operations to establish AIDS programmes for UN peacekeepers. Since 2005, for example, more than 10 000 personnel in the UN peacekeeping mission in Liberia have undergone awareness training on HIV, including a personal risk assessment. HIV prevention has been integrated into pre-deployment training for all peacekeepers, and UNAIDS has also assisted the African Union with its AIDS initiatives for peacekeepers and national militaries. New tools on AIDS in humanitarian settings were made available in 2006, including a best practice collection on programmes integrating HIV, food and nutrition activities in refugee settings.

Key Result 2: Strategic employment of regional and subregional platforms to expedite technical, coordination, harmonization support, timely access to qualified human and technical and financial resources for HIV/AIDS programmes

Reported progress

Technical support facilities have been established in four subregions—west and central Africa, southern Africa, east Africa, and south-east Asia and the Pacific—covering 60 countries. Partners in at least 49 countries received assistance through a technical support facility in 2006 in such areas as strategic and operational planning, monitoring and evaluation, organizational development, gender and mainstreaming. In addition to these regional facilities, the International Centre for Technical Cooperation and AIDS provides technical support to country partners in Latin America, lusophone Africa and countries in Asia.

The Joint Programme has developed mechanisms and procedures for coordinating assistance. In Asia and the Pacific, all proposals for support have been jointly developed by at least two Cosponsors and will be jointly implemented at the country or regional level. A well-functioning mechanism for interagency coordination and cooperation also operates in eastern Europe and central Asia, where UNAIDS is providing technical support to three regional knowledge hubs and conducting a UNDP/UNICEF desk review of information gaps on stigma and discrimination in the region.

For west and central Africa, regional focal points for Cosponsors, working with the UNAIDS regional support team, have agreed on common priorities and strategies and are developing interagency workplans. Focal points in the subregion also developed a draft assessment tool for joint reviews of HIV prevention programmes for adolescents, with field testing scheduled for 2007. Cosponsors developed two joint proposals for interagency funding in east and southern Africa. Interagency action resulted in a regional training of trainers in October 2006 on mainstreaming HIV in humanitarian settings.

Key Result 3: Effective and coordinated action by UNAIDS, the broader UN system and other stakeholders to strengthen the country response, including provision of catalytic technical support and capacity-building

Reported progress

Sixty five UNAIDS country offices report that UN Theme Groups on HIV/AIDS have established joint UN teams on AIDS, and no fewer than 18 additional teams are expected to be in place by mid-2007. Thirty three UN AIDS teams have begun implementing a joint programme of support endorsed by the UN Country Team or the Theme Group on HIV/AIDS. These actions are in furtherance of directives from the UN Secretary-General in December 2005 to UN Resident Coordinators to establish such joint teams and programmes of support, as well as guidance provided by UNDP in May 2006. Country-level UN teams on AIDS act under the authority of the Resident Coordinator and with the facilitation of the UNAIDS Country Coordinator, improving the coherence and coordination of UN action in countries. Theme Groups continue to provide overall policy and programmatic guidance, as well as advocacy and resource mobilization for a scaled-up response. In 46 countries, HIV is a specific outcome in the

UN Development Assistance Framework, which guides programmatic planning for the UN at country level.

Processes for awarding Programme Acceleration Funds have been modified under the 2006–2007 budget, with regional support teams assuming increased responsibilities for review and approval of proposals. The number of priority countries has grown from 55 to 78, and funding is contingent on the submission of complete and acceptable reports for 2002–2003 and interim reports for 2004–2005. Eligibility criteria for Programme Acceleration Funds have been expanded to include promotion of the “Three Ones” principles for coordinated country action; roadmap development for moving towards universal access to HIV prevention, treatment, care and support; implementation of the recommendations of the *Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors*, including the UNAIDS Technical Support Division of Labour; supporting national efforts in the context of the World AIDS Campaign; and targeting thematic areas that represent important gaps in national responses. Through December 2006, approximately US\$ 8.4 million in Programme Acceleration Funds had been approved by UN theme groups, with US\$ 7.5 million obligated, representing 53.4% and 47.5% of core Programme Acceleration Funds available in the current biennium.

Key Result 4: Enhanced capacity of UN system staff to respond to the AIDS epidemic at individual, professional and organizational levels

Reported progress

An online survey of 9246 UN employees from field and headquarters offices, conducted as part of the evaluation of the UN Learning Strategy on AIDS, found that more than three quarters of UN staff were aware of the learning strategy in their country. Even in countries reported to lack a UN learning strategy, nearly half of those surveyed said learning events on HIV were still taking place. Two thirds (66%) of staff and 18% of family members were reported to have participated in at least one HIV-related learning activity organized by the UN system since 2003, with approximately 90% finding such activities to be useful to their work. National professionals appear more likely than international professionals to participate in HIV-related learning events.

In 2006, the Joint Programme worked on development of a learning CD-ROM on HIV for professional staff, with completion scheduled for 2007. The HIV workplace web site for UN employees and their families recorded more than 7 million hits in 2006. Twenty six case studies from field and headquarters duty stations on implementation of the learning strategy were documented in 2006. Experience to date has underscored the need to adapt learning approaches to the local context, as well as the importance of well-trained focal points and learning facilities.