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Note by the Secretary-General

The Secretary-General is pleased to transmit herewith the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the eleventh meeting of the Programme Coordinating Board of UNAIDS, held in Geneva, 30 May - 1 June 2001.

The present report should be considered in conjunction with the report of the Executive Director of UNAIDS on the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, transmitted with the Note by the Secretary-General on the subject (E/2001/82).



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PROGRAMME COORDINATING BOARD

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Report by the Executive Director

EXECUTIVE SUMMARY

This Report of the UNAIDS Executive Director to the Programme Coordinating Board (PCB) covers a time during which the AIDS epidemic has been recognized as a genuine emergency threatening human welfare and prosperity in large parts of the developing world. The Report describes major developments concerning the epidemic and key aspects of the UN system response during the two-year period May 1999 to April 2001. This period has seen a quantum leap in the scope and scale of national and international responses to HIV/AIDS. The activity of UNAIDS* and key partners reflects this new environment. The actions and developments documented here are not an exhaustive listing of all the HIV/AIDS related work of the Cosponsors. The Report provides a context for the PCB to consider the United Nations System Strategic Plan 2001-2005 and the UNAIDS Unified Budget and Workplan 2002-2003.

The Report demonstrates clearly the seriousness with which HIV/AIDS is now regarded, and the intensification of the work of individual UNAIDS Cosponsors and the Secretariat. The daunting statistics presented in Section I of the Report show however that even this increase in momentum has not kept pace with the demands of the epidemic. This period, as the Report documents, has seen the start of a process of 'doing business differently'. It has laid the groundwork for a more mature, focused, and coordinated response to the epidemic: from the UN, and from a much wider cast of national and international actors. As the Report concludes, the foundations for action have now been established, based on a greater understanding of the epidemic and its impact, as well as the institutional behaviours and technical and programmatic interventions that work. This Report captures the main aspects of these important changes.

SECTION I. Status of the Epidemic

* UNAIDS refers to the entire Joint United Nations Programme on HIV/AIDS: the seven Cosponsors – UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank – and the Secretariat

Section I provides quantitative and qualitative documentation of the current status of the epidemic globally and by region. The data underscore the continuing concentration of the epidemic in developing countries: of the more than 36 million people living with HIV at the end of year 2000, some 95% were located in the developing world. The Report spotlights once again sub-Saharan Africa as the worst hit region. Even with some indications that the number of new infections in Africa may be stabilizing (signs that should be interpreted with caution), the Report notes that in the eight African countries with HIV prevalence of at least 15%, approximately one-third of today's population of 15 year-olds can expect to die from AIDS. In the Caribbean region, AIDS is already the primary cause of death among young men and women. The steep rise of new infections in Eastern Europe is also documented, along with an increase in Latin America. In Asia, some 7 million people are living with HIV. In industrialized countries, the disproportionate impact of HIV in minority communities and the risk of complacency are also noted.

Section I also outlines the severe impact of the epidemic in hard-hit regions, in reversing hard-won development gains in life expectancy, health and social development in general, and in economic prosperity and human productivity. While the analysis shows the truly global reach of the crisis, the Report describes the series of different regional and sub-regional pandemics, with differing dynamics and vulnerabilities. Responses have to take these differences into account.

Finally, Section I draws attention to people most affected by the epidemic, in particular young people and women, among others.

SECTION II UN SYSTEM SUPPORT TO AN EXPANDED RESPONSE

Section II of the Report provides an account of the various elements of the UN response to the epidemic, the focus of these elements, and examples of significant achievements during the reporting period. Key areas requiring more intensive action are also identified.

The Report places special emphasis on the importance of leadership. It highlights the tremendous boost that has been given to international and national responses from the greater engagement of leaders at all levels of society. Over the last two years, UNAIDS has promoted the shift from a health-based approach towards a multisectoral development response to HIV/AIDS. More recently, a broader perspective has been promoted that seeks to incorporate relevant features from the international community's approach to humanitarian emergencies. The leadership role of the UN is highlighted, including the importance of the deliberations of the UN Security Council, which addressed HIV/AIDS on three occasions during the reporting period, the upcoming General Assembly Special Session on HIV/AIDS in June 2001, and the Secretary-General's personal leadership and call to action in April 2001 around five priority areas for the global campaign. These and other examples of a renewed focus on HIV/AIDS at the highest levels of national, regional and global governance harness the greater leadership needed to drive forward the efforts of all levels of society against the epidemic.

UNAIDS' approach to the epidemic over the biennium has been multi-faceted. The Report notes progress achieved in these many elements of the response, including substantial progress made in advancing the central prevention and care agendas. Prevention interventions have been shown to work, and halting and ultimately reversing the spread of the virus remains the primary objective. Although continuing innovation in the means of prevention is required, much of the challenge lies in greatly expanding access to existing commodities and

scaling up interventions already known to be effective. The Report documents UN system achievements in promulgating best practice, policy guidance, the provision of technical support and networks, capacity building and advocacy of the prevention agenda. UNAIDS has disseminated information so that the understanding of what works in relation to prevention has been enhanced. Raising awareness about the risks of HIV infection and promoting behaviour change to prevent infection has been shown to be effective. Special emphasis was placed during the biennium on prevention in the educational sector, an area in which UNICEF, WHO and UNESCO have been key leaders, as well as on prevention of HIV transmission from mother to child and on promotion of the female condom as a key prevention commodity. A key challenge remains ensuring that prevention information and commodities are available to meet the demand in countries and communities.

During the past two years, the agenda for increasing access to care and support has been dramatically transformed. At the beginning of the reporting period, doubts remained about whether antiretroviral therapy could be safely prescribed in resource poor settings, and drug prices remained exorbitantly high. Now, while enormous challenges lie ahead in strengthening health infrastructures and generating sustainable national and international sources of financing for drug procurement, the issue of access to HIV-related medicines has a high political profile nationally and internationally. With the UN as facilitator and partner, the advocacy of civil society, the initiatives of a number of major research & development pharmaceutical companies, and generic competition have combined to reduce significantly the prices of HIV drugs, bringing them within reach of a greater number of people living with HIV in developing countries.

One unintended consequence of the focus on antiretrovirals has been the overshadowing of lower profile, but no less critical, care interventions. UNAIDS is committed to redoubling its assistance to governments and civil society in developing comprehensive care plans featuring voluntary counselling and testing, psychosocial support, prophylaxis and treatment of opportunistic infections, and palliative care, as well as assisting governments to increase their capacities to provide antiretroviral drugs consistent with their national care plans.

Section II of the Report also documents progress in the cross-cutting areas of human rights, gender, and achieving greater involvement of people living with HIV, as well vulnerable populations including young people. The UN target of a 25% reduction in HIV infections in people aged 15 to 24 has provided a platform for continuing to focus on the needs of young people, although the challenge remains of intensifying this effort and of reaching young people in an effective manner. Finally, Section II describes progress and constraints in alleviating social and economic impact, including support for children orphaned by AIDS, addressing HIV in complex emergencies and peacekeeping situations, research and development, and monitoring and surveillance.

SECTION III UNAIDS AND THE COUNTRY LEVEL RESPONSE

The focus of Section III of the Report is on the “front line” of the response to the epidemic, national responses. The extensive review of the mechanisms for UN coordination and engagement at country level and within the different regions reveals considerable progress over the biennium, particularly in the operation of UN Theme Groups, the development of national strategic plans for HIV/AIDS, mainstreaming HIV/AIDS into a broader development framework and intra-regional collaboration. The extent of this progress, however, varies between countries.

During the reporting period, many UN Theme Groups on HIV/AIDS have demonstrated their increasing relevance in support of national coordination mechanisms. Indeed, several UN Resident Coordinator Reports for 2000 have singled out the Theme Groups on HIV/AIDS as the most active and successful of all such UN system theme groups. More Theme Groups on HIV/AIDS have broadened the scope of their efforts beyond advocacy, resource mobilization, support for national programme development, and facilitating exchanges of experiences within regions. Theme Groups now increasingly focus on integrating HIV/AIDS into the UN Development Assistance Framework (UNDAF), and other development frameworks such as the Poverty Reduction Strategy Papers (PRSP) process and the Common Country Assessments (CCA). The significant expansion of the Theme Group to include bilateral donors, NGOs and, of course, government representatives has improved Theme Group support to increasingly strong overall government coordination at national level. The much wider distribution among the various Cosponsors of responsibility for chairing Theme Groups indicates greater engagement among more Cosponsors. Continuing constraints include the lack of sufficient incentives to encourage maximum participation by members, the reluctance of Cosponsors to programme substantial resources through Theme Group mechanisms, and the absence of a systematic mechanism to ensure early warning and prompt intervention in the case of Theme Groups experiencing problems.

Consistent with the recommendation of the PCB, the development and implementation of UN integrated workplans has progressed in all regions, with some 60% of Theme Groups in sub-Saharan Africa now well advanced in this effort. The value of a single coherent UN plan, with common analysis, strategic priorities and a shared monitoring and evaluation framework, is evident. Not all unified plans, however, have evolved to the same level of comprehensiveness or strategic orientation; some remain the sum-of-the-parts of the individual UN programmes.

At the end of 2000, 64 countries had completed national strategic plans and 28 others were developing them. In line with the recommendation of the PCB concerning national strategic planning, the Secretariat has supported decentralized planning efforts at district and community levels, and UNAIDS has promoted synergy with other multilateral and bilateral partners within the framework of national strategies. Gaps that have been identified include lack of adequate attention in many plans to care and treatment, as well as impact alleviation, and inadequate mobilization of UNAIDS capacity to keep up with government demands for support in preparing plans to expand access to care. Nonetheless, UNAIDS supported the development of 16 care plans during the past year and greatly increased its consultant base in early 2001 to intensify its support to countries in the coming months. UNAIDS has also consistently stressed the need for planning and implementation to focus on catalyzing local and community responses to the epidemic, and the Report documents lessons in this area.

As countries complete their plans and are moving into the implementation phase, UNAIDS has intensified its support for more precise costing of plans and for mobilizing resources. Cost projections for plan implementation are part of the essential toolkit for resource mobilization and now feature more prominently as a focus of UNAIDS support to governments. Successful resource mobilization roundtables have been held at country level and others are being planned in a number of countries. UNAIDS Programme Acceleration Funds (PAF), while modest, are being used increasingly to leverage additional funds. Additional support for national resource mobilization and mainstreaming of HIV/AIDS into broader development frameworks comes from the processes relating to the preparation of Poverty Reduction Strategy Papers (PRSP) and relief of Highly Indebted Poor Countries (HIPC), as well as from important public-private partnerships on AIDS. At the same time, the importance of support from those processes and

partnerships to all sectors that can have an impact – whether direct or indirect – on the epidemic must be stressed.

At the Organization of African Unity Summit in Abuja in April 2001, the UN Secretary-General further intensified his personal involvement in countering the epidemic by calling for spending of US\$ 7-10 billion annually on HIV/AIDS and the establishment of a new global fund for HIV/AIDS and other infectious diseases.

Finally, Section III of the Report documents specific progress and constraints in capacity building and support at regional and sub-regional levels in Africa, Asia, Latin America and the Caribbean, Eastern and Central Europe and Asia and the Pacific.

SECTION IV UNAIDS COSPONSORS AND SECRETARIAT

This section of the Report examines the achievements of UNAIDS over the biennium in disseminating the information and knowledge needed to support an expanded response to the epidemic, in developing the partnerships with other bodies needed for full engagement in addressing the epidemic and in reviewing its organisation and governance to increase its own effectiveness.

During the reporting period, the Best Practice Collection has grown substantially, with greater focus on sensitivity to local needs, and greater emphasis on dissemination to improve the overall impact of the lessons learned. A continuing challenge for the next biennium is to promote even wider use of the wealth of knowledge reflected in the Collection, to increase its strategic orientation, and to tailor the presentation to the needs of policymakers and managers.

The biennium has also seen considerable advances in UNAIDS public communications generally, which have served to inform the significantly increased, policy-oriented media coverage of the global epidemic. The enormous challenge for the future is to harness the power of the media and communication networks of all kinds to ensure that HIV/AIDS-related messages are conveyed accurately and persuasively, and appropriately targeted. To achieve this goal, the links that have been developed with various sectors of civil society will need to be enhanced.

In the area of policy and strategy coordination, major efforts by the Cosponsors and Secretariat during the past biennium contributed to advances and harmonization of policies concerning prevention of mother to child transmission, voluntary counselling and testing, ethics concerning vaccine development, disclosure of HIV status, and other areas. With regard to strategy coordination, extensive progress has been made in preparing the Global Strategy Framework on HIV/AIDS, endorsed by the PCB in December 2000, and the UN System Strategic Plan.

Section IV also outlines progress and continuing constraints concerning monitoring and evaluation activities, strengthened governance, and the structural realignment of the Secretariat to contribute towards an increasingly coherent and dynamic response to the epidemic.

Finally, the Conclusion of the Report distills the key challenges confronting UNAIDS for the coming biennium. These include: (i) the need to demonstrate better the links between the activity and accomplishment of UNAIDS and their actual impact on the response to the epidemic; (ii) the need to shift

from pilot and small scale interventions and projects to more cohesive programs benefiting much larger numbers of people; (iii) the need to strengthen further coordinated C osponsor action at country level; (iv) the need to provide specific and targeted support to the different regions, each with different transmission dynamics of their own; (v) the need to convey the urgency of generating sufficient resources to make a difference in countering the epidemic; and (vi) the need to maintain and further intensify the tremendous momentum that has been generated in all sectors during the previous two years. Ultimately, success will turn on impacts on local and community levels; the success of local and community-led responses will depend on effective decentralization and moving resources from the centre to the periphery. The five-year evaluation will provide important lessons and guidance on a wide range of challenges facing UNAIDS.

The activity and achievement documented in this Report, and the challenges identified for the next biennium, set the scene for redoubled efforts in an expanded response to the HIV/AIDS epidemic in 2001-2003. UNAIDS stands ready to play its role.

ACTION REQUIRED AT THIS MEETING

The PCB is asked to endorse this Report, and to provide strategic guidance to the Programme on the challenges and priorities ahead.

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List of Abbreviations

ACC	Administrative Committee on Coordination
AIDS	Acquired immunodeficiency virus
ARV	Antiretroviral
CARICOM	Caribbean Community Secretariat
CCA	Common Country Assessment
CCO	Committee of Cosponsoring Organizations
CPA	UNAIDS Country Programme Adviser
ECA	Economic Commission for Africa
EU	European Union
FAO	Food and Agriculture Organization
GIPA	Greater involvement of people living with HIV/AIDS
HIPC	Heavily Indebted Poor Countries Initiative
HIV	Human immunodeficiency virus
HVI	WHO/UNAIDS HIV Vaccine Initiative
IAAG	Inter-Agency Advisory Group on AIDS
IDU	Injecting drug users
IFPMA	International Federation of Pharmaceutical Manufacturers
	Associations
IMF	International Monetary Fund
IPAA	International Partnership against AIDS in Africa
IOM	International Organization for Migration
MSF	Médecins sans Frontières
MTCT	Mother to Child Transmission of HIV
NGO	Nongovernmental organization
OAU	Organization of African Unity
OHCHR	Office of the High Commissioner for Human Rights
PAF	Programme Acceleration Funds
PLHA	Person living with HIV/AIDS
SPDF	Strategic Planning and Development Funds
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations Drug Control Programme
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNRISD	United Nations Research Institute of Social Development
UNV	United Nations Volunteers
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

SECTION I. STATUS OF THE EPIDEMIC

Twenty years ago, in June 1981, the first report was issued of the disease that has come to be known as AIDS. In an extraordinarily short period of human history, HIV has affected 58 million people, killing 22 million of them, and blighted the lives of many, many millions more. It has come to be a truly global preoccupation, affecting people in every country and every walk of life, but particularly those in countries and communities least able to slow its spread or mitigate its worst impacts. As such, it requires a truly global solution.

A. Global figures

By the end of the year 2000, UNAIDS and WHO estimated about 36.1 million people were living with HIV or AIDS. The scale of the epidemic is far greater than was predicted even a decade ago; in fact, the number of people worldwide living with HIV/AIDS is more than 50% higher than the 1991 projections made by WHO's Global Programme on AIDS.

Over the course of 1999, some 5.6 million people became infected with the human immunodeficiency virus (HIV) that causes AIDS—about 15 000 people every day. During 2000, there were 5.3 million new infections (4.7 million adults and 600 000 children under the age of 15).

The number of deaths from AIDS is increasing. In 1999, there were 2.6 million deaths, and in 2000, 3 million, the highest number of AIDS deaths in one year since the beginning of the epidemic. The total number of AIDS deaths since the start of the epidemic is 21.8 million.

The vast majority of people living with HIV/AIDS live in the developing world—some 95%. The effect on these countries' development is dire—gains in life expectancy and economic and social development are being reversed, and in some countries, national and domestic incomes will be cut by as much as 20% in the next ten years.

B. Regional overview

Sub-Saharan Africa is the worst hit region, with 23.3 million infections in 1999 and 25.3 million by the end of 2000. Africa is home to 70% of adults and 80% of children living with HIV, and AIDS is now the primary cause of death on the continent. By the end of 2000, there were signs that HIV incidence—the annual number of new infections—was stabilizing in sub-Saharan Africa. In 2000, new infections in that region were an estimated 3.8 million, compared with 4.0 million in 1999. This slight decrease may be a result of two factors. First, many of the people at highest risk sexually have already been infected. Second, national prevention programmes in a small number of countries, notably Uganda, Senegal, and possibly parts of Zambia, are beginning to have an effect and have contributed to the regional downturn. But this trend will not hold if the region's most populous countries begin to experience a rapid expansion in numbers of people infected.

During 2000, millions of Africans who had been infected some years before fell ill from AIDS-related illnesses, and 2.4 million people died of AIDS, compared with 2.3 million in 1999. Morbidity and mortality are increasing, and the region faces a triple challenge of colossal proportions:

- bringing health care, support and solidarity to people with HIV-related illness;
- reducing the annual toll of new infections by establishing effective, nationwide prevention programmes and
- coping with the cumulative impact of over 17 million AIDS deaths on orphans and other survivors (often elderly), on communities and on national development.

National HIV prevalence rates continue to vary widely between countries in sub-Saharan Africa, ranging from under 2% in some West African countries to around 20% or more in the southern part of the continent. In the eight African countries where at least 15% of today's adults are infected, conservative analyses project that, if these rates persist, around a third of today's 15-year-olds will die from AIDS.

In Eastern Europe, a steep and rapid increase in the number of people living with HIV/AIDS can be seen. During 2000, more new HIV infections have been registered in the Russian Federation than in all previous years of the epidemic combined. New epidemics among drug injectors have emerged in Uzbekistan and Estonia.

The spread of HIV/AIDS in Eastern Europe is exacerbated by the socioeconomic instability in the region, which is also fuelling drug use and commercial sex. Some countries are making progress on prevention.

In Latin America and the Caribbean, an estimated 210 000 adults and children became infected during 2000. By the year's end, the number living with HIV/AIDS had risen to 1.8 million.

The Latin American epidemic is complex, with HIV transmitted through heterosexual sex, among men who have sex with men, and through injecting drug use. An estimated 150 000 adults and children became infected during 2000. Some Latin American countries have made great progress in expanding access to treatment. In some countries, most notably Brazil, with the largest number of people living with HIV in the region at some 540 000, the use of antiretroviral therapy means that many positive people are living longer, healthier lives. By the end of 2000, some 1.4 million people in the region were living with HIV/AIDS, as compared with 1.3 million at the end of 1999.

The Caribbean has the highest rates of HIV in the world outside Africa. In 2000, the adult prevalence rate was 2.3% (compared with 0.5% in Latin America). Rates in individual countries, for example, Guyana and Haiti, are much higher. In urban Guyana, for instance, over 7% of pregnant women are testing positive. AIDS is already the primary cause of death among young men and women. In the Caribbean countries, HIV is mainly transmitted heterosexually—early sexual activity combined with frequent change of partners and age mixing, young women with older men, is a feature of the epidemic in the region. The epidemic

continues to spread, having a strong impact on key sectors, including education, health, agriculture and business in the countries' economies.

In Asia, infection rates are still much lower than in Africa but its large population means that even low prevalence rates translate into very large numbers of people infected and affected. In India, for example, where only 7 adults in 1 000 are infected, 3.7 million people were living with HIV/AIDS by the end of 1999—more than any other country in the world apart from South Africa. In Asia as a whole, about 6.5 million people were living with HIV/AIDS at the end of 2000. In three countries—Cambodia, Myanmar and Thailand—the prevalence among 15- to 49-year-olds is now higher than 1%.

South Asia is most vulnerable to an escalation of the epidemic because nearly 4 million people are infected, and new infections continued. The region of South and Southeast Asia is estimated to have 5.8 million adults and children living with HIV/AIDS (20% of infections worldwide). East Asia and the Pacific are keeping HIV at bay, with some 130 000 people infected in 2000. Risk factors such as migration and mobility within and across borders, commercial sex and the use of illicit drugs are present in the region, and provide ample fuel for the epidemic. With a 100 million people or more on the move, China in particular is experiencing population movement that dwarfs any other in recorded history. Furthermore, having practically eradicated sexually transmitted infections by the 1960s, China is now experiencing a steep rise in these rates. This rise is likely to lead to a greater spread of HIV infection in the future.

In North Africa and the Middle East, an estimated 400 000 people were living with HIV/AIDS by the end of 2000. HIV infection rates appear to be on the rise in a few countries, although the majority of countries in this region continue to have very low rates.

By the end of 2000, in the richer countries of the world it seemed that prevention efforts had stalled. The number of new infections had not decreased from the previous year. Good access to antiretroviral drugs has brought down the number of people who die of AIDS. However, there is evidence that the availability of anti-retroviral therapy may have created complacency, for example among groups of gay men, and that HIV is affecting minority populations disproportionately. Despite years of awareness-raising, in 2000 there were 30 000 new infections in Western Europe and 45 000 in North America.

C. The most affected

Children and young people are among the most affected by HIV/AIDS. Millions of children have been orphaned by AIDS, and tens of millions more will lose one or both parents to the pandemic over the next ten years. Increasing numbers of children are living in households with an HIV-infected member, and children are taking on the responsibilities of caring for sick parents, generating income and producing food. Many children are struggling to run households on their own, and others have been forced to live on the street. The added burden of poverty and social exclusion makes these children, already affected by the epidemic, much more vulnerable to infection.

In the year 2000, 600 000 children under the age of 15 became infected, and 500 000 in the same age group died from AIDS. Almost all AIDS deaths in young children can be traced to mother-to-child transmission of the virus. Countries such as Botswana and Zimbabwe, with high adult HIV prevalence rates, have seen a particularly steep rise in child mortality. The prospects are bleak for many young people. Without rapid and effective prevention efforts many more millions of young people will succumb to the same fate as their parents—a premature death from AIDS.

In Africa particularly, women are more vulnerable to infection than men because of a mix of biological and cultural factors. This gender vulnerability is especially acute for young girls. Studies among various African populations indicate that rates of HIV infection in young women aged between 15 and 19 may be up to six times higher than among young men.

In some regions of the world, the populations most vulnerable to HIV infection are injecting drug users, sex workers, mobile populations and men having sex with men. The balance of prevention efforts needs to be different from region to region, taking into account the stage of the epidemic, and the varying modes of transmission.

With every passing year and with the accumulation of more information about the dynamics of HIV spread, it is clearer that we are dealing with a complex of different, overlapping epidemics, each requiring a distinct approach. Prevention and care priorities are shifting from region to region. The urgent need to prevent vast populations in South and Southeast Asia from becoming infected is matched by the need to do more in caring for the millions of HIV-positive people in Africa and to rebuild health systems and social structures while protecting a new generation of sexually active young people from infection. Simultaneously, a generation of children orphaned by HIV/AIDS requires care and support. All of these demands are moral imperatives of a high order. Finding the human and financial resources to intervene decisively now in order to prevent worse suffering in the future is perhaps the most compelling and challenging development issue facing the global community today.

SECTION II . UN SYSTEM SUPPORT TO AN EXPANDED RESPONSE

A. Leadership: the engine of the response

(i) Global

Only the full engagement of top-level leaders can mobilize the response required to combat and reverse the course of this extraordinary epidemic. Over the past two years, UNAIDS has effectively promoted HIV/AIDS as a priority on international agendas. During this period, HIV/AIDS has assumed an increasingly prominent place on the global political agenda. UNAIDS Cosponsors and Secretariat have played a significant role in stimulating the growing commitment of political leaders to respond to the epidemic. UNAIDS has also been central in supporting a shift from a health-oriented approach towards a broader developmental response that recognizes the complex social and economic factors that increase vulnerability, and the multifaceted impact of the epidemic. This section on leadership documents some of the milestones in this process.

Global HIV/AIDS Strategy

UNAIDS has made significant progress in elaborating a global HIV/AIDS strategy by developing the Global Strategy Framework on HIV/AIDS and for the UN specifically, the UN System Strategic Plan, which will be submitted to the PCB at this meeting. The decision to focus the Global Strategy Framework on the commitments needed from leaders is an indication of the seriousness with which UNAIDS has pursued this theme in the biennium. When in December 2000, the PCB endorsed the Global Strategy, it affirmed that its guiding principles, approach and leadership commitments are indeed universally applicable and should be rapidly translated into action at country level. Member States were encouraged by the PCB to make use of the framework to elaborate common goals and formulate specific commitments at the highest levels.

The consensus built up around the Global Strategy through the wide consultation process undertaken by the Secretariat should ensure maximum ownership of the Framework and facilitate putting it into operation globally. Consistent with the recommendation of the PCB, the Secretariat is working to promote widespread dissemination of the Framework. It is also seeking to ensure that the Leadership Commitments are reflected in any political declaration that comes out of the UN General Assembly Special Session on HIV/AIDS to be held in June 2001. The leadership commitments also underpin the UN System Strategic Plan 2001-2005, which synthesizes and builds upon the HIV plans and strategies of 29 UN system organizations, and the UNAIDS Unified Workplan and Budget 2000-2001. A monitoring and evaluation framework is also being developed to track the implementation of the UN System Strategic Plan Leadership Commitments.

**FRAMEWORK FOR GLOBAL LEADERSHIP ON HIV/AIDS
LEADERSHIP COMMITMENTS**

1. To ensure an extraordinary response to the epidemic which includes the full engagement of top-level leaders to achieve measurable goals and targets
2. To reduce the stigma associated with HIV and AIDS and to protect human rights through personal and political advocacy and the promotion of policies that prevent discrimination and intolerance
3. To affirm and strengthen the capacity of communities to respond to the epidemic
4. To protect children and young people from the epidemic and its impact – especially orphans
5. To meet the HIV/AIDS-related needs of girls and young women and to minimize the circumstances that disadvantage women with respect to HIV/AIDS
6. To protect those at greatest risk of HIV/AIDS, including sex workers and their clients, injecting drug users and their sexual partners, men who have sex with men, refugees and internally displaced people, and persons separated from their families due to work or conflict
7. To ensure the provision of care and support to individuals, households and communities affected by HIV/AIDS
8. To promote the full participation of people living with and affected by HIV/AIDS in the response to the epidemic
9. To actively support the development of partnerships required to address the epidemic, in particular those required to improve access to essential information, services and commodities
10. To intensify efforts in sociocultural, biomedical and operations research to accelerate access to prevention and care technologies, to improve our understanding of factors which influence the epidemic and enhance actions to address it
11. To strengthen human resource and institutional capacities required to support service providers engaged in the response to the epidemic, in particular those in the education, health, judicial and social welfare sectors
12. To develop enabling policies, legislation and programmes which address individual and societal vulnerability to HIV/AIDS and mitigate its socio-economic impacts

Within the UN itself, the period covered by this report has seen the establishment of HIV/AIDS as one of the highest priorities for the UN system, with outstanding commitment from the UN Secretary General and increasing commitment from Cosponsors and other UN partners.

The extraordinary UN engagement is typified by the unparalleled involvement of the **UN Security Council**, which has addressed the HIV/AIDS epidemic three times in the biennium. In January 2000, the Security Council held a Special Session on AIDS in Africa—its first ever meeting on a health and development issue—highlighting the threat of the epidemic to global security and sustainable development. In July 2000 and January 2001, the UNAIDS Executive Director again addressed the UN Security Council to note progress made since the January session.

Perhaps the most compelling international event covered by this biennium report with the full engagement of the Secretariat and Cosponsors (though not of course a UN event *per se*) was the **International Conference on HIV/AIDS held in Durban, South Africa** in July 2000. No one who attended the conference and particularly the closing ceremony had any doubts that a line had been crossed in the global response to the epidemic. The alliance of science, people living with AIDS, community groups, the UN, governments and civil society demonstrated just how potent a united stand against HIV/AIDS can be. The conference made important steps in policy convergence. It recognized that AIDS is a crisis of governance. It also recognized that failure to apply the tools and resources available is a political issue; leadership saves lives; treatment should not be a purchasable option, but a right and that the challenges remaining on care, prevention and care of children orphaned by HIV/AIDS are vast. The Durban conference was critical in mapping out the need for an immensely increased resource flow. This is now being taken up seriously in the political arena.

At the **Millennium Summit**, held in September 2000, many heads of state and government leaders used their allotted time to urge action on AIDS. In the Millennium Declaration (General Assembly resolution 55/2) adopted by the Summit, the world's leaders committed themselves to halting and beginning to reverse the spread of the HIV/AIDS by 2015, providing special assistance to children orphaned by HIV/AIDS and helping Africa build up its capacity to tackle the spread of the HIV/AIDS pandemic and other infectious diseases.

The **African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases**, convened by the Organization of African Unity and hosted by Nigeria in Abuja in April 2001, provided the opportunity for the UN Secretary-General to continue his own personal leadership, and to call for a major new global campaign in the fight against HIV/AIDS. Speaking to African leaders and other participants, including heads of UN agencies and private sector executives, he stated that a 'war chest' of US\$ 7 to US\$ 10 billion will be needed annually, over an extended period of time. The UN Secretary-General called for a global fund to support the rapid mobilization of new resources for HIV/AIDS and other infectious diseases.

HIV/AIDS has become a fundamental part of the advocacy of the Executive Heads of the Cosponsors, and is now regularly addressed by the governing bodies of UN organizations. The Spring Meetings of the

International Monetary Fund and World Bank in 2000 included a Special Session on the impact of HIV/AIDS on economic development. The World Health Assembly and WHO Executive Board have considered HIV/AIDS at each session, and passed significant resolutions.

Issues related to HIV/AIDS were also addressed at several recent UN conferences and special sessions of the General Assembly. These include the growing problem of children orphaned by AIDS (at the twenty-third special session of the General Assembly, entitled *Women 2000: gender equality, development and peace for the twenty-first century*) and at the twenty-fourth special session of the General Assembly, *the World Summit for Social Development*. The problem of HIV/AIDS in the workforce was addressed at the International Labour Conference, 30 May-15 June 2000. The UN Commission on Human Rights has continued to advance HIV-related rights, the most recently adopted resolutions in April 2001 focusing on access to medication in the contexts of pandemics, such as HIV/AIDS (resolution 2001/33) and on the protection of human rights in the context of HIV (resolution 2001/51).

Finally, the UN General Assembly Special Session on HIV/AIDS in June 2001 will be a high-water mark in the political response to HIV/AIDS. It is a unique opportunity to secure global commitment to enhanced coordination and intensification of national, regional and international efforts against the epidemic. Governments are expected to commit to a political declaration to fight against HIV/AIDS. It will be the critical opportunity to consolidate the position of HIV at the top of the global political agenda and to mobilize greatly increased resources. UNAIDS Secretariat is providing the substantive Secretariat to the process, and the Cosponsors are heavily engaged in all aspects of preparation for the Special Session.

(ii) Partners in leadership

Much of the rest of this report focuses on leadership. It demonstrates the challenges as well as examples of excellence in governance and leadership that have already begun to make a critical difference. While neither the UNAIDS Secretariat nor Cosponsors are directly responsible for these examples of leadership, they have been supportive partners in all of the events cited. At a regional level, the meeting of the Group of 77 South Summit held in Havana in April 2000 was significant in recognizing the development impact of HIV/AIDS. The commitment of high-level international and national leadership to combating the epidemic has led to major initiatives, such as the International Partnership against AIDS in Africa and the Pan-Caribbean Partnership against HIV/AIDS (see Section III, I). The Organization of African Unity has consistently promoted greater leadership commitment to turning back the epidemic, most recently through its Abuja summit. A further regional example of strong leadership commitment to HIV/AIDS has been the personal involvement of the Prime Minister of Barbados. The Prime Minister has been a lead advocate on HIV/AIDS. This has been so both within his own country, where the national AIDS response is now run directly from his Cabinet, and throughout the Caribbean, where his public speaking and inclusion of HIV/AIDS at key meetings have raised the political interest and commitment of many of his peers.

There has been an extraordinary acceleration over the past two years in the commitment from African governments at the highest level. This has been manifest in the establishment of high-powered commissions and other leadership initiatives by a number of African presidents. In December 1999 there were six high-level National AIDS Commissions compared with 18 in April 2001. Some 13 of these are chaired by the Prime Minister or (Vice) President.

Further compelling examples of leadership outside Africa include Bangladesh. Although prevalence is still relatively low in Bangladesh, the country's leaders have chosen to act early and decisively. At the UN Millennium Summit in 2000, the Prime Minister of Bangladesh was one of many leaders to highlight HIV/AIDS as a priority. Her Government teamed with international partners to raise almost US\$ 70 million, after which the World Bank stepped in with an additional US\$ 40 million credit, to help fund an extensive strategy to stem the nascent epidemic. India provides a further example of political mobilization beyond the national level. The Secretariat has facilitated the convening of regular video conferences between different Chief Ministers, the top political leaders at State level, with the Federal Minister of Health and officials of the national AIDS programme, focusing on intensifying state level responses to the epidemic. Advocacy efforts have been directed towards political leaders at district, sub-district and village levels in India, also with a view to ensuring that support for local action is in tune with local realities and needs.

In the Latin American region, Brazil's extraordinary decision to provide antiretroviral therapy to all those who need it has offered a global example of leadership in the face of an unprecedented emergency. In Central and Eastern Europe, the President of Ukraine has been personally monitoring the epidemic and the developing response. The Russian President has expressed deep concern about the problem of drug use in the Russian Federation, while the country's Prime Minister has spoken out on his concern for HIV/AIDS in Russia.

The sea change in political commitment and leadership in responding to the epidemic is also manifest among rich countries. The G8 group of countries and the European Union have publicly expressed their commitment to increasing financial and other resources to address the enormous burden of communicable disease in the context of an overall commitment to reducing poverty. The G8's Okinawa communiqué in July 2000 committed its leaders to an intensified international response to HIV/AIDS, malaria and TB. This was followed in December 2000 by a G8 health experts' meeting on infectious diseases with further commitments to take forward innovative partnerships with governments, international organizations, industry, academic institutions, foundations and other relevant actors in civil society. One notable commitment was that no country should fail in its response to the fight against HIV/AIDS and other infectious diseases because of a lack of affordable commodities.

The European Union (EU) has adopted a larger role in combating HIV/AIDS. Over the course of 2000/2001 the Commission has developed an ambitious plan of action against communicable diseases, bringing together the combined strength of EU Member States in a common stand against HIV/AIDS, malaria and TB in the developing world. In a unique example of EU/UN cooperation, the European Commission convened a high-level round table on Communicable Diseases in September 2000, with

cosponsorship from WHO and UNAIDS. In February 2001, the Programme for Action to combat HIV/AIDS, malaria and TB was approved, drawing on all relevant resources available to the EU, including research and trade, in an ambitious agenda with potentially large development returns.

The period covered by this biennium has also seen important new commitments and fine examples of leadership from foundations, the private sector and civil society. As part of a growing collaboration between UNAIDS and major foundations and other philanthropic entities, some US\$ 23 million have been secured through the UN Foundation in support of innovative Theme Group projects. The Bill and Melinda Gates Foundation is transforming HIV/AIDS corporate philanthropy by making significant investments in clinical research, through the International AIDS Vaccine Initiative and other substantial grants. As a result of a meeting in Seattle, the United States in January 2000, hosted by the Gates Foundation and others, participating foundations agreed to an aspirational goal of allocating 5% of their overall funding to HIV/AIDS-related activities. Sustained advocacy will be needed to ensure that other foundations and philanthropic entities follow through their commitments, as have the Gates Foundation and the UN Foundation.

The research-based pharmaceutical companies have demonstrated their responsiveness and leadership in dramatically lowering the price of drugs, including antiretroviral therapy, for the least developed countries, while generic manufacturers have similarly become engaged in the promotion of improved access to care. Finally, civil society actors have shown an unparalleled commitment and fearless championing of the epidemic, particularly the right of the millions of HIV-positive people to care and treatment. The leadership of grass roots organizations like TASO in Uganda have advocated for improved access to care, support and treatment, as well as provided direct services encompassing psychosocial support and clinical treatment.

B. Human rights, gender and greater involvement of people living with HIV/AIDS (GIPA): the principles underlying an effective response

Much of the work of the Cosponsors and the UNAIDS Secretariat is framed by three issues that are fundamental values or principles: the promotion of human rights and the countering of HIV-related stigma; the promotion of gender equity; and the greater involvement of people living with HIV/AIDS (GIPA). This section highlights the achievements of the previous two years and points to new directions.

(i) Promotion of human rights and countering HIV-related stigma

Over the biennium, UNAIDS has actively promoted the advancement of human rights and strategies to combat stigma and discrimination at international, national and community levels. Work has included policy and advocacy, support for national programmes when requested, the gathering and publication of best practice and support for actions within the UN system.

Examples of this latter action include collaboration between the Secretariat and UN agencies to facilitate the mainstreaming of AIDS issues into their programming. The Office of the High Commissioner for Human Rights (OHCHR), for example, advanced its commitment in the area of HIV/AIDS through the development of its Strategic Plan on HIV/AIDS and through the High Commissioner's personal advocacy. The *International Guidelines on HIV/AIDS and Human Rights*, jointly issued by OHCHR and the UNAIDS Secretariat in 1998 continue to be an important source of guidance on policy and on frameworks for states to promote, protect and respect HIV-related human rights.

The UN Commission on Human Rights has continued to advance HIV-related rights, with comprehensive resolutions issued at its 54th and 57th sessions, in April 1999 and 2001. Monitoring of human rights in the context of HIV/AIDS has been integrated in the work of Committees entrusted with monitoring the six human rights treaties. Country-level support has continued with collaboration between the UNAIDS Secretariat, local nongovernmental organizations (NGOs) and national human rights institutions in Ghana, India and South Africa.

With respect to parliamentarians, Secretariat collaboration with the United Kingdom All Party Parliamentary Group on AIDS resulted in an enquiry as to whether the UK was taking a human rights-based approach to the epidemic. UNAIDS has also supported the Inter-Parliamentary Union in its active engagement in HIV-related activities, including advocacy and legislative reform.

The UNAIDS Secretariat has also supported the preparation and dissemination of a broad range of best-practice documents on human rights and HIV/AIDS,¹ including in the area of legislative reform, employment discrimination and legal issues.

The UNDP has supported global networks on human rights and HIV/AIDS. UNESCO launched the project *HIV/AIDS and Young People: Human Rights for Social Development* and, in collaboration with the Secretariat and the OHCHR, held international consultations concerning the rights of young people in April 2000. As an outcome of these consultations, an *Action Guide for Youth Organizations*, based on the *International Guidelines on HIV/AIDS and Human Rights*, is being produced in close collaboration with representatives of youth and student organizations. UNDCP has integrated human rights as one of the fundamental strategic principles and approaches in preventing transmission of HIV among drug users, and WHO has begun developing the WHO strategy on Health and Human Rights, which will also address

1 *The Handbook for Legislators on HIV/AIDS, Law and Human Rights Handbook*, November 1999 – *A human rights approach to AIDS prevention at work, 2000*; *The Southern African Development Community's Code on HIV/AIDS and Employment*, UNAIDS and AIDS Law Project, University of Witwatersrand, South Africa, July 2000; *HIV/AIDS-related Stigmatization, Discrimination and Denial in India and Uganda: Forms, Contexts and Determinants*, UNAIDS, AIDS Support Organization [TASO] and Institute of Education, London, July 2000; *Legal, Ethical and Human Rights Issues at Durban 2000*, Canada HIV/AIDS Legal Network/UNAIDS, December 2000; and *Networks for Development, Lessons Learnt from Supporting National and Regional Networks on Legal, Ethical and Human Rights Dimensions of HIV/AIDS*, UNDP/UNAIDS October 2000.

HIV/AIDS-related rights. WHO provided technical inputs incorporating HIV/AIDS issues to the development of a General Comment on the “right to health” adopted in July 2000 by the Committee on Economic, Social and Cultural Rights.

The International Council of AIDS Service Organizations (ICASO), has continued to be a major partner with the Cosponsors and UNAIDS Secretariat in taking the human rights agenda forward. It has done this through developing training modules on human rights and HIV/AIDS as well as conducting capacity-building exercises for AIDS, NGOs and lawyers.

In the area of ethics, in close collaboration with WHO and with advice from members of the UNAIDS Ethical Review Committee, the Secretariat focused on supporting the inclusion of HIV-specific ethical issues in broader ethics capacity building activities at country, regional and international levels, including support to ethics capacity building in Indonesia, the Philippines, and China. The Ethical Review Committee, in its semi-annual meetings and interim reviews, continued to provide advice on the ethical soundness of research proposals for which UNAIDS support was requested. During 2000, the Committee reviewed, expanded and improved its detailed Assessment Form for protocols and issued a guidance paper to assist researchers in preparing proposals for submission to the Committee. With the number of research projects funded by the Secretariat decreasing, the Ethical Review Committee during the next biennium will focus increasingly on providing an ethical review of UNAIDS policies and supporting the inclusion of HIV/AIDS-related ethical concerns in ethics capacity building at national levels.

Addressing stigma

While the politicization of the epidemic has done much to increase its visibility, on a personal, family and community level, there are still tremendous needs to combat stigma and discrimination. UNAIDS works on these issues through three mutually reinforcing strategies: through the Greater Involvement of People Living with or affected by HIV/AIDS (see Section II, B (iii)); through advocating strong leadership at global, national and other levels (see Section II, A) and through work on protecting the human rights of people living with HIV/AIDS.

The fear of stigma and discrimination prevents people from being tested for HIV and therefore leaves them unable to take measures to care for themselves and protect others. There has been progress during the past 12 months in supporting the development of HIV testing policies and practices that are sensitive to the problem of stigma by protecting the right to privacy and confidentiality. This progress includes the normative work accomplished in collaboration with WHO and UNICEF reflected in the publications mentioned above, as well as important Best Practice materials² providing guidance on the issues of notification and disclosure of HIV status.

² Material includes: *Opening up the HIV/AIDS epidemic: Guidance on encouraging beneficial disclosure, ethical partner counselling, and appropriate use of HIV case reporting*, August 2000; and *The role of name-based*

(ii) Gender

Gender discrimination is a fundamental driver of the HIV/AIDS epidemic. Women's greater biological, social, cultural and economic vulnerability translates into growing numbers of infected and affected women. At the same time, normative behaviours drive men into risk behaviours that put themselves and their partners at unnecessary risk. Clearly, such vulnerabilities are cultural, and are not amenable to rapid change. The UNAIDS approach, therefore, uses a combination of policy development, operational research, and direct project support to find ways of both locally and systemically promoting a supportive environment that empowers women and young people to protect themselves from HIV infection.

On policy development, the Secretariat has continued to promote the mainstreaming of HIV issues. It has contributed to various global consultations such as the Commission on the Status of Women and follow-up conferences to the International Conference on Population and Development, the International Women's Conference and the World Social Summit on Development. In partnership with the UN Division for the Advancement of Women and the WHO, the Secretariat produced recommendations on the impact of HIV/AIDS on women's rights and security. Following a recommendation in March 2001 by the Inter-Agency Working Group on Gender and HIV/AIDS, a Resource Package for Gender and AIDS Programming was launched at the Commission on the Status of Women and distributed worldwide. The package contains basic information and programming tools ranging from epidemiological data, fact sheets and gender indicators to evaluation guidelines, questionnaires and training modules.

A great deal of work on gender has been *project*-based collaboration with national and NGO partners to create effective responses to HIV vulnerability among women. For example, in 2000, the International Labour Organisation (ILO), with help from the Secretariat, supported pilot efforts to strengthen micro-finance and entrepreneurial skills among women in Malawi, Mozambique, Tanzania and Zimbabwe. At the same time it integrated AIDS education and risk reduction skills development into the programme. A joint project of the Secretariat, UNICEF and the Ministry of Labour and Social Welfare in Thailand is underway to mainstream the Youth Career Development Programme pilot effort into the Department of Labour's skills-development programme. Supported by international hotels based in Thailand, the programme provides vocational and life-skills training to young women in economic hardship and assists them in obtaining employment.

In 1999, the UNAIDS Secretariat provided assistance to the NGO *Femme Africaine Solidarité*, for a project advocating for the protection of women in conflict situations against violence and HIV infection. In Rwanda, UNAIDS also supported a comprehensive training programme—Health Needs of Women and Girls Affected by Violence—that provides training on violence as one of the risk factors for HIV infection.

Trainees are health-care providers and refugee camp personnel as well as law enforcement officials. In cooperation with the Secretariat, WHO has supported a project in Rwanda involving the integration of HIV/AIDS education and counselling into the counselling services provided at primary health care clinics. It has specifically geared them to respond to the psychosocial needs of young women who have been victims of violence, particularly those who have suffered rape and other forms of sexual abuse. The project has mobilized the resources and support of the Ministry of Health, the Ministry of Gender and the Advancement of Women, and a wide network of NGOs.

On operational research, the Secretariat supported a study conducted by WHO involving research on violence and negotiating for condom use in eight countries: Bangladesh, Brazil, Japan, Namibia, Peru, Samoa, Tanzania and Thailand. In another research collaboration with WHO, studies have begun in Tanzania and Thailand on the relationship between violence and HIV/AIDS risks, including stigma, discrimination, and exclusion from work opportunities and social services. UNAIDS has also supported a study on the impact of the epidemic on households headed by women with HIV, conducted among low-income households in Zimbabwe.

The Secretariat has worked in partnership with a number of Cosponsors and other organizations to ensure that a gender focus is integrated into prevention initiatives. With UNAIDS support, UNIFEM has completed the first phase of the global initiative on *Gender Focused Responses to Address the Challenges of HIV/AIDS*, which was implemented in the Bahamas, India, Mexico, Senegal, Vietnam and Zimbabwe. Through capacity-building and partnership activities, the project has successfully integrated gender and AIDS concerns into the existing programmes of women's organizations. A training manual on gender, HIV, and human rights has been produced as an output of the project, which will be used by UNIFEM partners in other countries. UNAIDS will continue to support Phase II of the project to be implemented primarily in India and in other selected countries in Asia.

UNFPA has launched a major programme for sexual and reproductive health services for adolescents covering several countries in Africa. The programme addresses gender-related factors that limit young girls' access to health services by establishing on a large scale youth- and girl-friendly health services.

(iii) Participation of people living with HIV/AIDS

The participation of people living with HIV/AIDS is central to an effective response to the epidemic. They bring an unparalleled experience and insight to the issues, and by giving a 'human face' to the response, help in the fight against stigma and improve advocacy at the national level.

As part of the commitment to the principle of GIPA, (Greater involvement of people living with or affected by HIV/AIDS) which was endorsed by 42 governments in a Declaration at the Paris AIDS Summit in 1994, the Secretariat created a position of Focal Point GIPA in 1999. This reflects the strategic importance of GIPA in the Secretariat's work. The Secretariat works extensively with key collaborating centres and

organizations and global networks of People Living With HIV/AIDS. Some examples are: the International Community of Women Living with HIV/AIDS (ICW), the Global Network of People Living with HIV/AIDS (GNP+), the International HIV/AIDS Alliance, the Network of African People Living with HIV/AIDS (NAP+) and the Global Health Council, all of which have contributed to a plan of action.

UNAIDS' first policy statement on the Greater Involvement of People living with or affected by HIV/AIDS, was published in *From principle to practice. Greater involvement of people living with or affected by HIV/AIDS*, in September 1999. A consensus on the concept and an action plan were developed through a technical consultation in Kenya in February 2000. The plan sets out priority areas for GIPA work, namely reducing stigma and discrimination, increasing advocacy and information sharing, empowering People Living with HIV/AIDS and their support groups, and improving the quality and quantity of service delivery by involved people living with HIV/AIDS. The Secretariat is working to integrate GIPA into the International Partnership against AIDS in Africa. The Secretariat is also promoting GIPA in UNAIDS work on access to care.

Technical support on GIPA has been given to a number of countries and NGOs, for strategic planning and networking. UNAIDS continues to work with the UN Volunteers Programme (UNV) and UNDP on GIPA pilot projects designed to ensure that the knowledge and expertise of people infected and affected by the epidemic contribute to decision-making at all levels and in all relevant institutions—governments, the private sector and NGOs. These pilot projects, which started in 1997 in Malawi and Zambia, placed people called National UN Volunteers, in a range of settings, for example, in hospitals as counsellors, in the Ministry of Education and in private companies. The results of these projects are wide-ranging: the volunteers themselves have learned new skills and have gained a better quality of life. They have contributed to raising awareness of HIV/AIDS issues where they work and in wider society, where they have become effective advocates. Through these projects, people living with HIV/AIDS are seen as part of the solution, not the problem. The scheme has now been expanded to Burundi, Cambodia and India.

As a result of the advocacy work of the Secretariat, People Living with HIV/AIDS are participating increasingly in the national strategic planning process on HIV/AIDS in many countries, including Burundi, Cameroon, Ghana, Uganda, Zambia and Zimbabwe. In order to measure the added value of such participation and learn from this, operations research is being conducted by the HIV/AIDS Alliance, a UNAIDS collaborative centre, and the Population Council in Ecuador, India and Zambia.

A global plan of action will be developed to provide the basis for more country-specific GIPA initiatives as well as an advocacy tool for the Cosponsors and the UN system. This will be based on lessons learned from the pilot projects. Consistent with the PCB recommendation in May 2000 (UNAIDS/PCB (9)/00.8), the Secretariat will continue its dialogue with Cosponsors and the UN system to encourage their endorsement and implementation of the GIPA principle. An Inter-Agency Working Group on GIPA will be established. Periodic technical updates will be developed and published in order to broaden the conceptual basis of the GIPA principle.

C. Young people: empowering a new generation

Working with young people is fundamental to an effective response against HIV/AIDS. Not only are young people disproportionately affected by HIV (about 50% of new infections are in the 15-24 age group) but, as this report has already noted, many of them are especially vulnerable, particularly young women. Disturbing statistics from many countries reveal a high level of ignorance among young people about the transmission of HIV. This is not surprising given the lack of even the most basic sex education in many countries' schools and other settings. Yet those countries which have focused on young people in their HIV prevention programmes, have seen a decline in HIV infection rates.

UNAIDS' priorities for the past two years have emphasized the importance of specific strategies for young people, the importance of best practice, including the full involvement of young people, strengthening national capacity, and, through the work of the Cosponsors, identifying ways of reaching especially vulnerable young people, such as street children and those living in areas of conflict. The UN target of a 25% reduction in HIV infections in people aged 15–24, agreed at the International Conference on Population and Development (ICPD+5) in July 1999 provides a platform for action focusing on young people. Following a PCB recommendation in 1998, (UNAIDS/PCB (7)/98.12) the Secretariat prepared a draft Global Strategic Framework on HIV/AIDS and Young People. Work continues on the Framework and six priority areas have been identified. Indicators for these are currently being developed by the Interagency Task Team.

Increasingly the voices of young people on HIV/AIDS are being heard. For example, at the African Development Forum in December 2000, young people made a *Youth Statement*, in which they expressed their deep frustration at the failure of African and international leadership to confront the pandemic. Their contribution culminated in the announcement of the formation of the Youth Against AIDS Network (YAAN). UNAIDS supports the participation of young people, for example through the 1999 World AIDS Day campaign, "Listen, Learn, Live!", which focused on young people, and consolidated the efforts of earlier campaigns. At the world launch in Brasilia in the presence of President Cardoso, UNAIDS called on adults to listen to the concerns of young people and help them tackle the forces in society, such as violence and machismo, that make them particularly vulnerable to HIV. Both the 1998 and 1999 campaigns were headed by Ronaldo, the Brazilian football player, who acted as the Special Representative. In 2001 the campaign will highlight young men. In the preparations for UNGASS in June 2001, there has been a major focus on working with young people.

Specific project support in the form of grants through the UN Foundation has led to comprehensive programmes for young people in seven African countries—Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland and Zimbabwe. UN Theme Groups, with Secretariat assistance, are working with several other countries to develop similar youth programmes and to access UNF funds.

Collaboration between Cosponsors at global level in responding to the needs of young people affected by the AIDS epidemic has increased, but remains complex in view of the number of actors engaged in this important field.

A number of joint initiatives on substance abuse among young people have been adopted. WHO and UNICEF Europe have been collaborating on a project in the Baltic States and Poland, addressing sexual behaviour and substance use among especially vulnerable young people. UNDCP and WHO are implementing the Global Initiative on Primary Prevention of Substance Abuse, aimed at mobilizing communities to prevent substance abuse among young people and to identify and disseminate best practice in this area. Many of the countries targeted—Belarus, the Philippines, the Russian Federation, South Africa, Thailand, Tanzania, Vietnam and Zambia—have high or rising rates of HIV.

UNICEF has produced a publication on the involvement of young people and adolescents in HIV/AIDS projects, and provides technical support to young people's participation in various country initiatives throughout the world. As part of its Commodity Securities Management programme, UNFPA supports the supply and distribution of condoms to young people. Country offices with adolescent sexual and reproductive health programmes have been advised about the importance of providing different, often smaller, sizes of condoms for young people, following WHO/UNAIDS latest standards. WHO has organized regional consultations on access to youth-friendly services, studied issues of coverage and quality and is in the process of developing models of delivery for health interventions through non-health settings. The World Bank, through its policy advice and loans to countries, emphasizes the need to work with young people. The Bank is promoting the integration of HIV in school curricula as well as increasing funding support for out-of-school young people. It is also promoting the provision of school fees, care of children, nutrition and succession planning for young people affected by AIDS.

Promoting effective work with young people is an enormous challenge. Finding ways of leveraging the time, resources and talents of others with a ready access to young people is a key strategy. The partnership with MTV and the production of the two videos, *Staying Alive, one and two*, is an example of the best kind. Technical input from the UNAIDS Secretariat and the World Bank has been combined with the skills and reach of MTV to produce video documentaries of enormous influence and impact. Finding ways to replicate this model, for example, with other companies whose products have instant appeal with young people is part of the overall strategic direction for the coming biennium.

D. Prevention and care: the fundamental actions of response

Over two years, substantial progress has been made in many aspects of the daunting agenda in preventing further HIV infection and providing the care and support to those already affected by HIV/AIDS. The UN system has promulgated best practice, policy guidance, the provision of technical support and networks, support for demonstration and other projects, capacity-building and sustained advocacy activities. These efforts have contributed to well-documented results such as lowered rates of HIV transmission notably in

Uganda and Zambia and significantly reduced prices and small-scale increases in access to HIV-related drugs.

While the achievements documented here demonstrate progress and show a clear contribution to slowing the epidemic, they are not keeping pace with its spread. While it is now possible to say with a degree of certainty that we have the knowledge, the tools, the technologies and the strategies to slow the epidemic, these are not being used optimally. The challenge that faces the UN and its partners, is finding the will and the resources to change this situation.

(i) Prevention

Prevention continues to be the mainstay of the response to the epidemic. UNAIDS has adopted a dual approach to prevention, promoting and sponsoring interventions *to reduce the risk* of HIV infection, focusing on behaviours and situations associated with risk of infection, and developing strategies and supporting efforts *to reduce the vulnerability* of particular groups and individuals.

UNAIDS has supported a number of studies and interventions over the biennium and disseminated information and knowledge so that our understanding of what works in relation to prevention has been greatly enhanced; for example, in collaboration with WHO, work on the effects of violence against women in AIDS prevention, the role of male circumcision in HIV prevention, and the importance of genital herpes among young people in increasing susceptibility to HIV.

Many of the challenges in achieving more effective prevention lie in *scaling up* existing efforts, expanding the coverage and ensuring that they are sustainable for the long term. Raising awareness about the risks of HIV infection and promoting behaviour change to prevent infection have been shown to be effective in interventions. Examples include peer education among young people in and out of schools in Brazil, Eastern Europe, India and Tanzania and improved STD health seeking behaviour in South Africa and Zimbabwe. But unless these messages are sustained, and especially directed at *new* generations of young people with a view to changing social and gender norms, the gains achieved will be lost.

(a) Prevention and the education sector

The particular vulnerability of young people underlines the importance of prevention efforts in the education sector. Over the biennium, these have focused on enhancing advocacy and facilitating training in life skills and HIV/AIDS prevention in schools and developing a global strategy framework on AIDS, schools and education, consistent with PCB resolution (UNAIDS/PCB(9)/00.3), which recommended a coordinated strategy in the education sector to support and strengthen regional and national responses. Cosponsor collaborations have facilitated life skills curriculum development and training workshops at global and country level (e.g. WHO 'Megacountry' consultations, and prevention efforts focusing on teachers' skills in delivering the curriculum). They provided leadership in responding to the impact of HIV/AIDS on education

systems (e.g. UNESCO's role in the global strategy development). They also contributed to improved teacher training by conducting skills-based training initiatives (UNICEF) and helped develop an HIV/AIDS prediction model that will enable education planners to map out various scenarios related to the impact of HIV/AIDS on education and possible responses.

A number of publications during 2000 by the Secretariat and Cosponsors have supported these activities³. Consultations on the development of a Global Strategy Framework on AIDS, Schools and Education, part of the global strategy on young people and HIV/AIDS, will be completed by mid 2001, and this material will also be circulated later in the year.

(b) *Vulnerable populations*

Over the past two years, UNAIDS has advocated for the protection and care of vulnerable populations, has worked to strengthen community capacity to undertake situation analyses and develop appropriate services for vulnerable groups, and has developed enabling policies to reduce risk and vulnerability. For instance, in 1999 the Secretariat, in partnership with UNDCP, funded a policy research study on drug use and HIV vulnerability in Asia. Results indicate that governments are, under certain circumstances, ready to review their policies concerning interventions to reduce the risk of HIV transmission among injecting drug users. UNDCP and the Secretariat also led the process that saw the adoption, in September 2000, of a UN position paper, *Preventing HIV transmission among drug abusers*, by the Sub-Committee on Drug Control of the UN Administrative Committee on Coordination. The paper draws on research findings to recommend best practice, to provide general guidance, and to indicate some programming principles, policies and strategies for the prevention of drug abuse and HIV/AIDS.

UNDCP has assisted governments in developing and implementing drug demand reduction and HIV/AIDS prevention programmes in Central Asia, Latin America, the Pacific, South Asia and Southeast Asia. Over the past two years, the Secretariat and WHO have supported research and training in the area of injecting drug use, as well as the development of services for drug injectors and a review of care, treatment and psychosocial support to HIV-positive people who are also dependent on substance use.

In regions such as Latin America and in many high-income countries, where sex between men is one of the major forces behind the HIV epidemic, the Secretariat has supported activities to increase HIV/AIDS prevention programming, including work on National Strategic Plans in cooperation with the Association of Comprehensive Health and Citizenship in 15 countries. The Technical Update produced by the Secretariat in 2000, *Technical Update on men who have sex with men*, recommends the review of laws that criminalize sexual acts between consenting adults in private and the enactment of anti-discrimination and

3 Information Series on School Health, Local Action: Creating Health Promoting Schools, 2000, WHO; Information Series on School Health, Preventing HIV/AIDS/STIs and Related Discrimination: An Important Responsibility of Health promoting Schools, 2000, WHO; FRESH, Focusing Resources on Effective School Health, 2000, World Bank, UNICEF, WHO, UNESCO; Innovative Approaches to HIV Prevention, Selected case Studies, UNAIDS Key Materials, 2000; Gender, HIV and Human Rights: A Training Manual, 2000, UNIFEM.

protective laws to reduce human rights violations against men who have sex with men. China has recently decriminalized sexual relationships between men, thus making prevention efforts much easier.

Similar publications have been produced to reduce the vulnerability of sex workers, including a Latin American edition of the manual, *Making Sex Work Safe*. It includes information about avoiding risk behaviour, HIV prevention, and safe sex negotiation. Also produced were two issues of an international newsletter, *Research for Sex Work*, and a Best Practice Case Study based on experiences of projects in Bangladesh, India and Papua New Guinea. The Secretariat has worked to ensure the inclusion of actions to reduce risk and vulnerability in the context of commercial sex in all national AIDS programmes.

Further work on the issue of vulnerability has been done by UNDP, UN Research Institute for Social Development and the Secretariat in an assessment of the linkages between development and vulnerability to HIV published in a Best Practice document⁴. This demonstrates how the economic and social changes of the past three decades have created an environment that places many millions of people at risk of HIV, and makes effective governmental and NGO responses more difficult.

Prevention responses for rural populations, migrants, displaced persons and refugees have been enhanced by partnerships with the World Bank, Food and Agricultural Organization of the UN (FAO), International Office for Migration (IOM) and the Office of the UN High Commissioner for Refugees (UNHCR) developed during 1999. The HIV/AIDS Focal Points within these agencies work to ensure joint planning and technical assistance in mainstreaming HIV/AIDS activities in their respective programmes.

In collaboration with the IOM, through a series of regional and national workshops, migration is now more clearly recognized as being an important determinant of HIV in Africa, Asia and Central America. With the Secretariat's support, the IOM is playing an important advocacy role at regional and national levels in Ethiopia, South Africa and Southeast Asia.

The IOM has also been working closely with the Secretariat and national AIDS programmes at both regional and country levels to advocate for the HIV-related rights of migrant populations. A recently produced paper, *Migrants Right to Health*, recommends reform of existing laws, policies and practice on migrants' access to care, treatment, support and prevention of HIV/AIDS as well as for reproductive health. The UNAIDS Best Practice Technical Update, *Population Mobility and AIDS*, published in 2001, summarizes project experiences and makes recommendations for effective interventions. In collaboration with UNDP, IOM is conducting a survey of HIV/AIDS programmes for migrants and mobile populations in Africa and Asia, to identify programming gaps and areas where resources are needed. In addition, IOM is coordinating an intercountry task force on mobile populations in Southern Africa and in the Horn of Africa. UNDP is leading a task force on migrants and HIV in Southeast Asia with other agencies and NGOs, resulting in a coordinated plan of cross-borders programme activities around the Mekong. The Secretariat is

4 *AIDS in the Context of Development*, December 2000.

coordinating a project supported by the World Bank on vulnerable populations in West Africa, including sex workers and migrants.

The needs of mobile populations have also been addressed by UNFPA, which has initiated reproductive health and STI/HIV/AIDS prevention programmes for refugees, with a grant from the UN Foundation.

(c) Commodities for prevention

Making the commodities needed for HIV/AIDS prevention efforts more easily and quickly available has been a continuing priority for UNAIDS. A basic requirement for increasing the supply of needed commodities, principally condoms, diagnostic tests and drugs for STI treatment, is the development of a sound costing base, so that realistic targets can be set and resources mobilized to support supply and distribution. Some progress in this area was achieved for the Durban and G8 meetings in mid 2000, and further work is ongoing. The long-term security of basic commodities, procurement, distribution and monitoring, as well as increasing incentives for the development of international public goods, are of concern to the Secretariat and Cosponsors.

UNFPA and WHO have been actively involved in increasing the availability of and access to quality-assured condoms as a major preventive approach, together with promoting and expanding the correct and consistent use of male and female condoms as a method of prevention and safer sex. In many countries, UNFPA leads in implementing national condom procurement and programming initiatives and is working towards enhanced procurement, distribution, advocacy, national capacity-building and sustainability, as well as towards decreasing the need for emergency and urgent requests by strengthening logistics and supplies. UNICEF is collaborating with UNFPA on condom procurement and supply. WHO as the lead agency on technical issues regularly updates quality and safety criteria for male and female condoms. The World Bank has provided effective operational support for country condom procurement and quality control.

Female condoms

The seed supplies provided through UNAIDS support to pilot projects in several countries in 2000 led to the establishment of national programmes for the promotion and distribution of female condoms in several countries, most notably Ghana and Namibia. A comprehensive guide for country planning and programming of female condoms was produced and disseminated in collaboration with WHO in July 2000, with input from The Female Health Company, the sole manufacturers of female condoms. The Secretariat and WHO also jointly conducted an international consultation on the safety and re-use of the female condom in June 2000, which led to further research on the physical integrity and microbiological preventive properties of the female condom. Results of this are expected soon.

Social marketing

Several recent initiatives have been directed at enhancing the application of social marketing to prevention programmes, particularly for commodity distribution and the development of behaviour change communications. A high-level international forum on social marketing, involving donors and priority

countries, was jointly organized by the Secretariat, WHO and UNFPA and held in Geneva in January 2001, resulting in an enhanced commitment to the use of social marketing in prevention. The Secretariat has also provided support for social marketing activities through Population Services International, for the production of training materials for use by NGOs and governments and start-up funds for programmes in Cuba, Myanmar and the Russian Federation.

In the area of monitoring and evaluation, measuring the impact of prevention programmes has been hampered by the low level of scaled-up, effective, preventive interventions. Achieving the necessary levels of implementation in order to be able to measure effectiveness will require: (a) continuing advocacy from UNAIDS; (b) collaboration with large voluntary agencies such as Measures and Horizons and other NGOs that have the capacity to support scaled-up prevention programmes. An interagency working group has begun to set up evaluations of prevention programmes in the thematic areas of youth programmes, efforts to counter stigma and discrimination, and voluntary counselling and testing interventions.

(ii) The prevention/care nexus

The Cosponsors and Secretariat have continued to emphasize the interconnectivity of prevention and care. Nowhere are the links between prevention and care more evident than in the context of voluntary counselling and testing and in the prevention of mother-to-child transmission. In both these areas, real progress has been achieved during the biennium, though the challenges remain daunting.

(a) *Voluntary counselling and testing*

In relation to voluntary counselling and testing, the major achievements during the biennium can be grouped under three broad categories: policy, best practice and normative development; technical assistance, and UN coordination.

First, important policy and normative work on counselling and testing was accomplished in the biennium by WHO and UNICEF in collaboration with the Secretariat, in particular the May 2000 *Technical update on voluntary counselling and testing*. The results of the three-country (Kenya, Trinidad and Tobago, and Tanzania) voluntary counselling and testing trial, which had an important focus on cost-effectiveness, were presented at Durban and have since been published. *Tools for evaluating HIV voluntary counselling and testing* have been field-tested, published in the UNAIDS Best Practice collection and widely used. An exhaustive global review on the outcomes of voluntary counselling and testing in all settings and for all populations is due to be published shortly, along with a UNAIDS-commissioned, five-country review of counselling and testing models in various settings (e.g. sexually transmitted infections, mother-to-child transmission, youth-friendly services and social marketing).

Second, technical assistance was provided through consultancies mapping national counselling and testing resources and needs, training, evaluation and follow-up. In the Ukraine and Russia, training workshops were supported and national centres of excellence identified. Technical assistance was also provided in

Nigeria, Swaziland and in the 11 countries in which UNICEF started pilot projects to decrease mother-to-child transmission of HIV (Botswana, Burkina Faso, Cambodia, Côte d'Ivoire, Honduras, Kenya, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe). Counselling and testing in the prevention of mother-to-child transmission was evaluated in Botswana, Thailand and Eastern Europe.

An Inter-Agency Task team on voluntary counselling and testing, set up in 1999, led to some useful initiatives such as a review of counselling and testing models in mother-to-child transmission projects. A major meeting to be held in Tanzania in July 2001 will review current knowledge and experiences in counselling and testing with a view to scaling up projects nationally and regionally. UN coordination was assisted also by the introduction of an electronic workspace for disseminating information among agencies, which became operational late in 2000.

The challenges ahead include the need to scale up access to voluntary counselling and testing to unprecedented levels. This requires strong advocacy, an increase in the availability of care, for those who test positive, and, institutionally, a renewed emphasis on interagency coordination. Some of the effort over the past biennium slowed down due to lack of capacity at the time in some of the Cosponsors. Efforts will also need to focus on information exchange on implementation (particularly south-south), developing youth- and female-friendly voluntary counselling and testing, alternative models of counselling, and workplace linkages.

(b) Preventing mother-to-child transmission

Prevention of mother-to-child transmission of HIV infection has been a major priority over the biennium for the UN, which has been at the forefront of advocacy, policy development and pilot interventions. In the year 2000 alone, 600 000 new HIV infections occurred in children aged 0 to 15 years. Over 90% of them were in infants infected through mother-to-child transmission, before birth, during delivery and after the birth of the child through breastfeeding. The UN Steering Group, composed of UNICEF, UNFPA, WHO, the Secretariat and the Interagency task team on prevention of mother-to-child transmission, formed in 1998, has been coordinating and building on the complementary skills and strengths of Cosponsors in this area. The focus of activities has been on primary prevention for parents-to-be, strengthening family planning programmes, the introduction of short course antiretroviral regimens and infant feeding counselling. Efforts have focused on finding more practical and effective regimens for reducing transmission to infants as well as assessing the feasibility of integrating interventions in routine antenatal and maternity settings in 11 countries

Consistent with PCB recommendation 3.2 (UNAIDS/PCB (6)/98.12) WHO, UNICEF and the Secretariat issued recommendations on infant feeding for HIV infected mothers and the use of short-course zidovudine (AZT) in 1999. These recommendations were revised in October 2000 during a technical meeting organized by WHO on behalf of the Inter Agency Task Team. The particular significance of the October 2000 meeting was its conclusion that antiretroviral regimens had been shown to be effective and safe and could therefore be made available beyond pilot projects and research settings. These recommendations were based on new evidence resulting from research on the efficacy and safety of other drug regimes (e.g. a

combination of AZT and lamivudine as in the UNAIDS-sponsored PETRA (Perinatal Transmission), trials in South Africa, Tanzania and Uganda, and single-dose nevirapine as in trials in South Africa and Uganda).

During the biennium guidelines were issued on the implementation of prenatal voluntary counselling and testing services, rapid situation assessment tools and monitoring and evaluation guidelines for mother-to-child transmission programmes. In 1999, guidelines on strategic options for preventing mother-to-child transmission were further developed and published as part of the UNAIDS Best Practice collection⁵.

UNAIDS has developed and published models for calculating the cost-effectiveness of prevention strategies. The models are available on CD-ROM and the International AIDS Economic Network web site. In the area of mother-to-child transmission, the models show that cost-effectiveness of interventions remains fairly stable at HIV prevalence rates of 5-10% and over. Below this level however, the models show that greater cost-effectiveness of the intervention can be achieved if HIV screening is targeted at women who are pregnant or who plan a pregnancy in specific population groups.

Advocacy, technical material development and information-sharing have been advanced over the biennium through a number of global and regional meetings, a consultation on the possibilities for scaling-up interventions in pilot countries held in Gaborone in March, 2000, a satellite meeting during the XIIIth International AIDS Conference in Durban in July 2000 and a regional meeting for Eastern and Central Asia in Minsk in February 2001.

In July 2000 the pharmaceutical company Boehringer Ingelheim announced that it would offer free of charge to all low- and middle-income countries the drug nevirapine for prevention of mother-to-child transmission for five years. The process of implementing this announcement has been slow, with two countries, Senegal and The Republic of Congo now benefiting from the donation and Rwanda about to be the third. In December 2000, UNICEF agreed to coordinate requests for donated nevirapine in countries where it has relevant activities. WHO is in the process of preparing a technical information package on the nevirapine donation.

As mentioned above, UNICEF is supporting pilot programmes for the prevention of mother-to-child transmission in 11 countries. Most of these countries have expressed their interest in scaling up their present efforts from the current small numbers. An additional 12 to 15 countries will soon be starting similar interventions with UNICEF support. Many lessons have been learned in the first round of pilot interventions, which have shown the feasibility of integrating the prevention of mother-to-child transmission in routine maternal and child health services and have established that women do accept voluntary counselling and testing. Further work is needed however to improve the efficiency of programmes, in particular their counselling and testing component. In Côte d'Ivoire, for example, it has been observed that most women (70%) accept testing for HIV infection, but less than 50% return to collect the results.

5 *“Prevention of HIV Transmission from Mother to child: Strategic Options”*; and *“Counselling and voluntary HIV Testing for pregnant women in high HIV prevalence countries: Guidance for service providers”*.

A priority for the next biennium will be to strengthen and scale up existing projects while encouraging other countries to begin to implement interventions to reduce mother-to-child transmission. Continuing attention needs to be given to primary prevention, voluntary counselling and testing, regional coordination (including technical and financial support), monitoring and evaluation, and advocacy. Identifying and documenting best practice, collaborating with new partners, sharing experience, and promoting research and development to find even more practical and effective antiretroviral regimens for reducing mother to child transmission are further challenges for the future.

(iii) Care and support

During the past biennium, UNAIDS' efforts to improve access to care and treatment for HIV-related illnesses have encompassed high-level advocacy for a comprehensive care agenda, including enhanced and equitable access to drugs, policy development and normative work, the promotion of in-country action and coordination within the UN. Considerable progress has been achieved in each of these areas. This strategic, global approach with support for country efforts and solutions represents a change of focus from the technical development activities of previous years.

(a) Advocacy

The comprehensive approach to care advocated by UNAIDS includes voluntary counselling and testing and psychosocial support; prevention and treatment of opportunistic infections; good nutrition; strengthening of health systems; fair and sustainable financing; and where possible, access to antiretroviral drugs. The most conspicuous aspect of the agenda over the biennium however has related to accelerating access to HIV drugs, in particular the achievement of unprecedented price reductions in the last year. Intensified pursuit of the wider care agenda has been overshadowed by the focus on the issue of the price of antiretrovirals, but access to antiretrovirals can also serve as a springboard to advocate for other care and support interventions.

Price reductions for antiretrovirals had their origin in the launching of 'Accelerating Access' in May 2000, which has had results exceeding all expectations at the time. The joint Statement of Intent, agreed in May 2000 with five pharmaceutical companies (Boehringer Ingelheim, Bristol-Myers Squibb, Glaxo SmithKline, Merck & Co., Inc., and F. Hoffmann-La Roche) represented the beginning of a collaboration between the pharmaceutical industry and the UN to increase access to care. The offer of the companies to collaborate with the UN became a part of a redoubled effort by the UN (particularly UNICEF, UNFPA, WHO, the World Bank and the Secretariat) to assist countries in implementing comprehensive packages of care for people living with HIV/AIDS. While the Cosponsors and Secretariat continued with advocacy and policy guidance on HIV care at the global level, the offer of cheaper antiretrovirals provided an opportunity to "fast track" the development of comprehensive care strategies in countries. They indicated that they wished to accelerate access and seek assistance from the UN system.

In order to create greater transparency in this partnership between the UN and the pharmaceutical industry, the Secretariat and WHO convened the Contact Group on 'Accelerating Access to HIV related care and support'. The two meetings of this group (the third meeting is scheduled for 29 May 2001) have provided a valuable opportunity to exchange information about this fast-moving initiative, though questions about the purpose, scope and mandate of the group continue to be raised.

After a slow start, progress on 'Accelerating Access' has picked up. Up until May 2001, 34 countries had indicated a desire to collaborate with the UN on access to care and support; a range of antiretroviral drugs have been made available at cost price for Least Developed Countries; and more manufacturers have been brought into the process. In October 2000, the Secretariat, together with WHO, UNICEF and UNFPA, posted a call for Expressions of Interest from pharmaceutical companies and those providing other commodities, to widen the range of available HIV diagnostics and medicines and increase the number of potential suppliers using existing procurement mechanisms, particularly through UNICEF and UNFPA. Responses were received from 34 manufacturers for more than 100 pharmaceuticals and 11 manufacturers of diagnostics and laboratory material. The results will shortly be made available to government and nongovernmental procurement agencies.

Towards March 2001, the discussion on antiretroviral prices gained a momentum of its own. Several manufacturers of generic drugs announced steep discounts on their drugs (CIPLA, Aurobindo, Hetero Drugs), and major players in the R&D pharmaceutical industry, such as Abbott, Bristol-Myers Squibb, and Merck, followed with further very significant price reductions. The momentum achieved at this time was bolstered by the UN Secretary-General's meeting with the top executives of six leading multinational pharmaceutical companies (Abbott Laboratories, Boehringer Ingelheim, Bristol-Myers Squibb, Glaxo SmithKline, F. Hoffmann-La Roche and Pfizer) in Amsterdam on 5 April 2001, which has provided a basis for taking a still broader approach to increasing access to drugs as part of the fight against AIDS.

In this biennium, UNAIDS Cosponsors and Secretariat have participated in efforts to explore the implications of trade rules and regulations for access to HIV medicines. An important step in clarifying the significance and application of these rules was the series of WHO and Secretariat position papers on intellectual property, compulsory licensing and access to drugs, issued for conferences such as the Lusaka AIDS conference and the World Trade Organization (WTO) Ministerial Conference in Seattle in November 1999. The Secretariat, WHO, and *Médecins sans frontières* also undertook a joint assessment of the implications of the WTO Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS) on access to HIV drugs in Thailand. Following the successful resolution of a debate over the compulsory licensing of a patent for formulating the antiretroviral drug didanosine, a WHO/UNAIDS mission advised the Thai Government on policy options to increase access to HIV-related drugs. In January 2000 a joint WHO/UNAIDS study on the patent situation of HIV-related drugs was published, and in April 2001 a joint WHO/WTO Workshop in Norway examined conditions that would be conducive to companies engaging in differential pricing, to increase the affordability of essential drugs in resource-poor settings.

One clear conclusion emerges from advocacy efforts over the biennium: the role of international NGOs, of people living with HIV, treatment action campaigns such as in South Africa and activism all over the world was central to the achievements that have been won in reducing the prices of HIV-related drugs for developing countries.

(b) *In-country action*

UNAIDS recognizes that national governments, alone or in regional groupings, are the key bodies empowered to conclude procurement agreements and price levels with industry. The UN system's role is mainly to advocate, to engage in dialogue and to provide information, technical and policy advice to help this process along, (though the UN has also indicated its willingness to procure drugs if requested.)

Much of the recent work in accelerating access has built on the earlier Drugs Access Initiative. This was a partnership between the UNAIDS Secretariat, ministries of health, pharmaceutical companies and NGOs in Côte d'Ivoire and Uganda since August 1998. The Drug Access Initiative was also launched in Chile in January 2000 and in Viet Nam in February 2000. A first evaluation of its activities published in March 2000 confirmed that it is possible to introduce antiretroviral therapy safely and effectively in developing countries. It also found that the price of those drugs was the main obstacle to expand drug access in the pilot projects up to the limit that the existing capability of the pilot centres could support. This led the UNAIDS Secretariat and the managers of the Drug Access Initiative in Uganda and Côte d'Ivoire to explore whether the drugs could be obtained more cheaply, first from the R&D companies that partnered in the initiative and later from generic manufacturers (informed by knowledge about their patent situation, described in the WHO/UNAIDS study on the patent situation of HIV-related drugs, published in January 2000). They were also prompted by public information about prices of locally produced antiretrovirals in Brazil. The activities of the Drug Access Initiative have continued since May 2000 under 'Accelerating Access.'

Many of the countries participating in "Accelerating Access" were primarily interested in access to antiretroviral drugs. Sixteen of the thirty-four countries involved have completed or are in advanced stages of their planning process: Barbados, Benin, Burundi, Cameroon, the Central African Republic, Chili, Côte d'Ivoire, Ethiopia, Gabon, Kenya, Mali, Morocco, Romania, Rwanda, Senegal, Swaziland and Uganda. Most of their plans focus on access to antiretroviral drugs, but three countries—Ethiopia, Kenya, and Swaziland—opted to prioritize access to essential care and support services. At least seven countries—Cameroon, Côte d'Ivoire, Mali, Morocco, Rwanda, Senegal and Uganda—had reached agreements on significantly reduced drug prices. These reductions were up to 80% to 90% through a mix of approaches, in which negotiation with the major R&D industry dominated, but in the case of Uganda and Côte d'Ivoire generic manufacturers also played a role. UNAIDS support for regional collaborations, in Central Africa, Central America and Southern Africa should also reinforce this initiative.

Together with the Government of Brazil and NGOs, the Secretariat supported the publication and dissemination of a Best Practice case study⁶ documenting Brazil's approach. Brazil, through a combination of political commitment, social mobilization and advocacy, and the capacity to produce domestically generic antiretrovirals and other HIV-related drugs, is providing antiretroviral treatment to a high proportion of Brazilians living with HIV. The Secretariat also promoted South-South cooperation by facilitating the exchange of information between Brazil and interested developing countries. In briefing sessions, meetings and conferences on access to care, WHO and the Secretariat publicized Brazil's successful effort to reduce the price of antiretroviral drugs and to expand access to them.

(c) Policy and best practice

The production of technical guidance, information and advice on treatment issues continues to be a key role for UNAIDS, and for WHO in particular. Together with the Secretariat, WHO published an update on the safe and effective use of antiretrovirals in resource-constrained settings in January 2001. Following a WHO/UNAIDS consultation in Harare in March 2000, WHO and the Secretariat made a recommendation on the preventive use of cotrimoxazole, which is an inexpensive drug, for people living with HIV in Africa. Its use should significantly reduce morbidity due to opportunistic infections, and mortality. At least three African countries (Côte d'Ivoire, Senegal and Uganda) have so far introduced prophylaxis with cotrimoxazole in their national treatment guidelines for people with HIV infection.

The Western Pacific Regional Office of WHO continued to publish its quarterly newsletter on antiretroviral treatment, and WHO is also currently preparing its 2001 revision of the WHO model list of essential drugs.

Building on the collaborative development of guidelines on preventive therapy for tuberculosis in HIV-infected persons by WHO and the Secretariat, WHO initiated the development of the Pro-test Initiative, which seeks to develop new approaches to deal with the dual epidemic of HIV and tuberculosis. First results from Pro-test approaches are now available from Malawi, South Africa and Zambia and were used in the development of a strategy for TB in high-HIV-prevalence populations, provisionally endorsed by the ad hoc working group of the Stop TB initiative on 11 April 2001. In recognition of the deleterious effects of both epidemics on one another, key elements in the strategy are a call to action to both the TB and HIV communities to play a part in addressing both epidemics.

The Secretariat and WHO also collaborated on the development of a policy document on access to care, 'Key elements in HIV/AIDS care and support', released in September 2000, and published a Technical Update on 'AIDS: Palliative Care' in October 2000.

Formal collaboration between the Secretariat, WHO and UNICEF has produced a twice-updated mapping of sources and prices of HIV/AIDS-related drugs. The latest version was published in October 2000, in collaboration with Médecins sans frontières, and includes, in addition to

6 The Brazilian Response to HIV/AIDS – Best Practices, Brasilia, 2000.

information on sources and indicative planning prices for essential drugs, a mapping of generic antiretrovirals. An update is programmed for May 2001.

(d) UN Coordination

A strategic framework for improving access to care at the global and national level, based on the interrelationship between pricing, financing, trade policy and health care systems and maintaining the comprehensive approach to care which UNAIDS supports, is being developed by the Cosponsors and Secretariat. WHO is in the process of scaling up its work on care, and will take a convening role in relation to much of the care agenda in the future. The UNAIDS Secretariat and WHO are also developing a network of consultants to conduct country missions and provide a core set of advice and guidelines for country support.

In the next biennium, UNAIDS will rely increasingly on the growing capacity of Cosponsors to deliver support to countries in their planning of care and support for people living with HIV/AIDS. Promising developments include the pre-qualification pilot scheme for drugs of interest to people living with HIV/AIDS, to be organized by WHO, and the development of an HIV agenda within the Stop TB Initiative.

Ensuring that access to care and support is seen to be more than access to drugs is a continuing challenge in the care agenda. While access to and affordability of drugs are clearly key issues, and will continue to warrant attention, other unresolved issues include the financing of the health system, how to build and maintain the human resource base needed for service delivery, and how to build and maintain the infrastructure and organization needed.

One outstanding task on the prevention and care agenda is the ongoing costing and assessment of resource needs. The UNAIDS Secretariat, along with its partners and the Global Reference Group on Economics, is conducting a detailed study to assess the resource needs for effective prevention and care programmes in countries around the world. This initiative builds on UNAIDS' work, in collaboration with the World Bank and the London School of Hygiene and Tropical Medicine, to assess resource needs for scaling up programmes in sub-Saharan Africa. The best working estimates suggest that around US\$ 3 billion annually is needed immediately for an effective global struggle against the epidemic. Over the next five years this amount is expected to increase to about US\$ 7 to US\$ 10 billion annually, as the capacity of national programmes expands to match the needs of the epidemic. Preliminary calculations based on plausible parameters suggest that the US\$ 10 billion figure can approximately be broken down as follows:

	Sub-Saharan Africa	Rest of the developing world	Total (US\$ billion)
Prevention	0.8	4.2	5

Care including HAART (Highly Active Antiretroviral Therapy)	3.5	1.5	5
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This work is still at an early stage. By the UNGASS in June 2001, more detailed estimates are expected to be available.

E. Monitoring and alleviating impact: the third essential response

Promoting strong action to alleviate the devastating economic and social impact of the epidemic must be a continuing major priority for UNAIDS. Increased recognition of the impact of the HIV/AIDS epidemic on development gains has been a feature of the past biennium. This has resulted in a sharper focus on the need to intensify efforts to develop sustainable alleviation strategies at country level. The plight of children affected by HIV/AIDS has emerged as a fundamental social consequence of the epidemic, with incalculable consequences. It demands urgent attention and action. A solid information base is a prerequisite for appropriate action in both the economic and social spheres.

(i) Understanding the economic and social impact of HIV/AIDS

The International AIDS and Economics Network (IAEN) set up in 1998 jointly by UNAIDS, the World Bank, USAID and the EU, has proved a valuable information source for researchers, economists and planners on economic issues related to HIV/AIDS. The IAEN assisted the organization of the AIDS and Economic Symposium in Durban in July 2000, in cooperation with the Secretariat, the World Bank and the University of Natal. The symposium produced a number of seminal papers on the economic impact of AIDS, which have had wide distribution and impact.

This kind of solid research background is vital to a proper understanding of the socioeconomic impact of the epidemic, both for advocacy and for the provision of information that can then be incorporated into strategic planning. While this 'research' agenda needs to shift towards planning and implementation, there are still gaps in the available information. More socioeconomic assessments at all levels of society (household, community, public/private sectors and the macro-economic level) are still needed and further sectoral impact analysis in education, social welfare, labour, health and agriculture is required to strengthen the foundation of planning and implementation. Work of this kind is proceeding at different rates in different sectors. In the education sector, for example, work in the interagency working group by UNESCO, UNICEF, UNDP, the World Bank and Secretariat analysing the impact of the epidemic on the development of the education sector should contribute to a strong framework for monitoring and mitigating the impact of AIDS on education. It should also strengthen the capacities of schools and education systems for AIDS prevention, care and support.

In 2000, the Secretariat intensified its dissemination of information in the economic sector. Several workshops in Asia and Africa on costing, scaling up and cost effectiveness were conducted with the World Bank (South Asia) and UNDP (Southeast Asia) and the countries involved. A particular focus of the Secretariat's work is to increase local and regional capacity in this area. The guidelines published early in 2000, *Guidelines for the assessment of socioeconomic impact of HIV/AIDS: Preparation and execution*, should accelerate the shift from advocacy to planning and provide a sound basis for further studies at the country level.

The HIPC debt relief initiative (see Section III, F) provides an opportunity to underline the linkages between HIV/AIDS and poverty in the Poverty Reduction Strategy Papers (PRSPs) that have to be prepared by eligible countries. Once debt relief is initiated, a further priority will be to develop financing mechanisms to assist people affected by HIV/AIDS. In the health sector, the Secretariat has initiated studies on the impact of HIV/AIDS on supply and demand, examining changes in recruitment policies for health sector staff and changes in demands by patients. In 2000, the World Bank supported a comprehensive study of the socio-economic impact of HIV in Cambodia, and contributed to a major intervention project in 30 African countries, together with the Secretariat, FAO, and UNDP. It involved scaling up HIV prevention and mitigation in rural areas, including a survey of agriculture extension organizations and field operations.

The shift from improved knowledge and understanding of the impact of AIDS to effective action to alleviate impact is still just beginning. Targeted projects, such as those in Zambia and Malawi facilitated by UNDP, will provide basic evidence of what works and what does not. Both projects were carried out with the participation of senior policy-makers in the countries, and will be evaluated during 2001, after a year's implementation.

The adoption of HIV/AIDS as the main theme for the African Development Forum meeting in Addis Ababa in December 2000 was in recognition of the urgent need to address the development impact of the epidemic. For the meeting, the Secretariat produced country profiles for all African countries on the AIDS epidemic, and for the first time, these profiles examined the economic impact of AIDS. All available economic impact literature was reviewed, preliminary economic indicators were developed and a database created to support Africa at the country level to respond appropriately to the development crisis caused by AIDS. The studies produced for this purpose, which have been published on a CD-ROM, cover the macro economic impact of the epidemic, the impact on children and the elderly, the role of micro finance and measuring the impact on agriculture. An intensified dissemination approach has followed on from this, with the Secretariat, World Bank and UNDP as well as countries themselves cooperating in delivering workshops and training on the socioeconomic impact of HIV/AIDS.

A focus of attention for the future will be in engaging greater local participation, with a view to helping build local capacity, moving closer to incorporating the economic information collected into strategic planning.

It is clear that most of the effort in response to HIV/AIDS continues to focus on prevention but there is also a growing concern with care and treatment. However, a full-scale strategy to begin rebuilding the capacity

that has been lost in productive and service sectors is still some years behind. UNAIDS Cosponsors and Secretariat will focus attention increasingly on this issue in the present biennium.

(ii) Children orphaned by HIV/AIDS

As with responses to the economic impact of the epidemic, much work has gone into identifying how both the material and social needs of children affected by HIV/AIDS can best be met. The experience over the past two years gained from the different programmes of Cosponsors for orphans lays a valuable foundation for a more comprehensive approach on a larger scale in the next biennium. The principles of the Convention on the Rights of the Child underpin UN efforts to assist these children, requiring that they have access to education, health and social services on an equal basis with other children, and that their well being is assured. Through an extensive consultation process, UNICEF has developed a set of guiding principles for an expanded response to children affected by HIV/AIDS, which were originally distributed at the Durban Conference in July 2000. These guidelines serve as a resource for effective action at local, district, national and global levels for initiatives to address the needs of children orphaned by AIDS.

At country levels, UNICEF offices support partners to build up community-based responses to young people affected by HIV/AIDS. The challenge for the future is to ensure that these responses match the scale and geographic spread of the epidemic and are integrated generally with broader prevention and care interventions. The education system and schools have a key role to play in ensuring the protection, care and support of orphans and other vulnerable children. The Global Strategic Framework for Young People and HIV/AIDS, to be completed later in 2001, will include a specific action plan for orphans.

The issue of children orphaned by AIDS will become ever more pressing in sub-Saharan Africa. The last two years have been put to good effect to establish benchmarks for good practice, to establish sound policy frameworks and get a more accurate sense of the likely dimensions of the problem. The challenge now is effective, wide-scale implementation. This needs considerably more financial and human resources than have currently been available. The consequences of not intervening, for individual children, for their social groups, communities and society as a whole are incalculable, but are likely to include wide-scale disruption. A generation of disaffected, dispossessed young people in situations of complex social change and civil unrest, poverty and armed conflict can only add to the potential for instability and violence.

F. HIV in complex emergencies: addressing and preventing acute vulnerability

(i) Refugees

Displaced persons and refugees are especially vulnerable to HIV. War and conflicts increase local and regional insecurity, and increase poverty. They lead to the breakdown of social structures and family units, social services and infrastructure, and increase shortages of food, shelter, medicines, and health care workers. Women and girls are put at increased risk to HIV/AIDS if they barter or sell sex for survival. Life in refugee camps may expose girls and women to an increased risk of sexual abuse and violence.

The UNAIDS Secretariat formalised its commitment to address the needs of displaced persons and refugees with its cooperation framework agreement with UNHCR in 1998. UNHCR continues to integrate HIV/AIDS prevention and care activities into its operations with refugees. Through its partnership with UNAIDS, it has provided technical assistance to West Africa (Guinea, Liberia and Sierra Leone) and the Great Lakes region (Burundi, Kenya, Rwanda, Tanzania, and Uganda). Activities include access to health, community services, protection and provision of information and education. Recently UNAIDS and UNHCR finalized a cost-analysis of HIV/AIDS prevention and care in refugee settings to assist governments, NGOs and donors in assessing resource needs for interventions.

UNFPA is also addressing HIV/AIDS and reproductive health issues among refugees. With a grant from the UN Foundation, UNFPA has initiated reproductive health and STI/HIV/AIDS prevention programmes for refugees.

(ii) HIV and peacekeeping operations

Following the UN Security Council meeting on HIV/AIDS and conflicts in Africa in January 2000, the UNAIDS Secretariat established a Humanitarian Coordination Unit (now the Humanitarian Unit) to focus on HIV/AIDS and security. The initial discussions led to the adoption of UN Security Council resolution 1308, which identifies HIV/AIDS as a potential '*risk to stability and security.*' The resolution targets armed forces and peacekeepers for education, training and prevention efforts, and urges voluntary and confidential HIV/AIDS counselling and testing for all national uniformed forces, especially troops deployed internationally.

Military personnel are a population at special risk of exposure to sexually transmitted infections, including HIV. In peacetime, STI infection rates among armed forces are generally two to five times higher than in civilian populations. In times of conflict, the rate can be far higher.

The aims of the Humanitarian Unit are to raise awareness and increase attention on uniformed services as a major risk group, mobilize Cosponsors and partners at global, regional and national levels, and increase the involvement of Member States in response to HIV/AIDS among uniformed services.

At an Expert Strategy Meeting on HIV/AIDS as a Security Issue, organized by the UNAIDS Secretariat in Stockholm in December 2000, civilians and military experts focused on uniformed services, humanitarian workers and other vulnerable populations affected by peacekeeping operations, such as refugees, women and children. It was stressed that uniformed services could be powerful agents of prevention against HIV infection so there is an urgent need to train them, and other groups such as humanitarian aid workers and police forces, in HIV prevention and behaviour change.

Based on assessment missions to East Timor (UNAIDS/CMA), Ethiopia/Eritrea (UNAIDS/UNFPA), Burundi (UNAIDS) and Sierra Leone (UNAIDS/DPKO/UNFPA/UNIFEM), a comprehensive work plan and recommendations have been elaborated for these areas.

Through its Department of Emergency and Humanitarian Action (EHA), the WHO chaired the informal reference sub-working group on HIV/AIDS and emergencies. This group is currently revising the guidelines on HIV/AIDS in emergency settings. WHO has also revised the Terms of Reference for Humanitarian Coordinators to include HIV/AIDS as a priority issue.

A Cooperation Framework has been agreed and signed between UNAIDS and the UN Department of Peacekeeping Operations (DPKO), outlining several areas of cooperation between the two parties. The Secretariat and DPKO are producing and distributing an 'Awareness Card' for uniformed peacekeepers giving the basic facts about HIV/AIDS and prevention—for example, how to use condoms. Plans are being developed to place HIV/AIDS advisors in all major peacekeeping operations.

One area requiring rapid policy clarification is that of the complex issues associated with HIV testing for peacekeeping and other uniformed, as well as humanitarian, personnel. Following the UNAIDS Expert Strategy Meeting on HIV/AIDS as a Security Issue, the Secretariat together with the UN DPKO decided to establish a commission of experts to provide guidance on a comprehensive HIV testing policy in the context of UN peacekeeping operations.

G. Research and development: the science of the response

Biomedical research has resulted in the development of some effective treatments for HIV infection, which have changed the prognosis of HIV infection, at least in industrialized countries where they are available.

Among other developments of note in the biennium, new interventions to reduce mother-to-child transmission were supported by UNAIDS, through sponsorship of the PETRA (Perinatal Transmission) trial comparing three antiretroviral regimens to reduce HIV transmission to new-born children. The results of this trial contributed to the WHO/UNAIDS recommendations on the use of nevirapine to prevent mother-to-child transmission, mentioned above (Section II,D). WHO is playing an active role in the development of new interventions in this field.

Although promising antiretroviral treatments have been developed, there is still no cure for HIV/AIDS, nor an effective vaccine, or a microbicide. Further research and development is therefore critical. Advocacy for more investment in HIV/AIDS-related research will be a continuing priority for UNAIDS, directing attention to better therapeutic approaches, microbicides and especially preventive HIV vaccines.

In microbicide development, a recent event has been the completion of the UNAIDS-sponsored trial on the effectiveness of the microbicide COL-1492, a gel of which the active ingredient is the spermicide nonoxynol-9. This trial was conducted in Benin, Côte d'Ivoire, South Africa and Thailand among female

sex workers who used, in addition to condoms, either the experimental gel or placebo gel (i.e. without the active ingredient). Preliminary results, presented at the International Conference on AIDS in Durban, showed that the experimental product failed to protect female sex workers against HIV infection, gonorrhoea or chlamydia infection. Data analysis is ongoing. Final results will be discussed in a meeting on microbicide development that the WHO is currently organizing, while new trials that will investigate the safety and efficacy of a second generation of non-spermicidal microbicides, like carageenans or PRO 2000, is starting.

As the UNAIDS Secretariat will in the future not directly fund scientific research, the WHO has now taken over the role of providing technical support to the microbicide development agenda. UNAIDS will, however, continue to advocate strongly for microbicide development. As a contribution to this advocacy agenda, the Secretariat has continued to support the International Working Group on Microbicides, in which leading public sector research agencies and institutions coordinate their microbicide efforts. The support is provided to fund the group's secretariat, which is presently located in the Medical Research Council in the United Kingdom. This group has produced a revised set of guidelines for microbicide development, which are currently in press. The Secretariat also supported the microbicide advocacy campaign by 'CHANGE', a United States-based group lobbying for increased support to microbicide development.

From January 2000, UNAIDS and WHO agreed to establish a joint HIV vaccine initiative, to accelerate the worldwide effort to develop HIV vaccines, especially for developing countries. The initiative is based in WHO, and will continue activities initiated by UNAIDS. It emphasizes the provision of guidance and coordination of the international effort, and facilitation of trials through preparatory research and capacity building. The WHO-UNAIDS Network for HIV Isolation and Characterization continues providing information and reagents to promote the development of candidate vaccines based on virus strains prevalent in developing countries. The Initiative is also supporting the development and implementation of National AIDS Vaccine Plans, to ensure that vaccine trials in developing countries are conducted with the highest ethical and scientific standards. A major effort was launched in 2001, to support the "African AIDS Vaccine Programme", a network of African scientists working to promote and facilitate HIV vaccine research and evaluation in Africa.

After a long process of international consultation, on May 2000 UNAIDS released a Guidance Document on *Ethical considerations in HIV preventive vaccine research*, now translated into four other languages (French, Russian, Spanish and Thai).

Two large-scale phase III trials of HIV preventive vaccines are being conducted in the United States and in Thailand, and the initial results are expected within one year. UNAIDS and WHO are already discussing strategies on how to use such vaccines if they prove to be effective. The development of vaccines needs to be seen in the context of a comprehensive prevention package, including also behavioural and health promotion interventions. A particular challenge for UNAIDS and WHO for the next biennium will be to contribute to the coordination of global vaccine development activities. This includes the conduct of clinical

trials in developing countries, to avoid duplication and unhealthy competition and to ensure that trials are conducted with the highest scientific and ethical standards.

Support is also needed for sociobehavioural research, to improve existing behavioural preventive tools and to use the existing ones more efficiently.

H. Monitoring and surveillance: understanding and measuring the epidemic and the response

The HIV pandemic continues to evolve in all regions of the world. HIV affects geographical areas and population subgroups in different ways at different times. An understanding of the nature, trends, and the impact of the HIV epidemics in countries and communities is vital for mounting effective prevention efforts to stop further spread of HIV, planning to minimize its impact, and helping to mobilize the necessary resources at national and international level. Monitoring the response to the epidemic is essential. It shows areas of weakness and strength in HIV programming, and helps in guiding programme managers and decision-makers to improve HIV/AIDS prevention and care programmes, as well as to guide more appropriate and rational use of resources at global, regional and national levels.

The Secretariat and WHO, together with national and international experts and institutions has developed the concept of second-generation surveillance to better capture levels and trends of HIV spread and the factors influencing it. Second-generation surveillance is also tailored to the specific type of the epidemic in a given country and ensures more effective use of available resources. The principles of second-generation surveillance have been unanimously agreed upon. Major partners (Centers for Disease Control, the United States Agency for International Development, the European Commission, the United Kingdom Department for International Development and others) are supporting activities to strengthen national systems in close collaboration with WHO and the UNAIDS/WHO Working Group on Global HIV/AIDS and STI surveillance.

WHO, UNICEF, the UN Population Division, the Secretariat and experts from the United States Census Bureau, Imperial College, The Futures Group, and others are collaborating to further develop methodologies on estimates and forecasts of the HIV/AIDS epidemics and its impact. This work is being done under the guidance of the well-established UNAIDS Reference Group on Estimates and Modelling of HIV/AIDS and its Impact, and will result in a newly developed tool package including simple to use software for improved epidemiological assessments and forecasts in countries. This package will be available later in 2001. As another important output of this multi-partner collaboration, WHO and the Secretariat released updated and improved country-specific estimates of HIV/AIDS and its impact in 2000.

At the end of 2000, the Secretariat also established a UNAIDS Reference Group on Economics of HIV/AIDS. It will, building upon the successful example of the Reference Group on Estimates and Modelling, advise UNAIDS Cosponsors and other relevant institutions on issues related to the economic impact of HIV/AIDS, tools for impact assessment and monitoring, indicator development, and tracking of level and flows of resources.

The Secretariat has made major progress in developing knowledge management systems that allow improved tracking, analysis and dissemination of information on the epidemic and the response to it in countries. The epidemiological fact sheets that have been prepared by the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance are a well-established example and have been updated in their second edition mid 2000.

A multi-partner collaboration, including UNICEF, WHO, the World Bank, the EC, USAID, The Futures Group, Measure DHS, Measure Evaluation, CDC, Impact/FHI, the Synergy Project and national experts, has been facilitated by the UNAIDS Secretariat to develop a consolidated list of indicators to monitor and evaluate national AIDS programmes. The result of this activity is a guide and tools for the measurement of almost 60 internationally agreed and tested indicators in 14 programme areas from “Policy” to “Health and Social Impact”.

The Secretariat, in collaboration with major partners including Cosponsors and donors, is currently developing a Country Response Information System that will bring together all these databases. The system will be updated to include additional indicators in areas of gaps, as appropriate. It is expected that the system will be developed and tested in a stepwise approach over the year 2001 and will be functional with core functions by the end of the year.

SECTION III. UNAIDS AND THE COUNTRY LEVEL RESPONSE

Introduction

Country responses form the front line against HIV. However sophisticated the global advocacy, however intense the international political engagement, however great the level of resources mobilized or the quality of international and regional technical support, it is *only* when these assets are secured by national leadership and commitment from all sectors that they can achieve meaningful impact. This section sets out the work of UNAIDS over the last two years in support of national responses. It begins with an examination of the principal instrument of UN Coordination around HIV/AIDS at country level, the Theme Group, and then examines each of the mechanisms through which the UN is engaged at country level. Finally, Section III provides a brief assessment of UNAIDS action within specific regions. In view of the broad participatory approach that should underpin comprehensive country level action, attributing results at country level to specific UN system support is not always possible.

A. Capacity-building and support at the national level

The UNAIDS Cosponsors and Secretariat act through multiple processes and programmes at country level: much of what is achieved in support of overall national development, whether through the macro-planning process, strengthening the capacity of civil society or specific sectors, such as health systems development or education sector support, yields important benefits for both preventing and mitigating the impact of the AIDS epidemic. It is not possible to capture precisely all this activity in this Report, particularly as individual Cosponsors seek to mainstream HIV/AIDS throughout their work at national level. Nonetheless the importance of this broader support to development efforts needs to be recognized as an overarching addition to the specific activities carried out in the name of UNAIDS.

The UN system, like bilateral donors, recognizes the importance of contributing to broader development frameworks, primarily by supporting governments in their national development frameworks, sector-wide investments and debt relief processes. Work carried out under macro or sectoral frameworks adds to the complexity of attributing progress to individual actors. Overall progress ultimately is attributable to national governments, which are responsible and accountable for leading their national responses.

B. UN Theme Groups on HIV/AIDS

Over the two-year period covered by this report, many UN Theme Groups on HIV/AIDS have demonstrated the relevance and importance of the Theme Group as a mechanism to ensure a cohesive and more active UN system response to AIDS. Indeed, several of the UN Resident Coordinator Reports for 2000 have singled out the Theme Groups on AIDS as the most active and successful of UN Theme Groups.

A number of functions have emerged as being particularly important to a common UN System approach, and have increasingly been reflected in the strategic priorities of Theme Groups. These include advocacy, resource mobilization and support for national programme development. These activities are complemented by other roles, such as sub-regional exchange of experience, a major focus on integrating HIV/AIDS into development instruments, in particular the UN Development Assistance Framework (UNDAF), and the Poverty Reduction Strategy Papers (PRSP) process. Most importantly, this period has seen substantial progress toward stronger and more effective coordination. The expansion of the Theme Group to bilateral donors, nongovernmental organizations (NGOs) and, of course, government representatives, has been a key advance, complementing the increasing assumption by governments of overall responsibility for national coordination.

The development and implementation of UN integrated workplans is another key strategy for UN Theme Groups and serves as a valuable indicator of Theme Group effectiveness. Consistent with PCB recommendation 13 (UNAIDS/PCB (7)/98.6), 60% of Theme Groups in sub-Saharan African countries are now well advanced in the process of developing UN integrated plans in support of nationally defined priorities. In Asia, integrated work planning has been linked to the Common Country Assessment/UNDAF process in China, Nepal and Vietnam. Six countries in Asia now have integrated workplans, with good progress being made in four others. In Latin America and the Caribbean, 18 of the 29 Theme Groups completed integrated workplans in 2000. In Eastern Europe, integrated planning was initiated in 16 countries, and while these processes are at varying stages, they all demonstrate a high degree of consensus, commitment and participation from the countries involved.

The 1999 Theme Group Assessment highlighted the challenges posed by the integrated workplan process, as well as the difficulties of actual implementation. The value of developing a single coherent UN plan, with shared analysis, shared strategic priorities and a shared monitoring and evaluation framework, cannot be underestimated. Not all integrated workplans, however, have evolved to the same level of comprehensiveness or strategic orientation. Some remain the sum-of-the-parts of individual UN programmes. Others do not demonstrate obvious programmatic linkages to the national strategic plan that they are intended to support. Nonetheless, over the last two years, real progress has been made. In some countries, such as India, the UN planning process has been opened up to include other actors, such as bilaterals. In such cases the unified plan builds on important lessons from sector-wide approaches. The 1999 Theme Group Assessment highlighted the challenges posed by the integrated workplan process, as well as the difficulties of actual implementation. Since then, considerable progress has occurred, as indicated by the preliminary findings from the review of 2000, which is being completed. The year 2000 Theme Group Assessment is being finalized.

A further indicator of Cosponsor engagement and ownership of the Theme Group process is the wider distribution of Theme Group Chairs among the different Cosponsors. For example, in Latin America and the Caribbean, while in 1996 the Pan-American Health Organization (PAHO)/WHO PAHO/WHO held the chair in 25 of 26 Theme Groups, today PAHO/WHO chairs 11 and the other Cosponsors chair 18 of 29 Theme Groups, demonstrating not only greater engagement by more Cosponsors but also the continuing

strong commitment of PAHO/WHO. Worldwide, WHO now chairs a third of all Theme Groups. UNICEF, UNDP and UNFPA chair similar numbers (just under 20% each) with the World Bank still chairing just five Theme Groups (just under 5% of the total), and UNESCO and UNDCP each chairing less than 3% of the total.

In line with PCB recommendations (UNAIDS/PCB (8)/99.7), perhaps the most important development in the past two years has been the expansion of the Theme Group to include other key actors, thereby broadening the support that it can provide to national coordination mechanisms. For example, in Asia, particularly China and India, several Theme Groups are now facilitating the interaction between national coordinating bodies and other international stakeholders. In Latin America, this practice is well developed with 90% of countries having expanded forums. This has helped to lead to truly integrated and client-oriented action by the UN. In Brazil for example, a recent USAID five-year plan received input from all members of the Theme Group. In Eastern Europe, a region with relatively low UN presence, the expansion of the Theme Groups to include diplomatic missions, NGOs and bilaterals has yielded major gains, not least in the leveraging of resources. The UNAIDS core support to these countries has doubled by securing co-funding from Cosponsoring agencies, NGOs and national governments.

In Africa, the process of expanding Theme Groups continues, with 19 expanded forums that include governments, international donors and UN agencies, and a further 18 in which governments attend, though the absence of donor participation in even more Theme Groups may, in part, be a reflection of the existence of pre-existing donor forums.

The dossier of effective Theme Group actions is expanding, and there are now a sizeable number of examples of Theme Groups adding real value to the process at country level. The expanded Theme Group in India, for example, has been particularly effective in political advocacy. In Argentina, it has effectively facilitated the Catholic Church's cooperation, while in Ghana the Theme Group has stimulated the different constituencies of the International Partnership Against AIDS in Africa to greater involvement.

Some important obstacles, however, still must be overcome. In too many countries, the Theme Group continues to be seen as an *additional* activity of Cosponsors, rather than as a *core* activity. The UNAIDS Country Programme Advisers do not always receive maximum support from the Theme Groups, in which cases the CPA role of facilitating UN coordination may be hampered.

The UNAIDS five-year evaluation will focus on this issue, but important trends already are emerging. In expanded Theme Groups, the presence of other stakeholders adds important accountability and transparency to the functioning of UNAIDS, while UNAIDS participation in the often larger financial and programmatic elements of donors can add coherence to the overall national effort. UNAIDS Secretariat support, particularly through the presence of a Country Programme Adviser, has proved vital to (even if not a guarantee of) the effective functioning of UN Theme Groups. As the response to the epidemic scales up, strong coordinating mechanisms for external partners will become imperative to enhancing synergy and

avoiding fragmentation. The Theme Group mechanism provides a solid foundation in many countries to take this process forward.

In order to facilitate better functioning of all Theme Groups, the UNAIDS Secretariat in its realignment (see Section IV, K) has established a specific Theme Group Support Unit. This unit will monitor the development of Theme Groups, particularly the development and implementation of unified work plans, and support better integration of Theme Groups into the larger Resident Coordinator system. This additional support is intended to provide more rapid intelligence about Theme Groups experiencing problems, so that appropriate and early interventions can be made by the Cosponsors and Secretariat.

C. National strategic planning and review

One of the most critical functions of UNAIDS at country level is support for national strategic planning. In line with PCB recommendation (UNAIDS/PCB(6)/98.12), the Secretariat has also stressed the importance and potential for adopting strategic approaches to planning at decentralized levels, including district and community. Consistent with PCB recommendation (UNAIDS/PCB (8)/99.7), UNAIDS has also sought to develop synergy with bilateral and other multilateral contributions within the framework of national strategies.

National strategic plans are now a key element in operationalizing the International Partnership Against AIDS in Africa and increasingly serve to mobilize resources and partnerships elsewhere. The Secretariat and Cosponsors have continued to provide technical and financial assistance both for national processes, and in the case of Burkina Faso and Tanzania, for district-level planning too. The plans have provided the focus for roundtable resource mobilization meetings in Malawi, Mozambique and Zambia. In Asia, UNAIDS has promoted and facilitated provincial strategic planning, notably in Guangxi province in China and in India, where support to state-level planning is a key component of the national plan and a priority for UN system support.

At the end of 2000, 64 countries had completed national plans, and a further 28 were in the process of developing them. There is clear evidence of an acceleration in this process. At the end of 1999 for example, 11 African countries had completed national plans and a further 13 were in the process of creating them. At the end of 2000, 30 African countries had completed the process, with a further 13 developing them. In a number of instances, UNAIDS Cosponsors and Secretariat have collaborated with bilaterals in providing both technical and financial support to the process, for example in Eastern Europe and in the Pacific Islands. The Secretariat also convened two meetings among “most populous countries” to address planning issues of heightened concern to them, such as decentralization and expanding access to care for large populations.

The Secretariat has consistently emphasized that, while the quality of national strategic plans may vary, they are the only instrument that provides both a vehicle for national leadership and an overall strategic framework in which other stakeholders can locate their roles and actions. UNAIDS has therefore supported

efforts to improve the quality of plans, so that they are more specific, flexible, and realistic, and so they effectively prioritize actions offering maximum impact in resource-poor environments.

For example, to date too few strategic plans adequately cover care and treatment; fewer address impact alleviation. UNAIDS, through the Accelerating Access process (see Section II, D. (iii)) is working to ensure that care plans, which set out what government is prepared to provide, to what standard, at what cost, and to whom, are developed. In the context of falling prices for antiretroviral treatment, this is a politically sensitive and complex task. Nonetheless, the provision of support to the development of 16 plans over the previous 12 months, and the anticipated rapid intensification of such support in the coming months, are indications of the importance that UNAIDS attaches to this agenda.

A growing challenge is to ensure that national coordination capacity keeps pace with intensified planning efforts. UNAIDS Secretariat allocates a portion of its core budget to local Theme Groups on HIV/AIDS, through the Programme Acceleration Fund (PAF). The high priority given to supporting national coordination mechanisms, councils and secretariats is reflected by the significant allocation of PAF resources to countries for strategic planning activities (18% of total PAF resources) and for capacity-building (over 14% of total resources) for these entities.

At a **regional and sub-regional level**, strategic planning is also well advanced in some regions.

D. Strengthening resource mobilization capacities

As countries complete their plans and move to the implementation phase, UNAIDS must intensify its focus on supporting plan implementation, including plan costing and resource mobilization. In Africa the Theme Group has been effective in bringing together country level actors in Tanzania, Ghana, Malawi and Namibia. Cost projections for plan implementation provide essential information for resource mobilization and now feature more prominently in the support provided by UNAIDS to governments. The Malawi Roundtable, convened by the Government with full support from the UN Resident Coordinator, and involving all stakeholders, succeeded in mobilizing US\$ 110 million out of total projected implementation costs of US\$ 121 million. The Malawi experience is now the subject of a case study for other countries planning resource mobilization round tables. Six countries—Burkina Faso, Ethiopia, Lesotho, Nigeria, Swaziland and Tanzania—are planning similar resource mobilization initiatives. Elsewhere in southern Africa, close collaboration of Theme Groups has led to the mobilization of over US\$ 20 million from the UN Fund (UNF) in support of activities at country level.

A greater number of Theme Groups are adding resource mobilization to their integrated workplans and are using the UNAIDS Programme Acceleration Fund to leverage additional financial resources (an analysis and quantification of this process is currently being undertaken by the UNAIDS Secretariat). For example, this process is now well advanced in 11 countries of Central and Eastern Europe and Central Asia. Similarly, in June 2000, the Secretariat organized a workshop in conjunction with the Prince of Wales Business Forum on public-private partnerships for all sectors in the Mercosur countries (Southern Cone of

Latin America, with Bolivia and Brazil). Following the workshop, Argentina announced the creation of a Business Council on HIV/AIDS to mobilize private sector resources. Important resource mobilization efforts have also been stimulated in the Caribbean region through collaboration between the Secretariat and governments.

Additional support for national resource mobilization comes from the World Bank coordinated processes relating to Poverty Reduction Strategy Papers (PRSP) and relief of Highly Indebted Poor Countries (HIPC) (discussed below), as well as from international advocacy efforts. Since the Durban conference in 2000, UNAIDS has called for a massive injection of new resources for HIV/AIDS. At the Organization of African Unity Summit in Abuja in April 2001, the Secretary-General appealed for the creation of an international fund and spending of US\$ 7 to \$10 billion annually. UNAIDS reiterated the case that current resources for Africa fall far short of requirements, and has called attention to resource shortfalls also in Asia and other regions.

E. Secretariat support to national responses

Although the resources available for national responses from the UNAIDS Secretariat are very modest, they represent a significant proportion of the UNAIDS core biannual budget. During the period 1998-1999, US\$ 22.9 million in Strategic Planning Development Funds (SPDF) were channelled by the Secretariat through the UN Theme Groups, with the dual aims of stimulating broader partnerships for an expanded national response and consolidating a more strategic and coordinated UN system response. In 2000, the SPDF was renamed as Programme Acceleration Funds (PAF), which is intended to support three main areas of work. They are: (i) designing and developing strategic plans, UN integrated work plans, and grant or loan programmes addressing HIV/AIDS, including World Bank credits and debt relief programmes; (ii) filling funding gaps in existing UN system integrated workplans; and (iii) initiating major new and innovative priority activities identified through the strategic planning process.

A total of 270 proposals for PAF were submitted by Theme Groups during the period January 2000 to mid-April 2001. Since just January 2000, almost US\$ 23 million was earmarked for channelling through PAF. In this biennium alone, proposals amounting to over US\$ 17.5 million were approved and US\$ 10.4 million obligated under agreements between the Secretariat and Cosponsor executing agencies. Although the current process has improved markedly on the earlier mechanism, a number of constraints remain. The disbursement of approved project funds has not been as rapid as planned. The lack of a uniform standard administrative procedure for the Cosponsor executing agencies has necessitated the preparation of separate Letters of Agreement with each Cosponsor; compliance with individual agencies' sometimes complex procedures has also been demanding. Clearly more progress is needed to make the PAF a rapid, flexible instrument for transferring funds, and work is ongoing within the UNAIDS Secretariat and key Cosponsors to identify and address outstanding problems.

Notwithstanding these constraints, the PAF is meeting a number of important objectives. First, PAF supports a more coordinated UN response with all Cosponsors assuming some responsibility for execution, albeit in varying degrees (UNDP is executing almost 50% of all approved PAF monies, WHO 21%,

UNICEF 13%, UNESCO 7%, UNDCP 2% and the Bank 0.5%). Secondly, PAF permits the mobilization and leveraging of resources in support of national responses. For example, in Nepal US\$ 200 000 in UNAIDS PAF has attracted pledges of over \$3 million in additional resources for an initiative in that country. In the Caribbean, the Netherlands has decided to channel resources through PAF for a total of US\$ 1.2 million this year. A further US\$5 million has been mobilized to date for the International Partnership Against AIDS in Africa, utilizing the PAF mechanism to channel funds through the UN Theme Groups. The United States Centers for Disease Control and Prevention (CDC) Global AIDS Programme (GAP) established in 2000 a country-level, multi-agency partnership Cooperative Agreement with the UNAIDS Secretariat in support of Theme Group efforts through the PAF programme.

Thirdly, as reflected in the analysis of the use of PAF generally and by region, PAF helps to address nationally defined priorities. Across all regions, almost one-fifth of the funds is being used to support strategic planning processes at national and sub-national levels, and programme areas including advocacy, young people, greater involvement of people living with AIDS, access to care and treatment are well reflected. The regional analysis also further illustrates the relevance of PAF to country priorities. For example, support for workplace programmes in Africa, programmes for drug use and HIV in Asia and Eastern Europe, and for men having sex with men and indigenous populations in Latin America, all reflect specific regional needs.

Over the course of 2001, an in-depth assessment of PAF processes will be carried out to draw out lessons of good practice. One issue requiring attention is the difficulty of funding joint UN Theme Group activities with the absence, in most countries, of a mechanism to hold joint funds. Other issues are improving the timeliness of reporting of PAF and the potential for decentralizing project approval and monitoring. Lessons learned in the assessment, together with the appraisal for the utilization of PAF, will be reflected in the preparation of new PAF guidelines for 2002-2003.

Finally, the shift to a greater understanding of the purpose of PAF is reflected in the view of one Theme Group, which has emphasized that 'PAF funds should not be diluted into the general planning of projects of individual agencies ... but should stand out as a commitment to achieving higher levels of joint UN action.'

F. Mainstreaming HIV/AIDS in development frameworks

One of the priorities identified by the UNAIDS Secretariat for the year 2000 was mainstreaming HIV/AIDS into the development process, for example ensuring that Poverty Reduction Strategy Papers (PRSP), UN Development Assistance Frameworks (UNDAF), Common Country Assessments (CCA), medium-term expenditure plans, and donor roundtable processes all emphasized the importance of responding to the AIDS epidemic. During the course of the biennium, a large number of UNDAFs and CCAs feature HIV/AIDS as a specific element. In addition, during the past year special emphasis has been placed by the Cosponsors and Secretariat on mainstreaming HIV/AIDS into poverty reduction processes. UNAIDS recognized early on that debt relief has the potential to be a prime source of financing for national AIDS programmes in the most heavily affected African countries. Governments going through the process for

Highly Indebted Poor Countries (HIPC) have an important opportunity to highlight HIV/AIDS as a key factor in worsening poverty, and the Poverty Reduction Strategy Paper provides the vehicle for addressing this concern. During 2000, more than 30 countries were involved in the PRSP/HIPC process with 20 concluding HIPC debt relief agreements. More countries are expected to reach HIPC agreements this year.

Throughout this period, the UNAIDS Secretariat, UNDP, UNICEF, the World Bank and WHO worked to mainstream AIDS, by giving it a very prominent place analytically and operationally. Global advocacy and technical work on methodologies and standard content of PRSPs and HIPC was undertaken. Country level work also was carried out in more than a dozen African countries at the request of the Theme Group and other national partners. The Secretariat provided technical support to Burkina Faso, Cameroon, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Uganda, Tanzania and Zambia in integrating HIV/AIDS into their HIPC/PRSP process. This was achieved in part through the placement of a small, temporary technical-assistance team based in Africa, as well as through the development of a tool kit with the World Bank.

The Secretariat also co-hosted with the World Bank and UNDP training workshops on poverty, debt, and AIDS for nine Anglophone African countries in Malawi and for twelve Francophone countries in Benin. While so far no country has allocated more than 15% of its debt savings to AIDS programming, ten African countries have committed US\$ 36 million of HIPC savings to their AIDS programmes this year, illustrating the potential of this initiative. The achievement of a higher percentage of debt savings allocated to AIDS is a strategic objective, though complementary investments from debt savings in health and education infrastructure will, in themselves, have important impact upon the epidemic.

One of the priorities identified by the UNAIDS Secretariat for the year 2000 was mainstreaming HIV/AIDS into the development process. For example, mid-term expenditure plans and donor roundtable processes were fully cognizant of the important impact of the AIDS epidemic. Specifically, the Secretariat and Cosponsors decided to engage in the process of debt relief, recognizing early on that debt relief has the potential to be a prime source of financing for national AIDS programmes in the most heavily affected African countries. Governments going through the HIPC process have an important opportunity to highlight HIV/AIDS as a key factor in worsening poverty, and the Poverty Reduction Strategy Papers being elaborated in more than 20 poor countries provide the vehicle for addressing this concern. During 2000, more than a dozen countries were involved in the PRSP/HIPC process with nine concluding HIPC debt relief agreements. This figure has subsequently grown to 18.

G. Community and local responses

Since its inception, UNAIDS has argued for the importance of catalyzing and supporting community and local responses to the epidemic. Local responses and community involvement are the front lines in both prevention and care. The objectives of work on community responses include identifying, analysing and documenting best practice for Cosponsors and other partners, and in Africa particularly, identifying and promoting key elements of the essential community care package. Over the two-year reporting period, a

great deal has been learned, particularly from some of the pilot projects on community care that the Secretariat has supported, such as the Church Health Association of Ghana.

Most recently, a process named ‘From Kiosk to marketplace’ has begun in six African countries in collaboration with the WHO Regional Office for Africa. Key elements of home and community care have been identified—voluntary counselling and testing (VCT), clinical management, nursing and nutritional care, and psychosocial care. Proposals for enhancing these elements have been developed for Ethiopia, Ghana, Malawi, Mozambique, Swaziland, and Tanzania. Resource mobilization for the implementation of these proposals has started in all countries, and implementation has commenced in Ghana. Best practice publications continue to be developed. Most recently, for example, a collection of six case studies on effective home and community care from Uganda, South Africa, India and Cambodia was published and is being disseminated.⁷

Work to stimulate local responses—encouraging effective strategic planning, implementation and monitoring at district level and below—continues to develop. In large countries, this work has also focused on state level responses. In India, for example, UNAIDS has assisted in convening through the use of the Internet regular “virtual” meetings between state-level AIDS programme managers and their national counterparts. In this way it has achieved efficiencies such as savings in transport costs and demonstrated how innovative use of information technology can help link the centre to state and local levels in a large country environment. The local response agenda is driven by a vision of ‘AIDS-competent societies’ in which people accept that HIV/AIDS is affecting their lives and work, and are better able to deal with it by assessing accurately the factors that may put them or their communities at risk.

Over the period 1999-2000, the Secretariat has given priority to strengthening partnerships with civil society and establishing mechanisms for the disbursement of funds from districts to communities. Work has been ongoing in Burkina Faso, Côte d’Ivoire, Ghana, Mali, Philippines, Senegal, Thailand, Tanzania, Zambia and Zimbabwe. In Uganda, for example, the country has chosen to develop a large-scale District Response Initiative (DRI) with the support of UNICEF, the World Bank, USAID, Irish Aid, DFID and the UNAIDS Secretariat. UNICEF has played a key role in a similar initiative in Tanzania. The District Support team, chaired by UNICEF staff has made support to all districts one of its two main priorities. In Burkina Faso, through the Multiyear AIDS Project, the World Bank is providing resources to bring a local response initiative to scale. Through the Alliance of Mayors and other municipal leaders, and with support from UNDP, officials from 70 municipalities in 17 countries in Africa have actively engaged in the response to the epidemic.

The Technical Resource Network on Local Responses was created in 1999, and continues to link and facilitate actors from different countries, particularly using an electronic platform (localresponse@unids.org) and video conference seminars.

⁷ *Comfort and hope – Six case studies on mobilizing family and community care for and by people with HIV/AIDS*, UNAIDS case study, June 1999.

Ultimately, the success of both local and community-led responses will depend on effective decentralization from national level to the district or other local levels. Decentralization with respect to HIV/AIDS suffers from the same problems as in any sector: decision-making may shift, but without a corresponding shift in resources and accountability. Funds may take months to travel from the centre to the periphery; decision-making shifts in theory, but key strategic choices are still made at the centre. This can be particularly problematic for local responses to HIV/AIDS as there is no HIV/AIDS-specific district infrastructure, and effective responses are particularly dependent on the participation of community groups, working with different government sectors. The ability of the most affected countries to increase their capacity will depend on whether the centre can transfer funds to the periphery, and whether these funds can be used rapidly. The multi-billion dollar response to AIDS in Africa will not be achieved without significant development outside the centre. Significant consolidation of ongoing work at country level is needed, in particular greater collaboration with other actors—civil society, the private sector, donors, and local government administrations. In the least developed countries, it is a challenge of considerable magnitude.

H. Network development and technical resources

Building capacity at country level—particularly the improvement of technical information and expertise for national HIV/AIDS efforts—is supported by inter-country technical networks and task forces in priority programme areas.

The Cosponsors and the Secretariat supported technical networks and task forces in all regions. Examples of success include the Asia and European Harm Reduction Networks, the Horizontal Cooperation Network of AIDS Programme managers for Latin America, the Regional AIDS Training Network for Anglophone Africa, the network of specialists on migration and AIDS in West Africa, the Religious Alliance against AIDS in Africa and the inter-agency task forces on preventing mother-to-child transmission (global), access to drugs (global), mobility and AIDS (East Asia) and management of sexually transmitted diseases (Africa).

Through a combination of expanded technical expertise located in Cosponsors' regional offices and a gradual shift in organizational culture towards a 'country service' focus, the Cosponsors and Secretariat were able to offer a growing mix of direct and brokered technical support to an increasing number of countries. In India, for example, the Secretariat and Cosponsors provided information technology infrastructure and other support to the national AIDS programme to assist in convening a weekly Internet discussion forum on HIV/AIDS that includes state AIDS programme officials, people living with HIV, and representatives of NGOs.

The continuing development and maintenance of networks and technical resources will need considerable reinforcement in the coming biennium as the Cosponsors strive to use local technical resources, build stronger national capacities and facilitate better external technical support to a larger number of national AIDS programmes. A very recent example of such work lies in the workshops sponsored by the Secretariat and WHO Regional Office for Africa to expand our technical consultant capacity to serve countries wishing to take part in the initiative to accelerate access to care. Roll-out of care programmes has

been hampered by the severe lack of capacity to service the rapidly growing demands of countries. By training 50 consultants in the UNAIDS approach to HIV care and support, including in technical assistance for national care plans, the capacity to speed up the process has been considerably enhanced. These consultants, trained in February and March 2001, have already begun to be deployed to countries requesting UNAIDS support.

The need for increased technical capacity in all countries, but particularly in those most affected, is acute. But as resources increase, the need for well-coordinated strategies for building capacity is equally acute. Without such coordination, both within the UN and amongst other partners, national and international efforts risk fragmentation and reduced impact. UNAIDS is therefore working to strengthen capacity at regional and sub-regional levels, both supporting the establishment of technical resource networks, and strengthening existing ones. Together with USAID, for example, the Secretariat conducted a needs assessment for capacity building at country level based on national strategic plans.

I. Capacity-building and support at the regional and sub-regional level

Throughout this period, there has been a growing recognition of the value that regional and sub-regional initiatives can bring to national efforts. While national efforts continue to be the main focus, opportunities for identifying and addressing common regional or sub-regional concerns, and organizing support on a broader political platform has proven invaluable. The Cosponsors and Secretariat have therefore worked together with key bilateral and nongovernmental partners to develop sub-regional initiatives in all regions. Such sub-regional initiatives have been developed in the Caribbean and Latin America, the Baltic States, South-East Asia and in Africa under the umbrella of the International Partnership Against AIDS in Africa (IPAA). In some cases, Cosponsors also prepared their own regional and sub-regional AIDS strategies complementing Programme-wide initiatives, such as UNICEF's strategies for Africa and Eastern and Central Europe, UNDP's strategies for Latin America and the Caribbean, and the World Bank's strategy for Africa. The role of the Cosponsors and Secretariat in each of the regions is discussed further below.

(i) Africa – The International Partnership Against AIDS in Africa

In July 1999, the Council of Ministers of the Organization of African Unity (OAU) in Algiers approved a resolution endorsing the International Partnership Against AIDS in Africa (the Partnership, or IPAA). Three months later the Executive Director of UNAIDS and Secretary-General of the OAU signed an official Cooperation Agreement to foster collaboration and partnership in the response to AIDS in Africa. At the second Africa Development Forum on 'AIDS- the greatest leadership challenge' in Addis Ababa, the Partnership was formally launched by the UN Secretary-General, who declared that 'from now on, across all of Africa, it will be the focus for a new spirit of cooperation in building the response to AIDS'.

The Partnership is a coalition of actors who have agreed to work together to achieve a shared vision, common goals and objectives based on a set of mutually agreed principles and a set of key milestones. The UN (including UNAIDS) is but one of the constituencies of the Partnership, along with African

governments, bilateral donors, and the private and community sectors. It is therefore difficult to attribute specific impacts to UNAIDS separately from the actions of other partners. Indeed, the overall emphasis of the IPAA proceeds from the recognition that none of the partners can mount an effective response to the epidemic alone.

In the 15 months since the launch of the Partnership, a great deal has been achieved. The first area of achievement lies in stimulating new partnership mechanisms at country level, such as through the expanded Theme Group in Ghana, Ethiopia and Zambia, the technical working group in Malawi, the Task Force in Burkina Faso, or the Partnership Forum in Tanzania and South Africa. All of these approaches share the goal of creating environments in which governments take the lead in bringing partners together. In several countries, heads of state and government have spurred the rapid development of, and personally launched, national strategic plans, indicating the importance of political leadership at the highest level. In Zambia, Mozambique and Malawi, moreover, the President, Prime Minister and Vice-President, respectively, participated actively in resource mobilization roundtables. UNAIDS has been involved in accelerating the production of comprehensive national strategic plans in Benin, Burkina Faso, Ghana and Gabon, and in revising the costing and priorities of completed plans in Ethiopia, Malawi, Mozambique and Zambia. Toolkits for prioritizing and costing national strategic plans have been developed, as have ones for mainstreaming HIV/AIDS programmes into development instruments; the Secretariat has supported training of government officials in the use of these toolkits.

As of December 1999, 14 national strategic plans had been completed. By March 2001—only 15 months later—nearly 30 had been completed and another 14 were being developed. Support is being extended to national coordinating bodies to assist governments to continue to strengthen and sharpen these initiatives.

All Cosponsors have significantly increased their resources to combat HIV/AIDS in Africa. Other UN agencies such as the International Labour Organisation (ILO), the Office of the UN High Commissioner for Refugees (UNHCR), the World Food Programme (WFP) and the Food and Agricultural Organization of the UN (FAO) are now active participants. In the framework of the IPAA, the World Bank has approved the US\$ 500 million Multi-country HIV/AIDS Programme for the Africa region (MAP). So far, fully negotiated programmes have been concluded with Ethiopia (\$US 60 million), Kenya (US\$ 50 million) and Cameroon (US\$ 50 million). A US\$ 40 million credit was approved last month to help the Government of Eritrea reduce the mortality and morbidity of the population due to HIV/AIDS, Sexually Transmitted Infections, tuberculosis and malaria.

UNICEF has identified HIV/AIDS as a programme priority, with significant increases in resources, particularly for eastern and southern Africa, at an estimated US\$ 250 million over the next five years.

The 50th session of the WHO Regional Committee for Africa adopted a framework accelerating the implementation of the Regional Strategy on HIV/AIDS and an additional US\$ 1.5 million has been allocated to HIV/AIDS within the WHO Regular Budget at regional level.

UNDP has integrated HIV/AIDS into all sectors of their programmes, from ministries to civil society. UNDP has started a dialogue on HIV/AIDS in Africa with the Organization of African Unity and the Economic Commission for Africa, in collaboration with the Alliance of Mayors and Municipal Leaders.

In view of the special vulnerability of young people and the determination to respond to requests from governments for assistance, UNFPA secured US\$ 57 million from the Bill and Melinda Gates Foundation, which will be directed towards preventing and controlling HIV/AIDS among young people in four African countries (Botswana, Ghana, Uganda and Tanzania) over a five-year period.

Technical support has been accelerated in access to care, voluntary counselling and testing, mother-to-child transmission, blood safety, treatment of sexually transmitted diseases, as well as awareness and behaviour-change programmes. Access to care missions have been conducted in Côte d'Ivoire, Botswana, Burkina Faso, Ghana, Kenya, Malawi, Morocco, Rwanda, Swaziland, Uganda, Tanzania, Zambia and Zimbabwe.

At the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, convened in April 2001 by the OAU in Abuja, Nigeria, the Partnership benefited from a redoubling of political commitment at the highest levels of government and the UN system. At Abuja, the UN Secretary-General appealed to donors to come forward, by the time of the UN Special Session on HIV/AIDS in June 2001, with firm pledges to support five priority areas: (i) prevention; (ii) reducing transmission from mother-to-child; (iii) access to care and treatment; (iv) scientific advancement to find a cure and vaccine; and (v) protecting the most vulnerable, especially orphans. African heads of state and government signed a declaration at the summit calling on OAU Member States to aim at spending 15% of their national budgets to support the health sector, including a significant proportion on AIDS, with additional funds to be allocated to AIDS education, training and research.

While solid progress has been made over the past 15 months, turning the IPAA strategy into effective results in countries faces many challenges: supporting the continuing expansion and maintenance of political commitment; following through on the mobilization of the necessary resources for priority activities (financial, human and material); establishing strong bodies to lead and coordinate national responses; addressing the underlying issues that fuel the transmission of HIV, and improving access to care are the most immediate challenges. Communicating clearly what the IPAA is—to maximize its influence as a new, collaborative way of doing business while minimizing any potential confusion over roles—remains a priority. Monitoring the results of the IPAA efforts, particularly in the area of financial tracking of both national and international commitments, will not only help to assess the value-added of the IPAA, but will also contribute to better coordination by providing timely and useful information to all actors. First steps have been taken in this regard, through a stakeholder meeting on monitoring and evaluation in Pretoria in April 2001, but the real result will be the actual collection and dissemination of information, which so far has not been systematically achieved. Finally, while many countries in Africa have demonstrated increased leadership by creating inclusive national strategic plans, UNAIDS and the Partnership in general need to assist these countries raise funds, whether through financial roundtables or other activities.

UNAIDS sees the IPAA as standing at a critical juncture. The monitoring and evaluation framework agreed by all five Partnership constituencies in Pretoria in April 2001 will be tested in two countries in the coming months and will be ready for broad application by October 2001. It is already clear, however, that the paradigm shift needed to move from a multitude of individual AIDS ‘projects’ to a cohesive national programme is still to occur in most countries. Movement forward demands more resources. More resources demands more effective leadership and coordination to ensure maximum impact. More effective leadership and coordination demands more capacity. Without more institutional, technical and financial management capacity, resources will not be directed to where they can have maximum impact. The role of external stakeholders is important in this process, and the role of UNAIDS is critical. Developing and sustaining functions in support of this movement forward requires a quantum leap for the Cosponsors and Secretariat alike, in partnership with other actors.

The budget submitted to the PCB for the period 2001-2 reflects the financial support for a shift of this nature.

(ii) Latin America and the Caribbean

The last two years have seen rapid progress in the response to HIV/AIDS in Latin America and the Caribbean, and UNAIDS Cosponsors and Secretariat have played a valuable role in supporting this progress.

Progress in the UNAIDS response to HIV in Latin America has proceeded toward three key objectives: (i) strengthened UN system support for national responses; (ii) better-resourced national strategic plans; and (iii) strengthened regional level strategies to support country efforts. Rapid progress has been made in relation to a number of key areas of UNAIDS activity: submission of projects for Programme Acceleration Funds (100% submission and approval rate among all priority countries); expanded Theme Groups (90% of all Theme Groups have expanded membership); commitment of Cosponsors to the Theme Group, with a full diversity of Theme Group chairs; a high proportion of countries with a finalized or advanced national strategic plan (71% of all countries in the region), and high proportion of Theme Groups with UN Integrated Plan (62%). Regional and sub-regional strategies to guide the regional programmatic support to countries also have been agreed by the Cosponsors and other regional stakeholders.

As requested by the PCB, UNAIDS has intensified its efforts in the Caribbean and Central America. The Pan Caribbean Partnership on HIV/AIDS (the Caribbean Partnership) was recently established with the full support of governments, regional institutions and the Caribbean Community (CARICOM), as well as the UN system, donors, civil society, and the private sector. The Caribbean Partnership was launched during the CARICOM Heads of Government meeting in February 2001, the culmination of two years of careful planning and advocacy in collaboration with the UN Theme Groups and CARICOM Secretariat.

The Caribbean Partnership—under the aegis of CARICOM, which operates as its Secretariat—builds on an extensive consultative process, including the CARICOM Secretariat, the Caribbean Group on

Cooperation in Economic Development (CGCED), ministers of health in the region, as well as UNAIDS Cosponsors and the Secretariat. At a special high-level Regional Conference on HIV/AIDS hosted by the Government of Barbados in September 2000, with the sponsorship of CARICOM, WHO/PAHO, the World Bank and the Secretariat, greater political support was mobilized. The World Bank announced an adaptable loan programme for HIV/AIDS in the Caribbean amounting to US\$ 100 million. Other resource commitments were announced by bilateral donors, notably the Netherlands.

The Caribbean Partnership is already demonstrating its impact in the following ways: (i) increasing the number of actors involved and their level of commitment to the response; (ii) scaling up the level of financial and technical resources; (iii) scaling up geographically towards a true pan-Caribbean response including all countries and dependent territories; and (iv) scaling up of the international visibility of the Caribbean through advocacy efforts for the region. The Caribbean Partnership provides a framework for coordinated action and a shared strategic agenda resulting in the initiation of a series of specific regional projects as varied as ensuring the greater involvement of people living with HIV and analysis of the economic impact of the epidemic, thus benefiting the countries and region as a whole.

Like the International Partnership Against AIDS in Africa, operationalizing the Caribbean Partnership presents region-specific challenges to the UNAIDS Cosponsors and Secretariat. These include the difficulty of coordinating the UN response across small island states where the UN presence is not nearly as concentrated as in other regions; logistical problems of addressing cross-border issues in multiple island states with different languages and cultures; and the limited interest of donors so far in committing the required level of resources.

In Central America, the alarming increase in HIV prevalence observed across many countries has severe implications for future economic development and social stability. AIDS is already the leading cause of death of women of reproductive age in Honduras (20% of all deaths in this group) and there are indications of a fast-growing epidemic stemming from heterosexual transmission throughout the region.

Supported by UNAIDS Cosponsors and Secretariat through the Regional Network on Strategic Planning, most Central American countries (with the exception of Costa Rica) have finalized their HIV/AIDS national strategic plans and have moved to the implementation phase. Monitoring and evaluation instruments have been applied in several countries. A number of countries have also conducted a survey of national expenditures on HIV/AIDS in collaboration with the SIDALAC Project sponsored by the World Bank. Five of the seven countries have passed HIV/AIDS laws and, in part through the advocacy of civil society, important progress is reported in improving access to care.

Building on a long history of regional cooperation in Central America, UNAIDS together with other partners has been working on the development of regional and sub-regional strategies in support of national responses to HIV/AIDS. This effort builds upon existing initiatives and collaboration mechanisms, including the TUXTLA Mechanism (Mexico and Central American Presidential cooperation agreements),

RESSCAD (Central American and Dominican Republic Health Sector Meeting), COMISCA (Ministries of Health Council) and SG-SICA (Central American Integration System General Secretariat). This has resulted in the development of key regional projects, such as a project on HIV/AIDS and migration involving Mexico and Central American countries that has gained the support of Cosponsors, bilateral donors and private foundations. A broader Plan of Action for Central America has also been developed in coordination with donors, including USAID, Norway, Sweden and the Inter-American Development Bank. Further support for this Plan of Action is being discussed with the World Bank and entities such as the UN Foundation.

Central America is now at a critical turning point in the fight against HIV/AIDS. A much more substantial and sustained response is needed to translate analysis and broad plans into concrete action and results. Moving to such an expanded, large-scale response to HIV/AIDS in Central America requires urgent action on several fronts: (i) national strategic plans must be fully costed; (ii) more detailed and practical implementation schemes must be developed; (iii) deeper political support must be inspired from national to community leaders to reduce stigma, denial and discrimination, to ensure that HIV/AIDS is perceived as the serious social and economic threat that it represents, and to attach even higher priority to amassing a large-scale response; and (iv) greater financial and technical resources must be mobilized in each country and for the sub-region as a whole, both from domestic and external sources.

In the Southern Cone of Latin America, the sub-regional approach has focused on the prevention of HIV transmission among injecting drug users. The UN Theme Groups on HIV/AIDS, national AIDS programmes, and NGOs in Argentina, Brazil, Chile, Paraguay and Uruguay have been working together since 1999 on a comprehensive regional programme including advocacy, prevention and care activities, as well as building bridges between national drug control and HIV/AIDS programmes. As a result, countries like Argentina and Paraguay have advanced policies in support of needle exchange and harm reduction. The regional project has benefited from the integration of UNDCP as an important financial and technical partner.

The Southern Cone has also experienced a boom in the level of commitment of the private sector during 2000 and the first quarter of 2001. A close collaboration between UN Theme Groups, UNAIDS Cosponsors and Secretariat, the Brazilian Business Council and national AIDS programmes has resulted in the establishment of National Business Councils on HIV/AIDS in Argentina, Chile, Paraguay and, soon, in Uruguay. In addition, the region has been innovative in establishing a regional business council on HIV/AIDS encompassing all Mercosur countries (Southern Cone, with Bolivia and Brazil) under the presidency of Brazil.

Other areas supported by Cosponsors include bilateral and multi-lateral technical cooperation projects among Southern Cone countries for prevention among migrant populations, tourists, commercial sex workers and truck drivers (including the Iguazu Falls Project, the Uruguay River Project, the Mendoza Project and the Corumba project.)

Continuing challenges for the Southern Cone include achieving sustained political commitment and support to HIV/AIDS action programmes, particularly in overcoming sensitivities associated with prevention and care among injecting drug users and other vulnerable populations.

(iii) Eastern and Central Europe

In Europe, regional strategy meetings held in November 1999 and December 2000 achieved a strong consensus around strategic priorities on the part of national government and civil society representatives, UNAIDS Cosponsors, bilateral donors, and international NGOs. Recognizing the rapidly closing window of opportunity to prevent large-scale epidemics of HIV/AIDS in the region, it was agreed that urgent joint action to support and strengthen national responses was required, particularly in relation to three key issues: expanded coverage of HIV prevention targeting injecting drug users; prevention and control of sexually transmitted infections; and the needs of vulnerable young people. The need for mechanisms to better coordinate regional support to national responses was also identified, particularly the need to expand Theme Groups to include bilateral agencies and other partners.

The progress review in December 2000 also recognized the need to strengthen implementation and flow of resources to support national responses, and stressed the urgent need to step up advocacy, social mobilization, and more effective utilization of existing resources at local, national and international levels. Substantial support from the international community, particularly from Western European countries, the European Commission and the private sector, is imperative to accomplish the swift transition from short-term project activities to cohesive, sustainable and expanded national programmes.

UNAIDS has supported the formation of a number of sub-regional initiatives including one in the Baltic Sea area, launched in December 1999 by the Governments of the United States and Finland, and the Caucasus sub-regional initiative, which was launched in June 2000 in Odessa, Ukraine. A review of the UNAIDS Task Force on Prevention Among Injecting Drug Users in Eastern Europe concluded that the Task Force has contributed to wide acceptance of pragmatic approaches to HIV prevention among drug users in the region. Through support from the United Kingdom, a full time Secretariat office has now been established at the UN Office in Vienna to facilitate close collaboration with UNDCP.

The Task Force on Sexually Transmitted Infections, with a secretariat hosted at the WHO Regional Office for Europe, has launched a web site as a tool for exchanging information and coordinating STI prevention and care activities. It includes a database inventory of all STI/HIV related activities of international organizations in the region. The task force has systematically raised strategic issues related to STI care and prevention in the region, encompassing the integration of STI prevention and care in reproductive health/family planning services and the promotion of condoms for dual protection, the inclusion of STI services in health care reform projects, and the provision of STI services to sex workers. Meanwhile, the UN Inter-Agency Group on Young People's Health, Development and Protection in the region was established in August 1999 to stimulate collaborative efforts in this field among UN agencies, governments and NGOs and to provide technical advice and assistance to such initiatives. The work of this inter-agency

group has resulted in increased focus on HIV prevention in school training on life skills, peer education, and in national and local policy guidance concerning the promotion of health through schools. Through the implementation of two joint workplans developed in a collaborative effort of UNICEF, UNFPA, WHO and the Secretariat, public awareness on HIV/AIDS and young people has been raised to varying degrees in most of the 27 countries involved.

Despite these promising initiatives, strategies for combating HIV/AIDS in Eastern and Central Europe need to take into account the limited presence of the UN system and need to work with higher levels of government. This shift to systematic programming and high level dialogue with governments has yet to occur in most countries, though there are important exceptions such as Ukraine and Belarus which have established multisectoral committees reporting to the highest political levels and have removed legal barriers for needle exchange programmes, substitution treatment and other approaches to HIV prevention among drug users. While 13 countries in the region have engaged in a process of developing strategic plans, these are being built at various levels. Moreover, national responses must go beyond an exclusive orientation toward health services to address the wide range of underlying factors that increase vulnerability to HIV infection. Particular areas of concern are injecting drug use, high rates of sexually transmitted infections, low condom use, and destructive social and cultural behavioural patterns. These are key factors that need to be addressed in response to the epidemic.

How is the UN placed to participate in this process? With a limited UN presence, UNAIDS needs to focus on leveraging other actors. Some promising initiatives have begun: the World Bank is in the process of negotiating substantial loans for HIV/AIDS to Belarus, Moldova, the Russian Federation and Ukraine. UNICEF has taken a strong lead in supporting coordination and strategy development at all levels, with a particular focus on young people and in developing regional and national strategies for prevention of mother-to-child transmission. UNDCP is supporting HIV prevention among injecting drug-users with projects in Central Asia. WHO is leading the Sexually Transmitted Infections Task Force and, along with UNFPA, is involved in developing comprehensive programmes for young people. UNESCO is coordinating information education and communication activities in Central Asia.

In spite of these achievements, greater engagement of the UN with a range of government departments is needed in ways that will lead towards the production of pragmatic strategic plans, moving away from traditional modes of operation, involving individual projects, workshops and training courses.

Other constraints to effective UN action in support of an expanded response include a highly medicalized view of health problems, over-specialization of medical personnel, outdated treatment regimens, a reluctance to adopt evidence-based practices, budgetary constraints linked to over-capacity in terms of clinics and hospitals, and no links (or incentives to develop links) between polyclinics and other part of the social system. As in other regions of the world, these institutional and systemic issues need to be addressed to make meaningful headway against the epidemic. Too often it is individuals working despite the system that have made the kind of initiatives outlined above possible. The need now is to move towards a more

systematic approach to tackling the epidemic. This will continue to require leadership commitments of the highest order.

(iv) Asia and the Pacific

As in other parts of the world, the UNAIDS strategic objectives for this region have focused on strengthening UN coordination in support of national responses, as evidenced by integrated UN system strategies; the development of frameworks for inter-country collaboration and for support to national programmes from regional entities; and a regional strategy and programme for the Association of South East Asian Nations (ASEAN).

Over the biennium, there has been substantial consolidation of UN Theme Group work in priority countries, for example in the development or refinement of common UN system strategies and UN integrated workplans in Cambodia, China, India, Laos, Myanmar, Nepal, Pakistan, the Philippines and Vietnam. In a number of countries, UN Theme Groups have focused on expanding the engagement of political leadership and the commitment of national resources. Examples include: supporting state level strategic planning and implementation in India; securing engagement of provincial leadership for strategic planning in Guangxi, Guizhou, Xinjiang, and Hainan in China; mobilization of resources and partnerships for a scaled-up response in Nepal, including through multi-donor support of the Kathmandu Valley Initiative; in Pakistan, contributions to the development of a national strategic framework and support for innovative programmes among vulnerable groups such as drug users in Lahore and Karachi; in Bangladesh, the recently signed agreement between the Government and the World Bank for a US\$ 40 million credit for HIV/AIDS. In Sri Lanka, UNAIDS has facilitated a review of the national response with financial and technical support from UNDP, the Bank and WHO, while the Theme Group supports condom promotion through UNFP, and a safe sex multimedia campaign through UNICEF.

Regional action in South Asia has focused on strategies that will add value to country responses. Political advocacy has become an overarching priority, and UNAIDS has facilitated the development of a South Asia Political Advocacy Project with regional Cosponsors, and with the United Kingdom Department for International Development through its Asia Regional Poverty Fund. The project builds on four discrete elements: developing modelling and forecasting tools; developing and strengthening national capacity for analysing primary and secondary epidemiological and social-behavioural data; developing national advocacy strategies across a range of constituencies; and policy dialogue on sensitive inter-country issues related to mobile populations and drug use. While this project has only recently begun, it has the potential to make a significant contribution to regional and national capacity to address the epidemic.

In Southeast and East Asia and the Pacific, the UN system has responded to the call for greater and more effective UN regional collaboration by setting up a Regional Coordination Mechanism (RCM) of nine thematic working groups to address the UN System's key advocacy and work agendas. One of these key agendas is HIV/AIDS and other sexually transmitted infections. As part of this Mechanism, a Thematic Working Group on HIV/AIDS has committed itself to demonstrating tangible results and outputs, and has

set up regional task forces to support the UN response in five key programme areas. The UNAIDS Inter-country team in Bangkok acts as the Secretariat to this Working Group. The task forces include governments, civil society and donors.

Each task force has developed a programme of regional action to support national activity. The task force on drug use and HIV vulnerability has been convened by UNDCP and has focused on advocacy and on facilitating situation assessments, producing for example a comprehensive analysis of drug use and HIV in Asia called *The Hidden Epidemic*. The task force on mobility and HIV vulnerability is convened by UNDP's South-East Asia HIV and Development Project. It supports mapping of population movements, resource mobilization and the development of regional and country-specific projects. The task force is working with ASEAN member states on a joint programme and elaborating action plans with Cambodia, Myanmar, Thailand and Viet Nam, focusing on seafarers.

The condom promotion task force is led by UNFPA's country support team in Bangkok. It will support countries, including Cambodia, Myanmar, and Vietnam, in initiating '100% condom programmes' with technical support from UNAIDS Secretariat and WHO. The task team on prevention of mother-to-child transmission, convened by WHO, is supporting countries in designing or refining national programmes for preventing mother-to-child transmission as well as care for mothers and children affected by HIV/AIDS. Finally, the task force on young people convened by the UNICEF East Asia and Pacific Regional Office, includes international and local NGOs, donor organizations and UN system agencies. It has set up two working groups, one to promote life skills education and the other to advocate for inclusion of youth health issues into the health reform agenda.

UNAIDS has also played an important role in supporting the ASEAN Secretariat's regional initiatives. Following the call for an AIDS summit by the Prime Minister of Malaysia at the International Conference on AIDS in Asia and the Pacific in Kuala Lumpur in October 1999, the ASEAN Foreign Ministers and Ministers of Health have recommended that AIDS be on the agenda of the ASEAN Heads of State Summit in Brunei in November 2001. At the same time, the ASEAN Task Force on AIDS (ATFOA) is embarking on the design of a new regional programme on AIDS. In the task force's October 2000 meeting in Cambodia, UNAIDS confirmed its support to ASEAN both for the design of the new ASEAN Regional Programme and for Member States' preparation to address AIDS at the ASEAN Summit in Brunei.

It appears that as the magnitude of the AIDS epidemic in sub-Saharan Africa unfolds, the South Asia and South-East Asia sub-regions are looking more strategically at their own vulnerabilities to the epidemic, though this sensitivity varies among individual countries. In this process these countries are looking to the UNAIDS Cosponsors and Secretariat for strategic support, technical resources, and assistance in financial mobilization. The challenges facing the UN in this context are complex and multifaceted, but are clearly derived from the specificities of the region—large populations; massive rural poverty; high levels of commercial sex work; limited institutional development; gender disparities; employment patterns that include high rates of migration, and a culture of denial. Regional assets include the excellent model of national

responses such as Thailand; growing political will to address the epidemic; and a strong entrepreneurial culture, including an active civil society.

In relatively low-prevalence situations in other parts of the region, the challenges are to support individuals and institutions who are prepared to be active in order to build overall national strategic direction and momentum. In this, the UN has an important role. Given its wide field of view, and capacity to advise on how various initiatives can be linked in an overall strategic framework, it has a unique vantage point for effective action. However, it is not always apparent that the UN response is as internally coherent as it could be. Considerable scope for building a more collaborative approach across the UN exists as well as for it to engage in shaping and developing national strategic frameworks.

J. UNAIDS at country level: analysis and conclusions

This review of the UN response at country level raises a number of important issues. Overall there has been much progress. A higher percentage of Theme Groups are operating effectively than at any previous time, and many national governments express the value of coherent UN system support. Part of the tension experienced in countries with serious epidemics lies in the nature of the response required. Responding to HIV/AIDS at country level requires features of both emergency relief and long-term development. The Cosponsor programmes at country level are structured, for the main, to provide the long-term development assistance, and this paradigm may not be sufficient to respond to the emergency now threatening massive portions of populations in many countries. The identification of more rapid mechanisms for channelling and deploying human and financial resources, and acting with the urgency that is required, remains an unmet challenge. The response can no longer be “business as usual”. The environment must change quickly and radically.

□ *UN Theme Groups on HIV/AIDS*

Clearly, in many countries, considerable progress has been achieved. The response, however, has varied between countries, and potential for improvement exists so that all UN Theme Groups operate at the intensity of those that are farthest advanced. In this context, the UN Theme Group on AIDS has highlighted the important opportunities and limitations of the Resident Coordinator system. Although in some instances there may be risks of duplication with other coalitions set up by governments that extend beyond the UN, and a consensus approach requires special efforts to ensure that the highest priorities are kept in focus, the Resident Coordinator System provides a forum for the development of coherent UN positions on key development policy issues. As with the Resident Coordinator system, in the main the UNAIDS Theme Groups add considerable value. While greater efforts must be made to ensure optimal support from the UN system to national AIDS responses, the list of functioning Theme Groups on HIV/AIDS that can serve as a model of UN coordination is growing.

In some respects the UNAIDS model continues to vary from widely accepted good management practice. Members of Theme Groups, for example, do not have their participation judged as part of

their overall performance appraisal. Few incentives, financial, managerial, or otherwise, are provided for contributing to an effective UN Theme Group. There is no formal disincentive for non-functioning Theme Groups. Mechanisms to improve accountability are needed.

The influence of UN Theme Groups will be enhanced by greater control over resources. There is little evidence, however, that UN Cosponsors are willing to allocate substantial resources through the Theme Group, and the Secretariat's Programme Acceleration Funds remain limited. However, the value-added of the UN system goes far beyond the financial resources it can collectively muster. As is being amply demonstrated by a number of Theme Groups on AIDS, a coordinated UN system can be particularly effective in advocacy, resource mobilization and, in strengthening national governments' coordination capacities.

The relative contribution of UN Theme Groups on AIDS to ensure UN system cohesion and to enhance support to governments is an important issue for the five-year evaluation. Clearly, as resources increase, coordination of actors—not just the UN—at country level will become increasingly important. Coordination is ultimately the task of government, though the UN can play a highly supportive role to governments. Finding the optimal role for the Theme Group as the heart of a more effective and rapid response is *the* strategic issue facing UNAIDS at country level.

□ *National strategic planning*

National strategic plans are a key element of the country level response. They are, however, only a vehicle for generating actions that produce implementation and impact against the epidemic, not ends in themselves. While the existence of national strategic plans is an indicator of progress, future work must also analyse the extent to which the plans translate into government and civil society action more effectively than individual sectoral plans for HIV/AIDS (which are still rare). The critical task is to support governments further in the analysis, consultation and conceptual work needed to develop stronger and more coherent strategies. UNAIDS Cosponsors and Secretariat are developing considerable experience in this process.

□ *UN integrated planning*

As with the existence of Theme Groups and national strategic plans, the presence of a UN integrated plan is another indicator of coordination. One challenge is to raise the quality of all UN integrated plans to the level of the most advanced, and to disseminate lessons learned from those planning processes where the commitment of the participating agencies to integrate fully their activities has been exemplary. Another challenge is to demonstrate a link between these plans and improved practice and, even more importantly, improved development outcomes. Nevertheless, the collaboration fostered by the UN integrated planning process almost certainly results in greater engagement of individual parts of the system, greater synergy and less duplication.

□ *Mainstreaming HIV/AIDS*

Mainstreaming HIV/AIDS from a narrowly defined health issue, to one of centrally important development significance, is becoming easier as visible evidence of the epidemic mounts. Nonetheless, there are still challenges to be overcome in governments, in the UN, and in NGOs. One of these is the dilemma between achieving long-term impact and sustainability as a result of mainstreaming, and the need for quick results and specific outcomes, which are easier to measure in vertical projects and programmes. Another is the continuing challenge of developing a response across sectors, recognizing the critical contribution that good policy and practice in education, labour, migration, agriculture, construction, etc. can make to the overall impact of the epidemic.

To date, in addressing the mainstreaming of HIV/AIDS into the HIPC processes, we have focused on the proportion of debt relief allocated to HIV/AIDS-related activities in government budgets. Clearly, this is an important source of additional resources. The Poverty Reduction Strategy process in which more than 70 countries are engaged provides a further opportunity for mainstreaming. The PRSP process influences the overall proportion of government revenues allocated to HIV/AIDS, irrespective of what comes from debt relief (in HIPC eligible countries). A key consideration in monitoring the success of HIV/AIDS mainstreaming is to monitor *overall* allocations benefiting the response to the epidemic across sectors, rather than merely the proportion of debt relief allocated directly to HIV activity. One implication of this analysis is the importance of the UN participating in processes that influence overall government budgeting and in donor interactions with government.

□ *Community and local responses*

While UNAIDS has persistently advocated for the importance of a decentralized response, and full community involvement as prerequisites for an effective response to HIV/AIDS, the challenges for achieving this for HIV/AIDS are no less significant than for other decentralization efforts. While the HIV/AIDS response has an important advantage—the potential for popular mobilization—the problems of underdeveloped institutions, local government, financial management and transfer mechanisms that affect other aspects of development are also likely to hamper an effective response to the epidemic. These are long-term agendas, and the UN, working in partnership across government and with this longer-term perspective, has an important contribution to make.

□ *Capacity-building*

International attention is focused on the level of resources needed to reverse the epidemic. In some countries systems now exist and capacities are available to move and use a considerably greater quantum of resources. The absence of resources is the major problem. In other countries, capacities are weaker, but greater resources are nonetheless required. Stimulating capacity by committing resources and taking some risks is more likely to result in a more rapid response to the epidemic. Nonetheless, there is a huge capacity-building agenda in financial management, technical expertise, human resources, institutional maturity and programme management. Supporting national AIDS Councils and Secretariats to shape the capacity-building agenda is critical, as is supporting governments to appoint the most able and talented professionals to lead national responses. This is a long-term agenda and the UN, working in partnership across government and with other donors and civil society has an important contribution to make.

□ *OECD countries*

The challenges facing the Organisation for Economic Co-operation and Development (OECD) countries, even if different in scale to those in the developing world, remain significant. The danger of complacency in the light of effective therapy has proven to be very real: risk behaviour, increasing rates of Sexually Transmitted Infections, and a relatively unchanging incidence rate are indications that OECD countries are by no means overcoming the problem of HIV/AIDS. Indeed, recent evidence that young, black, gay men in the United States experience similar rates of infection to men in parts of sub-Saharan Africa is clear evidence that prevention efforts are failing badly. The experience of OECD countries demonstrates that every generation of sexually active young people need to learn prevention messages afresh. Special approaches are needed for the most vulnerable populations, including migrant groups to ensure that both prevention and care programmes are made available in the most appropriate way. As the epidemic has worsened in other parts of the world, political attention to domestic prevention agendas is failing. UNAIDS has a role in drawing attention to this, and to advocating urgent action to address this.

□ *Regional collaboration*

The biennium has seen considerable steps forward in regional collaboration, with frameworks for action being agreed in all regions. It is still early days for measuring the impact that these frameworks have on national programmes, and in particular in ensuring better national access to regional technical and financial resources. Nonetheless, the process of establishing the frameworks has been extremely valuable to national actors, in

particular the recognition of specific regional patterns of transmission and the need for targeted strategies for addressing this. In the coming biennium it is likely that regional groupings will act as important platforms for regional procurement of HIV-related commodities, for South-South technical cooperation, and for work on cross-border issues, for example migration and issues arising from complex emergencies. UNAIDS is developing effective regional presence to support these functions though with limited resources, questions of prioritization arise. Ensuring that existing UN regional bodies are better equipped to support HIV/AIDS programming at regional level is therefore an important priority for the next biennium.

□ *Monitoring, evaluation and accountability*

An area that emerges from this biennium review is the need for stronger monitoring and evaluation mechanisms for UNAIDS at country level. Additional progress needs to be made to ensure that all Theme Groups have monitoring mechanisms to assess the impact of their work at country level, beyond that of the contribution of individual Cosponsors. Evaluating the impact of Programme Acceleration Funds at country level also needs more consistent attention. Finally, mechanisms for holding Theme Groups accountable for more effective UN results at country level need to be developed. This will be an important area of focus for the Five-Year Evaluation.

SECTION IV. UNAIDS COSPONSORS AND SECRETARIAT

Introduction

In providing and supporting global leadership in relation to the epidemic, and actions in the fields of prevention, care and impact alleviation, UNAIDS has a particular role in the dissemination of knowledge about the epidemic and 'best practices' in responding to it. Beyond this, however, it is important for UNAIDS to model through its own governance, planning and partnerships the ways of working needed to significantly increase the effectiveness of the international response to HIV and AIDS.

The following section details how UNAIDS has worked over the biennium to act as a test bed for new ideas, best practice and new ways of working, with a particular focus on collaboration within the UN system. Few ready-made models of practice that can be applied without difficulty in international HIV/AIDS work currently exist. As the following sections show, while much remains to be achieved in managing the response, significant progress has been made during the biennium on a number of areas of management and administration.

A. *Best Practices and strategic information*

Best Practices in HIV/AIDS prevention and care document success in specific contexts, thereby offering an evidence base for future action. The PCB has repeatedly stressed the importance of building upon best practice to illustrate both successful *and* unsuccessful cases, and the reasons for these. As indicated in the preceding sections, where a number of particular publications are mentioned in context, the last two years have witnessed a substantial expansion of Best Practice activity. As of April 2001, the UNAIDS Best Practice Collection contained 156 original publications covering a range of HIV/AIDS issues. With a mailing list of 1 300 recipients around the world, Best Practice publications are sent out to national AIDS programmes, government organizations, nongovernmental organizations (NGOs), key partner institutions, donors, UNAIDS Cosponsors and other UN agencies. In addition, the Secretariat has focused on taking up the results of evaluation studies to enhance the impact and effectiveness of best practice material, sought to improve their distribution and dissemination and make the materials more suited to local circumstances.

Over the past year, Cosponsors and key partners have been increasingly active in the identification and publication of best practices. Working with the UNAIDS Secretariat, these agencies have produced a number of important publications in 2000 and 2001. The Food and Agricultural Organization (FAO) contributed their expertise in the production of a key document titled *Sustainable agricultural/rural development and vulnerability to the AIDS epidemic*. FAO continues to work with the Secretariat on the impact of HIV/AIDS on the agriculture sector. The UN Research Institute for Social Development (UNRISD), after undertaking research on the issue of HIV/AIDS and its impact on development, published with UNAIDS *AIDS in the context of development*. In the field of migration, the latest UNAIDS Technical Update titled *Population mobility and AIDS*, was prepared in collaboration with the International

Organization for Migration (IOM). Looking into experiences of migrants in Israel, UNESCO and the UNAIDS Secretariat produced a joint publication underlying HIV/AIDS programmes for migrant populations. It provided examples demonstrating methodology and variations under different conditions UNDCP is currently collaborating with the UNAIDS Secretariat in the production of a summary booklet on drug abuse and HIV/AIDS. The booklet documents lessons learned from drug and HIV/AIDS prevention projects in Central and Eastern Europe and is expected to be finalized in June 2001.

The Best Practice Collection stresses the importance of extracting regional and country specific experiences. Much has been achieved by the UNAIDS Secretariat in supporting regional and country initiatives. For example, the UNAIDS Summary Booklet of Best Practices in Africa was launched at the African Development Forum in December 2000. It resulted from a collaborative effort of the Secretariat, its country programme advisers and the UN Theme Groups on HIV/AIDS, documenting over 100 project summaries from Africa. The UNAIDS Secretariat has also provided direct funding and technical support to Bangladesh, Brazil, Cambodia, China, Ecuador, India, Kenya, Mexico, Papua New Guinea, the Philippines, Senegal and Thailand, for country-level documentation of HIV/AIDS issues such as young people, workplace, commercial sex work, mother-to-child transmission, technical resource networks, access to care and drugs and community mobilization. In its effort to encourage continued sharing of best practices, the UNAIDS Secretariat added a new section to the Best Practice web site called "The Digest". The aim is to provide those working in the field of HIV and AIDS with fast access to information on what is happening around the world. The Digest currently contains over 100 entries, including summaries of activities, projects, reports, research findings, and upcoming publications from communities, the UN system organizations, government organizations, research institutions and other key partners.

Despite the success of the UNAIDS Secretariat in making HIV/AIDS information available and accessible through its Best Practice Collection, much remains to be done in promoting wider use of best practice as well as expanded dissemination. The challenge is for countries and communities to use existing knowledge in their strategies and interventions for HIV/AIDS prevention.

Recent recognition of the need for a substantially enhanced international response to the HIV/AIDS epidemic signals both the importance of understanding and disseminating Best Practice, and the importance of avoiding needless duplication of effort. UNAIDS is not the only international agency to be active in this field, and it is important to identify areas of strategic advantage. By virtue of their placement, for example, UN Theme Groups and UNAIDS Inter-Country teams are in a unique position to signal instances of innovative and effective local practice. Efforts are to be made to ensure they are more actively involved in future Best Practice work.

B. Policy and strategy coordination

The development of the Global Strategy Framework on HIV/AIDS and the advent of a UN General Assembly Special Session (UNGASS) on HIV/AIDS, provided new opportunities for UNAIDS to develop a broad strategy for global action. The Secretariat and Cosponsors have responded to these

opportunities with enthusiasm. Major policy work by the Cosponsors and Secretariat over the biennium contributed to the developments in prevention of mother-to-child transmission, voluntary counselling and testing, ethics and disclosure and other issues discussed in more detail in Section II.

In December 2000, the PCB endorsed the Global Strategy Framework on HIV/AIDS and recommended that its guiding principles, the expanded response it advocates and its leadership commitments should be translated into action at country level. The PCB also encouraged Member States to make use of the Framework to elaborate common goals and formulate specific commitments, particularly in the lead up to the UNGASS on HIV/AIDS, and at meetings of governing bodies of cosponsoring organizations.

Rapid identification and response to areas of policy significance takes an increasing amount of staff time for the Cosponsors and the Secretariat, particularly as the engagement of existing partners strengthens and new actors become involved. Engagement with the G8 group of countries up to and following the Okinawa Summit, the European Commission in their development of plans of action against HIV/AIDS, preparation for the Abuja Summit, and work with a wide group of stakeholders in the development of a global fund are examples of where the Cosponsors and Secretariat have played and are playing significant roles. These roles are strengthened considerably by a coherent and coordinated UN approach. A further area that is unlikely to diminish in political significance is the question of access to antiretroviral therapy, where coherent and well-constructed policy, that is both forward looking and flexible to the changing environment, is a critical area for shared Cosponsor and Secretariat action. The creation of a Policy Coordination Unit as part of the Secretariat's realignment is intended to contribute to the promotion of coherent approaches to policy issues.

C. Communication and public information

To facilitate a better understanding of the epidemic and its determinants, to promote a social and political environment conducive to HIV/AIDS prevention, care and impact mitigation, and to identify and disseminate best practice, UNAIDS has promoted the use of integrated communications strategies as a core element of national and regional programming on HIV/AIDS. In partnership with Pennsylvania State University, the Secretariat has also developed and published a *Communications framework for HIV/AIDS*. This aims to help countries move from interventions that focus on individual behaviour change to a more comprehensive strategy that takes into account relevant social and economic factors. Within UNICEF, UNESCO and UNFPA, the new framework has been adopted by staff working in the area of communications.

Other key materials on communications published by the Secretariat include (i) *Prevention in the context of new therapies*, which emphasizes the role of communications in successful prevention, care and support interventions; (ii) *Radio and HIV/AIDS: Making a difference*, a guide for radio practitioners, health workers and donors; and (iii) in collaboration with UNESCO, the *Communications Handbook for HIV/AIDS vaccine trials*. As mentioned in Section II, C, the Secretariat has been active in partnership with MTV to produce videos and documentaries of enormous influence and impact.

At country level, the UNAIDS Cosponsors and Secretariat have supported the planning and implementation of communications programming, including peer education, in 15 countries. Following debate about the use and effectiveness of peer education, a comprehensive review of the issue has been conducted by the Secretariat, together with eight partner organisations (FHI, the Horizons Project, the Jamaican Ministry of Health, PATH, the Population Council, PSI, UNICEF and USAID). The review underscores the value of well-planned and supported peer-led activities, but also identifies key concerns and challenges, including the training of peer educators and ongoing support. The need for greater evaluation of peer education efforts was also highlighted.

Through the UN Inter-Agency Working Group on Communications, UNAIDS and its Cosponsors will continue to expand the network of organizations supporting HIV/AIDS communications programming at national, regional and global levels. For example, UNICEF is further developing its communications work via the use of new interactive learning materials that engage young people in an ongoing dialogue about HIV/AIDS. UNFPA is developing new guidance on communication for behaviour change, integrated counselling and the use of social marketing approaches.

Media attention to the global epidemic has increased substantially both in quantity and quality over the past year, moving from basic reporting on epidemiological statistics to complex and solution-oriented coverage of the global epidemic. Much of this coverage was informed by UNAIDS, through the ongoing work of the Geneva and field staff and the UNAIDS network of ten media specialists, who work closely with regional UNAIDS and Cosponsor staff in major markets worldwide. This group engages in ongoing proactive outreach to reporters, distributing news releases, fact sheets, reports and updates, scheduling media interviews with UNAIDS representatives, and keeping the issues of the global epidemic in front of journalists and editors around the world.

Currently, UNAIDS media activities include coordination of all UNAIDS and UN media outreach in support of the upcoming UNGASS on HIV/AIDS, as well as planning for the roll-out of the 2001 World AIDS Campaign, which will begin in September and continue through World AIDS Day.

That said, enormous challenges for communications work remain. Central among these is how best to harness the power of multi-national advertising and the youth media so as to get HIV/AIDS-related message across. In an age of globalization and rapid social change numerous opportunities present themselves. UNAIDS is working actively with organizations such as MTV to expand coverage, promote and consolidate social norms conducive to safer sex and safer drug use, and engage new audiences in the fight against AIDS. On World AIDS Day, MTV has, for the last two years, played a half-hour documentary *Staying Alive*, which on 1 December 2000 was hosted by Ricky Martin, and in 1999 by George Michael. *Staying Alive* was premiered on MTV's channels in Asia, Australia, Europe, Latin America, Russia and the United States. It reached 326 million households in 139 countries, and was also offered free of any rights and clearance fees to all third-party broadcasters worldwide in 11 languages, ensuring a reach of staggering proportions. *Staying Alive* was produced by MTV Europe, in association with UNAIDS Secretariat and

the World Bank. As private sector partnerships expand, new communications opportunities are opening up, presenting complex management challenges and new ways of doing business. Harnessing the skills and enterprise of the private sector in the fight against HIV provides a new source of energy in effective communications.

Over the period covered by this report, the Secretariat's Information Centre has progressively increased its output, the reach of its communications and their effectiveness. In 1998, the Centre produced 111 documents. In 1999 this number grew to 204, and in 2000, 115 documents were produced. More than 150 French and 100 Spanish translations were made in 2000 alone. In addition, many documents were translated into other languages, including Russian, Portuguese, Chinese and Arabic. Over the period, the Centre answered some 9 000 enquiries, and despatched over 570 000 documents. Print runs of individual titles have increased to supply better targeted and more numerous mailings, including the recently enlarged depository library list, and to meet growing demand. Exhibition and free supply of publications at meetings has also achieved well-targeted and significant dissemination of information. The UNAIDS web site was chosen by Galaxy.com, a leading vertical Internet directory, as one of the top ten places on the Web to find international health information online in a user-friendly format. In 2000, the site received an average of 31 000 hits per day.

The World AIDS Campaigns in particular have provided a strong framework within which UN Theme Groups, governments, NGOs and the media can work together to increase awareness on HIV/AIDS issues and strengthen the involvement of key players in the response to HIV/AIDS. The 1999 World AIDS Campaign was the final year of a series of campaigns focusing on young people. The campaign in 2000 focused on issues around the theme of men and AIDS. The 2000 Campaign 'Men make a difference' aimed to bring about a much-needed, though controversial, focus on men as the surest way to change the course of the epidemic and to challenge harmful concepts of masculinity. The campaign was launched in New Delhi, India, in March 2000 and began a two-year campaign that continues in 2001 under the challenging slogan of "I care...Do you?".

D. Information systems

A critical part of increasing the effectiveness of the Secretariat, Cosponsors and partners is through better access to and more effective use of information technology. Specific achievements over the period towards this end include customizing the Activity Management System (AMS) for use by UNAIDS and capturing all 1998-1999 and 2000-2001 workplan data in the system. The Internet web site was refined and an intranet web site developed for Secretariat staff to share information over the Internet.

Electronic workspaces (e-Workspaces) were developed, covering voluntary counselling and testing, strategic priorities, senior management communication, Africa Country Programme Support, and technical resource strengthening. The potential of the e-Workspaces to enable dispersed groups to carry out dialogue around key themes is enormous. For example, the e-work space was used to considerable effect in producing the Strategy Framework for Global Leadership, and the Unified Budget and Workplan.

E. Civil society/partnerships

UNAIDS continues to strengthen its working links with various sectors of civil society: business, foundations, NGOs, religious organizations and research/academic organizations. These sectors have a major contribution to make.

UNAIDS has enhanced and expanded its corporate partnerships at all levels. At the global level, it is working with organizations such as the Global Business Council (GBC) and the Prince of Wales Business Leaders Forum. For example, the Global Business Council has reviewed and sought business comments on, the framework document of the International Partnership against AIDS in Africa. The Council is also working with UNAIDS to expand private sector involvement at country level.

Through the preparatory processes for the UNGASS on HIV/AIDS in June 2001, collaboration with the private sector is expanding yet further and more multinational companies are being encouraged to become involved. Already AOL, the Coca-Cola Company, Microsoft and Unilever have agreed to join the Global Business Council. A particular focus of the Special Session will be the participation of businesses in national multisectoral partnerships, and strengthening the response and capacity of national business councils. UNAIDS' collaboration with the World Economic Forum (WEF) is bearing fruit, with two dedicated sessions at the Davos Annual Meeting in 2001 and HIV being made a priority theme at WEF's regional meetings.

Pharmaceutical companies have played a major role in the battle against the epidemic. The collaboration between the UN and the pharmaceutical industry agreed in May 2000 has gradually increased momentum, with tangible results for increased access to a range of HIV-related drugs.

Non-profit foundations are increasingly in the forefront of the response. UNAIDS work with the UN Foundation has resulted in over US\$ 20 million in approved activities, in Southern Africa and in Ukraine. These activities will expand to Central America, India and South Asia. Work with the World AIDS Foundation resulted in approximately US\$ 225 000 of approved activities, and cooperation with NETAID resulted in the launching of an HIV/AIDS web site for World AIDS Day. The Bill and Melinda Gates Foundation has made large grants to support HIV/AIDS prevention among young people and healthcare work in several African countries and is one of several foundations (along with Ford and Rockefeller) that are directly or indirectly contributing to the UNGASS. Academic institutions have also been contributing not only to research efforts but also to increasing advocacy for greater access to HIV related medicines.

Collaboration between UNAIDS and NGOs is expanding and strengthening on several fronts. The Secretariat has continued to provide direct technical assistance to NGOs in its areas of comparative advantage. For example, in Latin America it assisted the first regional consultation of HIV-positive women in collaboration with Liga Colombiana de Lucha Contra el SIDA. This resulted in helping HIV-positive women in Latin America become more organized and better linked with each other and the International

Community of Women Living with HIV/AIDS (ICW). To strengthen work with organizations of people living with HIV/AIDS, the development of a register of PLWHA organizations in Africa was started. It is hoped that the register can provide inputs to strategy development that will enhance collaboration among NGOs, community-based organizations and others working in Africa.

Another important Secretariat effort has been to promote the involvement of global and regional NGOs that were not yet working on HIV/AIDS but had the capacity and potential to do so. These include the World Association of Girl Guides and Girl Scouts (WAGGS), Soroptimist International and the Young Women's Christian Association (YWCA).

Religious organizations are becoming more active in the response to the epidemic- for example, Interfaith Network, the Salvation Army and Caritas Internationals. A workshop was organized with churches in Africa to engage them more seriously in addressing AIDS and to recognize that AIDS is an issue for their members. Together with UNDP, UNAIDS Secretariat assisted the Salvation Army to prepare the first meeting on HIV/AIDS of church-based development NGOs, held in Botswana.

F. Resource mobilization

One of the Secretariat's priorities has been to intensify resource mobilization efforts in relation to the Unified Budget and Workplan (UBW) for 2000-2001, consistent with PCB recommendations (UNAIDS/PCB(8)/99.1 and UNAIDS/PCB(9)/00.1). A joint resource mobilization strategy agreed with Cosponsors in March 2000 has led to significant progress in the biennium by both the Secretariat and Cosponsors in increasing donor commitment to the Unified Budget and Workplan and in striking new partnerships with the private sector. Achieving greater donor commitment and strengthening partnerships will continue to be a major focus of activity in the next biennium, along with strengthening capacity at country level for resource mobilization.

In addition to identifying focal points who will participate jointly with the Secretariat on resource mobilization missions to key donor countries, individual Cosponsors have pursued specific initiatives in support of the Programme. UNFPA set a precedent by facilitating an initiative in November 2000 with the UN Federal Credit Union to solicit contributions from its members for UNAIDS.

The Secretariat has developed a donor matrix that maps out pledges, funding targets, funds received and strategic actions. As a result of mobilization efforts, core contributions from governments and Cosponsors for 2000 totalled over US\$ 68 million, representing an increase of 10% over the previous year. Several new donors—Brazil, Flanders in Belgium, the Republic of Congo and South Korea—contributed to the programme in 2000 and other countries—New Zealand and Uganda—have also announced their intention to contribute.

Over the biennium, corporate sector relationships have been strengthened through formal agreements. These encompass those developed with the Coca-Cola Company and Puma for collaboration in Africa, joint activity with organizations such as Heineken, Unilever, the UN Foundation and the World AIDS Foundation, and ongoing cooperation with the Global Business Council. Targeted strategies for accessing new sources of funds are currently being developed.

G. Evaluation and monitoring

Much time over the past year has been dedicated to preparing for the five-year evaluation of UNAIDS work and activities. This evaluation will assess the extent to which UNAIDS has met its goals and core objectives, examine the extent to which these core objectives are realistic and review their relevance for the challenges of the next five years. Under the guidance of a Monitoring and Evaluation Reference Group, the mandate for the evaluation was developed. This mandate was endorsed by the Extraordinary meeting of PCB in October 2000. Since then, an Evaluation Supervisory Panel and Management Support Team have been constituted and an Evaluation Team is in the process of being selected. The evaluation is to be undertaken between mid-2001 and early 2002, with an interim report to be presented to PCB in May 2002. The final report will be given to the December 2002 thematic PCB meeting.

Following the terms of reference for the five-year evaluation, an inception report with detailed planning for the study phase of the evaluation will be prepared for consultations with stakeholders in late June to mid-July 2001. A progress report from the chair of the Evaluation Supervisory Panel is included in the documentation for this PCB meeting.

Beyond this important work, numerous other activities have taken place in the field of evaluation. These have included: (i) Preparing detailed guidelines and indicators for monitoring and evaluating national AIDS programmes; (ii) Implementing an AIDS Programme Effort Index in 40 countries. This is part of efforts to improve assessment of the national and international efforts in response to HIV/AIDS; (iii) Developing a monitoring and evaluation framework for the International Partnership against AIDS in Africa (IPAA). This includes an outline monitoring and evaluation plan and a set of indicators at country, regional, and global levels; (iv) The development of a common monitoring and evaluation framework for a sub-regional UNAIDS initiative focusing on youth in the countries of the SADC region. Joint missions involving the World Bank and the UNAIDS Secretariat have been conducted in Ethiopia and Zimbabwe, and a guide, *UN System Integrated Planning in Support of the National Response to HIV/AIDS*, has been prepared for the UN Theme Groups on HIV/AIDS. A Monitoring and Evaluation Technical Resource Network in Southern Africa has also been established.

The Secretariat will continue to assess the different functions that shape the work of the Programme and the activities undertaken by UNAIDS as a whole, including advocacy, partnership and resource mobilization, information, policy development and best practice, strategic planning and technical resource networking. In order to enhance collaboration between the Secretariat and Cosponsors regarding evaluation, a Cosponsor Evaluation

Working Group has been formed. Frameworks are being further developed for the evaluation of work linked to key thematic priorities such as young people, vulnerable populations, mother-to-child transmission, and access to treatment drugs. Development work is continuing on the refinement of guide lines for the monitoring and evaluation of national AIDS programmes, and the AIDS Programme Effort Index mentioned above is being further refined.

H. Integrated planning

The development of a UN System Strategic Plan (UNSSP) for HIV/AIDS 2001-2005 and a Unified Budget and Workplan (UBW) for 2002-2003 marks considerable progress towards achieving coherence in the UN system response.

In June 1999 PCB encouraged the UNAIDS Secretariat and Cosponsors to intensify their efforts towards developing a UN System Strategic Plan for HIV/AIDS 2001-2005 in consultation with UN system and other partners. Also in 1999, an ECOSOC resolution urged Cosponsors and other UN system organizations to develop and submit their proposed plans. Discussions during the UN Administrative Committee on Coordination meeting in April 2000 further consolidated this process. As presently envisaged, the UN System Strategic Plan will incorporate the plans and strategies of 29 UN organizations working on HIV/AIDS, including the Cosponsors and Secretariat. The plan also identifies the strategies and partnerships necessary for the UN to support countries in the achievement of global goals and highlights the special contribution of the UN system in this respect. Together with the Unified Budget and Workplan, the UN System Strategic Plan will be presented to the PCB later in this meeting.

PCB earlier commended the Secretariat and Cosponsors on the success achieved in the complex process of developing a Unified Budget and Workplan (UBW) for 2000-2001. The process of developing a UBW for 2002-2003 began last year at the sixteenth meeting of the Committee of Cosponsoring Organizations (CCO). Subsequent budget and workplan meetings have taken place in November (New York), December (Rio de Janeiro), February (New York) and March (Geneva). In preparing for the operationalization of the UBW, particular attention will be given to ensuring a significant strengthening of country level support.

Since the close timing of the above activities could not have been predicted at the outset and forward planning involving over 29 UN system organizations involves logistic and other challenges, it is vital for UNAIDS to be able to respond positively to the outcomes of the UNGASS on HIV/AIDS. The unprecedented levels of international concern are likely to be paralleled by a significant freeing up of public and private resources. UNAIDS Cosponsors and Secretariat have an unparalleled opportunity to use this momentum for pushing forward coherent and dynamic responses to the epidemic, as well as continuing to model best practice and UN reform through the quality of the inter-agency work.

I. Cooperation with other UN system organizations

The last 12 months have seen unprecedented levels of cooperation and joint planning between UNAIDS Cosponsors, and between the Secretariat, Cosponsors and other UN system organizations. The creation of the UN System Strategic Plan provided the impetus for some of this work.

Preceding sections of this report have mentioned numerous concrete achievements from these collaborations. Among other significant achievements over the biennium, joint actions, involving established and new partners, have served to advance the care agenda; improve the procurement of commodities; strengthen policies for the prevention of mother-to-child transmission of HIV; promote advocacy in the field of human rights; extend the scope and reach of work with young people; and respond appropriately to HIV infection related to injecting drug use.

Over the biennium, progress has been made in developing cooperation frameworks with non-cosponsoring organizations. FAO and UNAIDS signed a Cooperation Framework in July 1999; in September 1999 the Organization of African Unity (OAU) and UNAIDS signed a Cooperation Agreement, and in June 2000 a Cooperation Framework was signed between the International Labour Organisation (ILO) and UNAIDS. ILO, which may become the eighth Cosponsor of the Programme, has developed a draft Code of Practice on HIV/AIDS and world of work, which will be submitted for review, revision and adoption by a meeting of experts in May 2001.

Increasingly, Cosponsors and other UN agencies are taking up the challenges posed by the epidemic and extending their commitment and involvement in the many elements of the global response.

J. Strengthening governance and cosponsorship

Strengthening governance and Cosponsorship has two key dimensions: first, supporting the Programme Coordinating Board and the Committee of Cosponsoring Organizations; and second, stimulating the UN system to address HIV/AIDS. The preparation and endorsement of the Global Strategy Framework on HIV/AIDS mentioned above addressed both of these objectives simultaneously. The PCB's influence is directly leveraging an international process.

During the biennium 1999-2000 the PCB met three times. The ninth meeting of the PCB in May 2000 endorsed the IPAA framework, again demonstrating the wider value of the PCB. The creation by the PCB in May 2000 of the Contact Group on Accelerating Access to Care and Treatment—as a forum for the exchange of information, views and strategic recommendations—is a further example of the growing importance and relevance of the PCB in addressing the HIV epidemic. This is because of its representativeness (developed and developing countries, NGOs and Cosponsors) and its growing engagement in all aspects of policy in relation to the epidemic.

The Committee of Cosponsoring Organizations (CCO), which guided the Secretariat in the preparation of the Unified Budget and Workplan and reviewed the Strategy Framework for Global Leadership, met at the

Executive Head level twice in the last biennia. There were a further two meetings at the focal point level and a number of ad hoc meetings on the Unified Budget and Workplan. The CCO gave policy advice on the prevention of mother-to-child transmission of HIV and approved the Criteria for Cosponsorship of UNAIDS. It also supported, through advice on UNAIDS to Cosponsor country staff, the importance of country-level action and cooperation, and guidance on a multisectoral response to HIV/AIDS and on HIV/AIDS in the UN Workplace.

Challenges that remain in strengthening the governance structures of UNAIDS include raising the quality of debate, and further increasing commitment to the issues, as well as then translating that commitment into changed institutional behaviour, particularly at country level. In this way concerns for institutional prerogatives, territory and influence do not act as countervailing forces.

K. Management and administrative support

During 2000, the emphasis continued to be on consolidating and streamlining administrative services in order to make them more responsive to the changing needs of the Programme. The priority remained to improve contracting procedures at team and department levels, and to enhance their capacity to monitor financial implementation. Other major areas of attention have been the design of fully decentralized travel procedures at both sub-regional and country levels, in cooperation with UNDP; further decentralization of procurement at country level; and negotiation of the letter of agreement with WHO on providing administrative and financial services for the period 2000-2001.

The devolution of administrative activities from the WHO to the UNAIDS Secretariat was a central effort of 2000. Resulting new responsibilities included the administration of all short-term contracts and of entitlements for fixed-term staff.

As a participant in the new Inter-Agency Mobility programme of the UN Development Group, the Secretariat aims to continue to attract highly qualified staff from within and outside of the UN system. The number of vacancies published in 2000 was around 40 (30 professional and 11 General Service); out of approximately 3 500 applications received, 100 candidates were interviewed.

In the area of HIV/AIDS in the UN workplace, human resource management (HRM) provided input into the work of various bodies at common-system level—CCAQ Task Force, ACC and IAAG. In the area of staff development, two major projects are nearing completion. First, the development of a CD-ROM called the "Essential Kit" for the electronic dissemination of UNAIDS' key technical and administrative information. Secondly, a framework for the assessment and use of competencies in all phases of human resources management, from recruitment to training and performance assessment. UNAIDS conducted its first Distance Learning Seminars; these pilots are now leading to the development of a global strategy on Distance Learning Seminars.

Plans for the next biennium include the more efficient and effective selection of staff, and the creation of a supportive work environment which will promote productivity and enable staff members to respond successfully to the pressures of work and family life.

Throughout this biennium, work has been ongoing to provide a consistent approach to HIV/AIDS care to all UN staff, including local and temporary staff. Progress has been mixed. UNICEF and World Bank have demonstrated exemplary policies on this issue, but there is a need for more rapid movement among other agencies.

During the 1999 period, a substantial devolution of financial management and accounting functions occurred from the WHO administrative services to the Programme Support Department of the UNAIDS Secretariat. During 2000, the Budget and Finance Office continued to place a major emphasis on strengthening the adequacy and effectiveness of its internal control mechanisms. Progress was also made in developing a strategic approach for efficiency savings and reduced administrative costs. Both the external and internal audits of the PSD carried out during 2000 concluded that the Programme's operations are implemented in accordance with the Financial Regulations of the WHO and the UN System Accounting Standards.

The increased workload and responsibilities of the Budget and Finance Office, in conjunction with the ongoing devolution exercise at WHO, continue to be of concern. Necessary steps are being taken to review the current structure of the Budget and Finance team in order to ensure that its functions are discharged in an efficient and cost-effective manner.

In the past two years, virtually all the responsibility for the contracting and administration of UNAIDS' locally recruited staff was devolved to the relevant UNDP country offices. Where procurement was administered by the Secretariat, it was done in the interest of competitive pricing, quality control and compliance with WHO Rules and Regulations. Streamlining these types of administrative and operational support to the Cosponsors' facilities at country level has improved service support to country-based activities. It has also decreased the number of financial transactions initiated within the Secretariat and provided UNAIDS County Programme Advisers with more time to focus on substantive work at country and sub-regional levels. In 2001, the Secretariat will seek further delegation to control, monitor and approve charges against the field-staff operational budget allotments.

Realignment

At the end of the first five years of the Programme, the UNAIDS Secretariat re-examined its role in response to a number of changes in the external environment. These changes include: the scale of the epidemic, which has exceeded all expectations; a vastly greater awareness at all levels leading to a heightening of expectations of UNAIDS; an increase in capacity of governments and of Cosponsors; and the high-level involvement in the global response of a number of new actors. These changes may not call for fundamental change—certainly not before the results of the five year evaluation are known—but do suggest the need for an adjustment in the Secretariat's internal structure.

The realignment process included the following: an analysis of the epidemic's evolution; consideration of the UNAIDS mission; sharpening of the UNAIDS Secretariat mission to reflect its role in providing high-level leadership and coordination; urging rapid political and social mobilization; facilitating and brokering partnerships; and providing high-quality information in pursuit of these objectives. As the response to the epidemic expands, the UNAIDS Secretariat seeks to consolidate this role with a growing range of partners and with a strong emphasis on country-led processes. As a result of this process of analysis, over a relatively short period, the Secretariat has adapted its structure to consolidate the functions of the Executive Office, emphasize effective support to country level and strengthen its outreach to partners.

CONCLUSION

This Report provides extensive evidence that, in the rapidly changing environment of the past two years, the UNAIDS Cosponsors and Secretariat have made significant progress in improving the coordination and content of the UN response at global and regional levels, and in support of the intensified efforts of governments and civil society in responding to the epidemic. Many daunting challenges, however, remain to be addressed over the course of the next biennium. This conclusion will focus on some of the key challenges.

The first challenge is evident from the process of compiling this review: the links must be better demonstrated between the activity and accomplishments of the UNAIDS Cosponsors and Secretariat, outlined in this Report, and their actual impact on the response to the epidemic. This review of the biennium suggests that the evidence for significant impact *is* accumulating, but much more could be done to establish and document the relationship between UNAIDS' performance of its functions and impact on the epidemic. Full implementation of the Monitoring and Evaluation Plan will go some way to addressing this challenge. The five-year evaluation will provide important lessons.

A second challenge that comes out strongly throughout the Report is the need to shift from pilot or small-scale intervention projects to programmes that cover much larger numbers of people. The time has come to go to scale. This is the case for interventions with orphans, voluntary counselling and testing, the prevention of mother to child transmission, other prevention work, particularly among young people and other vulnerable groups, the availability of prevention commodities to meet demand in countries, and access to care. While there are important exceptions – the availability of care and treatment in Brazil is one – the shift from exceptional and small-scale projects to comprehensive, routine, widespread programmes is still to occur for many interventions in many countries. UNAIDS has an important role to play in working with governments and other international partners in this transition. On the issue of care, for example, the challenge is to support governments in defining what they will provide, to what standard, and at what cost, and to support the strengthening of health systems and community-based mechanisms to allow them to deliver those interventions. The expansion of access to antiretroviral therapy adds another level of complexity that will continue to be a considerable technical, financial and political challenge in the coming biennium. Going to scale also requires providing communities with the necessary resources to support local responses.

The key to the success of UNAIDS lies in effective, coordinated Cosponsor action at country level, working with other partners engaged in the pursuit of common objectives. This is the third challenge: building cosponsorship and cooperation so that *all* countries with a UN presence experience the benefits of a well-functioning UNAIDS response. Strengthening the commitment of Cosponsors, creating better incentives for working together, and ensuring greater accountability of UNAIDS at country level is critical to this agenda. At international level, the growing commitment of a number of Cosponsors in priority programme areas, such as reaching young people, preventing mother-to-child transmission, and expanding access to care, provide real opportunities for synergy, as well as challenges for the Secretariat in facilitating this.

A fourth challenge is to provide specific and targeted support to the different regions. This Report documents the different challenges faced by different parts of the world as epidemics diverge and take on a transmission dynamic of their own. The task for UNAIDS is to ensure that its technical, policy and advocacy support provided is properly tailored to the regional demands. While there is certainly progress in this regard, much more can be done to ensure that the whole UN system, but particularly the Cosponsors, are adequately geared to address regional and national differences. In the case of HIV/AIDS, one size does not fit all.

Another key challenge is the urgency of generating adequate resources to fight this epidemic. It is impossible, without far greater resources, for national governments to mount the broad-based, coherent responses that are needed if they are to achieve, for example, the goals to which they committed themselves in the Millennium Declaration. A new generation of young people cannot be protected from HIV infection unless funds are provided for them to learn about their risks and their rights. Care cannot be provided through per capita health sector budgets of \$10-\$20 per year. Commodity security, including condoms, test kits, drugs for sexually transmitted infections, opportunistic infections, and palliative care cannot be achieved without new financial resources. UNAIDS estimates that an adequate global response will cost \$7 to \$10 billion a year, (outside of OECD countries) depending on how much is spent on antiretroviral therapy. This represents many times the current level of spending. The new money needs to come from national budgets, from out-of-pocket expenditure where appropriate, and from international resources. The challenge for the next biennium is to work with national governments and the international community for a doubling and, in turn, trebling of these financial resources.

In addition to increased resources, we will also need to collectively improve the efficiency of resource transfers – in particular to the community level – as well as better coordinate the mobilization and channelling of resources.

Other challenges also emerge from this review of UNAIDS' activity over the biennium. The need is now greater than ever for UNAIDS to enhance its capacity for policy development and coordination, to be able to respond rapidly and soundly with coherent policies in this fast-moving environment. At the same time, the strategic information gathered through this process has to be widely disseminated, maximising the many opportunities that are presently opening up to effectively communicate HIV/AIDS related messages.

Expanding the participation of all sectors of civil society in the response to HIV/AIDS is also a challenge for the next biennium, enhancing partnerships so as to maximise the major contribution that the private sector and other organizations are increasingly making.

A final key challenge on which UNAIDS must set its sights is to maintain the extraordinary momentum that has been generated during the past two years. Political leaders are engaged in the response in increasing numbers. Civil society is speaking up in ever more audible tones. The private sector has begun to play its role. The UN must rise to the challenge of addressing not only the development problems underlying vulnerability to HIV, but also the many aspects of the epidemic that are more akin to a complex humanitarian emergency than to an economic or social development problem. In the hardest-hit countries, in particular, neither the governments nor their peoples can afford to wait.

It is clear from this Report that UNAIDS is evolving and beginning to demonstrate the characteristics that its founders had sought. It has achieved this against considerable odds and with no precedents in the UN system. In bringing this Report to the Programme Coordinating Board, UNAIDS believes that the progress demonstrated lends further justification to the increase in budget, and the significant redistribution to Cosponsors and regions, requested for the 2002-2003 biennium. The next biennium sees the start of the truly international engagement in fighting the AIDS epidemic. UNAIDS stands ready to play its part in that response.