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Coordination, programme and other questions**Joint United Nations Programme on Human
Immunodeficiency Virus/Acquired Immunodeficiency
Syndrome (UNAIDS)****Note by the Secretary-General**

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS or "the Programme"), prepared pursuant to Council resolution 2001/23.

Summary

The present report was prepared in response to Council resolution 2001/23, in which the Secretary-General was requested to transmit to the Council at its substantive session of 2003 a report prepared by the Executive Director of the Programme, in collaboration with other relevant organizations and bodies of the United Nations system, which should include the progress made in developing a coordinated response by the United Nations system to the HIV/AIDS pandemic.

The report provides an update of the status of the epidemic; summarizes steps taken by UNAIDS to promote the implementation of the Declaration of Commitment on HIV/AIDS adopted by the special session of the United Nations General Assembly on HIV/AIDS in June 2001; summarizes other key developments in advancing a more effective and coordinated United Nations system response to the epidemic; and provides an overview of the future directions of UNAIDS in response to decisions made by its Programme Coordinating Board at its 13th meeting in December 2002 following an external evaluation of the Programme.

The report concludes with a series of recommendations. The Economic and Social Council is invited to review the report and endorse its recommendations.

* E/2003/100.

**Report by the Executive Director of the Joint United Nations
Programme on Human Immunodeficiency Virus/Acquired
Immunodeficiency Syndrome (UNAIDS)**

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I. Status of the epidemic

1. Since the first clinical evidence of acquired immunodeficiency syndrome was reported some 20 years ago, it has become clear that AIDS represents the most devastating epidemic in human history. Over the past decades, more than 60 million people have been infected with the human immunodeficiency virus (HIV). AIDS is now by far the leading cause of death in sub-Saharan Africa and the fourth biggest killer worldwide. HIV/AIDS poses a potentially major threat to food security and nutrition, as can now be seen in southern Africa.

2. At the end of 2002, about 42 million people globally were living with HIV, 38.6 million of them adults and 3.2 million children under the age of 15. An estimated 5 million people became infected with the virus in 2002 and 3.1 million people were killed by AIDS in 2002.

3. In sub-Saharan Africa, the epidemic continues to expand. An estimated 3.5 million new infections occurred in 2002 and 2.4 million Africans died of the disease. It is estimated that 28.1 million people now live with the virus in sub-Saharan Africa. In seven countries in sub-Saharan Africa more than 20 per cent of adults are HIV-positive and in several areas in southern Africa prevalence rates among pregnant women exceed 30 per cent. There are, though, signs of progress in some countries, for example in the United Republic of Tanzania and Zambia, where the prevalence rates among young people are falling, in South Africa, where the number of pregnant women under the age of 20 who are HIV-positive fell to 15.4 per cent in 2001, compared to 21 per cent in 1998, and in Uganda, where the prevalence rates among adults continue to fall.

4. In Asia and the Pacific, 7.2 million people are now living with HIV. The national HIV prevalence levels are low, with the exception of Cambodia, Myanmar and Thailand. In large countries such as China, India and Indonesia the low prevalence rates conceal the picture with respect to the epidemic. In China, the official estimates put the number of people living with HIV at 1 million in 2002. In India, the national adult HIV prevalence is estimated to be less than 1 per cent. An estimated 3.97 million people were living there with HIV at the end of 2001. Some countries in the region have managed to keep the infection rates lower in populations at risk through large-scale prevention programmes. In Cambodia for example, the HIV prevalence reported among pregnant women had declined from 3.2 per cent in 1997 to 2.3 per cent at the end of 2000.

5. In North Africa and the Middle East, systematic surveillance of HIV remains inadequate, confounding efforts to deduce accurate trends. Sexual contact remains the dominant mode of transmission, but outbreaks of HIV among injecting drug users have occurred. Increases in HIV have been notable in the Libyan Arab Jamahiriya and the Islamic Republic of Iran.

6. Eastern Europe and Central Asia continue to have the world's fastest-growing HIV/AIDS epidemic. Up to 90 per cent of registered infections there have been attributed to injecting drug use. Most infections occurred among young people under 29 years of age.

7. In Latin America and the Caribbean an estimated 1.6 million people are living with the virus. The Caribbean is the second most affected region in the world. The average adult HIV prevalence is approximately 2 per cent. Haiti remains the worst

affected with an estimated national prevalence among adults of over 6 per cent. the Bahamas have a prevalence of 3.5 per cent.

8. In high-income countries, the introduction of antiretroviral therapy has dramatically reduced HIV/AIDS related mortality, although this trend has begun to level off in the past two years. The latest data available show that the epidemic is progressively shifting into poorer and marginalized sectors of the community.

9. Current projections suggest that an additional 45 million people will become infected with HIV in 126 low- and middle-income countries between 2002 and 2010. More than 40 per cent of those infections are expected to occur in Asia and the Pacific. With the implementation of a full prevention package by 2005, however, the number of new infections could be reduced by 29 million by 2010.

II. Overall context

10. Major developments since the submission of the Programme's previous report to the Economic and Social Council include follow-up actions taken by UNAIDS, the broader United Nations system, Member States and a wide range of other partners in response to the Declaration of Commitment on HIV/AIDS endorsed by the General Assembly at its twenty-sixth special session in June 2001; the completion of an external five-year evaluation of UNAIDS; and the decisions taken by the Programme Coordinating Board at its 13th meeting in December 2002, in which the future directions of UNAIDS were set out.

A. Promotion and implementation of the Declaration of Commitment on HIV/AIDS

11. The Declaration of Commitment provides a set of clear global priorities for the response to HIV/AIDS. The Declaration calls for global and national action in 10 key areas: leadership; prevention; care, support and treatment; HIV/AIDS and human rights; reducing vulnerability; children orphaned and made vulnerable by HIV/AIDS; alleviating social and economic impact; research and development; HIV/AIDS in conflict and disaster-affected regions; and resources. Governments are expected to formulate and implement policies and action in each of these areas, while global and regional initiatives are expected to reinforce and complement national action. The adoption of the Declaration of Commitment reinforces the goal in the Millennium Declaration to halt and begin to reverse the spread of AIDS by 2015.

12. Since the special session of the General Assembly on HIV/AIDS, the Declaration of Commitment has been considered by the governing boards of all the co-sponsoring organizations and each board has urged that specific action should be taken to ensure full implementation of the Declaration. As a group, the UNAIDS co-sponsoring organizations (the co-sponsors) and the secretariat have agreed to a series of actions in four key areas: (i) advocacy; (ii) normative guidance and operations support; (iii) communications and public information; and (iv) civil society engagement. The UNAIDS Committee of Cosponsoring Organizations is monitoring progress in each of the areas on a regular basis.

13. An Action Guide was prepared to assist United Nations country teams in supporting national efforts to implement the Declaration. The Guide proposes a minimum set of activities to be supported in all countries (for example, translation and dissemination of the Declaration and a multisectoral review and updating of national strategic plans on HIV/AIDS), as well as examples of supportive actions for consideration in specific settings (for example, expansion of theme groups on HIV/AIDS and dialogue with interest groups).

14. In addition, a monitoring and evaluation framework was developed and approved by the UNAIDS Programme Coordinating Board, in May 2002. Guidelines on the construction of core indicators to measure progress in achieving the goals of the Declaration were then developed and disseminated worldwide, together with the monitoring and evaluation framework. The indicators are consistent with those identified for the United Nations Millennium Development Goals.

15. The first report of the Secretary-General on implementation of the Declaration of Commitment on HIV/AIDS (A/57/227) was submitted to the General Assembly at its fifty-fifth session, in October 2002. The report provided a global summary of the first country reports relating to the Declaration and, in so doing, provided a baseline against which future progress could be measured.

16. The report of the Secretary-General to the General Assembly at its fifty-eighth session will provide an update on progress made in the past 12 months. Member States were asked by the Secretary-General to report back on a set of 13 core indicators and on activities in key areas covered by the Declaration. The information they provide, as well as data from a wide range of other sources, will be used to monitor progress towards reaching the goals set out in the Declaration for 2003.

B. External evaluation of UNAIDS

17. The external evaluation of the first five years of UNAIDS was conducted between July 2001 and August 2002. The final evaluation report, submitted to the Chair of the Programme Coordinating Board in October 2002, contained 29 specific recommendations covering issues including strategic vision, governance and management, and five key functions for UNAIDS at the global and country levels. The evaluation recognized several successes achieved by the Programme, particularly at the global level, and suggested that greater efforts were needed in support of national responses. The recommendations that resulted from the evaluation were considered by the Board at a special thematic meeting in December 2002.

C. Future directions of the Joint Programme

18. At its 13th meeting, in December 2002, the Programme Coordinating Board considered a report of the UNAIDS Executive Director, entitled: "Future directions for UNAIDS: responding to the five-year evaluation of the Programme". The report was the result of extensive consultations with the UNAIDS co-sponsors, the broader United Nations system, and other national and international partners, based on the initial recommendations of the external evaluation. The report of the Secretary-General on the next phase of United Nations system reform provided a valuable context for the development of future directions for UNAIDS. Based on the external

review, the Executive Director, in his report, proposed five core functions for UNAIDS, applicable at all levels of the Programme, namely: (i) leadership and advocacy for effective action on the epidemic; (ii) strategic information required to guide the efforts of partners; (iii) tracking, monitoring and evaluation of the epidemic and actions responding to it; (iv) civil society engagement and partnership development; and (v) financial, technical and political resource mobilization.

19. The Programme Coordinating Board endorsed these five cross-cutting functions, as well as a set of actions to guide the future direction of UNAIDS. The Board also created an open-ended working group on the governance of UNAIDS and requested that a report be submitted on this issue at its 14th meeting in June 2003.

III. Progress in the UNAIDS partnership

20. This section reviews the progress made by UNAIDS, including both the secretariat and co-sponsors, as well as other United Nations agencies, in supporting expanded responses to HIV/AIDS at all levels. It describes this progress in terms of the five key functions of UNAIDS endorsed by the Programme Coordinating Board in December 2002.

A. Advocacy and leadership for effective action

21. The Declaration of Commitment recognizes that “strong leadership at all levels of society is essential for an effective response to the epidemic”. The leadership provisions include: the reinforcement of national capacity; support for regional leadership; and strengthening and accelerating global advocacy and leadership initiatives.

1. Strengthening national capacity and leadership

22. One of the most critical factors in mounting and sustaining an effective national response is national leadership. The Programme has, through the United Nations theme groups on HIV/AIDS, advocated and supported the creation of and provided support to national AIDS councils to strengthen national leadership and coordination. Awareness of the multifaceted determinants of the epidemic and the increasing evidence of its impact across sectors have, in most countries, led to considerable support for multisectoral approaches and broad partnerships.

23. During the past two years, United Nations theme groups on HIV/AIDS have assisted countries develop multisectoral plans and integrate HIV/AIDS strategies into mainstream development planning instruments, such as the United Nations Development Assistance Framework, poverty-reduction strategies and medium-term expenditure frameworks, as well as bilateral development assistance. In doing so, they have strengthened national commitment and capacity to achieve the Millennium Development Goals. By the end of 2002, 102 countries had developed national strategic plans for HIV/AIDS. A strong national plan provides an effective coordination platform for the engagement of a wide range of partners. The most important challenge for UNAIDS over the next few years will be to assist countries in transforming strategic plans into large-scale programmes. The actions required to

support the scaling-up of country responses have implications for the capacities of United Nations country teams, particularly in the most affected countries.

2. Support to regional leadership

24. UNAIDS has provided considerable support to regional initiatives and partnerships that focus on strengthening leadership and advocacy efforts. Examples of this support in different regions are outlined below.

25. The Programme of Urgent Response of the Commonwealth of Independent States to the HIV/AIDS epidemic in Eastern Europe and Central Asia is an initiative that seeks to advance the goals and targets of the Declaration of Commitment through broad-based national action, with technical, financial and policy support from UNAIDS, including collaboration with the World Bank, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA).

26. The Pan Caribbean Partnership against HIV/AIDS, launched in 2001, now comprises some 63 institutions, including United Nations agencies, regional non-governmental organizations, multilateral and bilateral donors, private sector enterprises and the Governments of the Caribbean region. Joint advocacy and action, led by the Caribbean Community (CARICOM), and supported by UNAIDS, has assisted national and regional planning for expanded access to care and treatment, as well as to successful negotiation of reduced antiretroviral prices.

27. The Asia Pacific Leadership Forum on HIV/AIDS and Development was launched in August 2002 at the Association of South-East Asian Nations (ASEAN) Ministerial Meeting in Brunei Darussalam. The challenge for the Forum is to galvanize leadership throughout Asia and the Pacific, as well as to promote the use of evidence-based advocacy tools, facilitate information exchange and support the full engagement of civil society, particularly at the country level.

28. Leadership against AIDS in Africa was highlighted at the special Summit of the Heads of State and Government of Organization of African Unity on HIV/AIDS, tuberculosis and related infections, held in Abuja in April 2001, which inter alia established the "AIDS Watch Africa" group of African heads of State. With support from UNAIDS, the African Centre for HIV/AIDS Management was established under the oversight of AIDS Watch Africa to provide policy analysis and disseminate information. During 2002, UNAIDS placed particular priority on mainstreaming HIV/AIDS into the New Partnership for Africa's Development (NEPAD), including through close contact with the NEPAD secretariat and supporting its technical work. In addition, UNICEF has led high-visibility consultations with senior leaders in Africa to put the issue of orphans more prominently on the leadership agenda at regional level.

29. UNAIDS is supporting increased engagement by the education sector in the response to AIDS, in particular in Africa. The UNAIDS Inter-Agency Task Team on Education, convened by the United Nations Educational, Scientific and Cultural Organization (UNESCO), has developed a strategy which includes training for senior-level education policy makers. Similar strategies for engaging the education sector are planned for South-East Asia and Eastern Europe.

3. Global leadership initiatives

30. Leadership of the global response to AIDS continues to be a top priority of UNAIDS. This includes, among other actions: enhancing awareness and understanding of the Declaration of Commitment on HIV/AIDS; pursuing sound communications and public information strategies; and consolidating political dialogue through evidence-based material. The Declaration of Commitment has been featured as an important agenda item at most global and regional conferences since its adoption by the General Assembly at its special session on HIV/AIDS in June 2001.

31. The United Nations General Assembly special session on children, held in May 2002, paid considerable attention to the impact of AIDS on children. The outcome document, "A world fit for children" includes HIV/AIDS as a priority area for action. Building on the Millennium Development Goals, it endorsed the goals and targets of the Declaration of Commitment, as they relate to children orphaned by or made vulnerable to the AIDS epidemic.

32. The United Nations Secretary-General has continued to spearhead international attention to AIDS, including the impact of the epidemic on women and the leadership of African women in the response, the need for broad partnerships in responding to AIDS, and the issue of AIDS, food insecurity and diminished institutional capacity. In his many country visits the Secretary-General has raised AIDS awareness, both publicly and in his direct contacts with leaders at all levels. The advocacy efforts of the Secretary-General also fostered the establishment in 2002 of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Within the United Nations system he has advocated the inclusion of HIV/AIDS on the agenda of the biennial meetings of the United Nations System Chief Executives Board for Coordination.

33. The global advocacy efforts of UNAIDS have included the World AIDS Campaign, which focused on stigma and discrimination in 2001-2002. World AIDS Day (1 December) has continued to generate advocacy opportunities in tens of thousands of communities, supported by global messages and media outreach.

34. A key initiative at the biennial International AIDS Conference held in Barcelona, Spain, in July 2002 was a series of leadership activities convened by the UNAIDS secretariat and the International AIDS Trust, including events with parliamentarians, prominent women leaders and a group of current and former heads of State.

B. Strategic information required to guide efforts

35. During the past two years, UNAIDS has continued to provide strategic information to assist policy formulation, prioritize investments and implement programmes at country, regional and global levels. Examples of the types of strategic information disseminated by the UNAIDS secretariat and co-sponsors during the reporting period are given below.

1. Country level

36. In 2002-2003, UNAIDS has continued to produce and analyse new information on the epidemic, tracking costs and available resources, and identifying in-country actors contributing to the response.

37. The Country Response Information System (CRIS) is designed to help meet the need for improved and accessible information and analysis, including that related to monitoring the indicators of the Declaration of Commitment on HIV/AIDS. By April 2003, the system was installed in more than 40 countries in Africa, Asia and Eastern Europe, and it is planned that it will be operational in all countries by the end of 2005. The UNAIDS secretariat and co-sponsors have made progress in harmonizing CRIS with other information systems to streamline monitoring and evaluation efforts at the country level.

38. UNAIDS is also assisting countries to: estimate the impact of the epidemic; disseminate best practice and lessons learned through programmatic successes such as those in Uganda, Thailand and Cambodia; and engage civil society and the private sector more extensively in the response.

2. Regional

39. The World Bank, the UNAIDS secretariat and the Futures Group have assisted the Commonwealth of Independent States to assess resource requirements for HIV/AIDS in 30 countries in Eastern Europe and Central Asia. This work has helped countries in the region to formulate and cost proposals and has led to increased funding for HIV/AIDS activities.

40. In response to an analysis that argued against providing treatment in Africa, the UNAIDS secretariat, the World Bank and WHO issued a joint statement to demonstrate: the interplay between care and prevention; the benefits of increasing the quality of life and prolonging life itself; the contribution that investment in care makes to the success of prevention efforts; and the relationship of improved treatment access to mitigating the immediate and future economic and social costs of HIV/AIDS. This statement was widely circulated in the media and was published in the scientific literature and evidence suggests it assisted more rational deployment of funds to both care and prevention interventions.

41. In the Latin American and Caribbean region, a model that allows policy makers to determine the resource allocation that will prevent a maximum number of new HIV infections at any given budget level has been developed by the World Bank and applied in Honduras, Guatemala and Panama. In addition in Latin America and the Caribbean, 20 countries have effected a detailed analysis of AIDS resource flows under the guidance of SIDALAC¹ and with support from the World Bank, the UNAIDS secretariat and the Inter-American Development Bank. This information has allowed an assessment of resource gaps and has guided better targeted resource mobilization.

¹ SIDALAC is a regional initiative on HIV/AIDS for Latin America and the Caribbean, within the Mexican Health Foundation (FUNSALUD).

3. Global

42. During the reporting period, 45 new best practice documents were produced in the following thematic areas: access to care, treatment and support; human rights, including stigma and discrimination; HIV/AIDS in the workplace; prevention; strategic planning; private sector/business response; people living with HIV/AIDS; voluntary counselling and testing; vulnerable groups and young people.

43. UNICEF, together with USAID and the UNAIDS secretariat, produced "Children on the brink 2002". This document is a comprehensive resource for statistics, trends and challenges on orphans and vulnerable children. UNICEF, the UNAIDS secretariat and WHO also collaborated in producing a document, "Young people and HIV/AIDS: opportunities in crises", which provides benchmarks for countries against which the application of the Declaration of Commitment on HIV/AIDS for young people and orphans and vulnerable children can be measured.

44. UNFPA developed and disseminated several guidelines and tools to facilitate male and female condom programming. UNFPA and the UNAIDS secretariat conducted analyses on the interaction between condom promotion and other prevention initiatives, such as the provision of information and health services. This work provides useful perspectives to help direct investments in this field.

45. In the area of sexually transmitted infections (STIs), WHO has led the development of a number of important products, including "A global strategy for the prevention and care of STIs" (expected to be completed towards the end of 2003). WHO has also developed and published a set of four guidelines for the clinical management of pregnant women with HIV. UNFPA is developing a training/programming manual focused on HIV prevention for pregnant women and mothers.

46. UNAIDS continues to promote comprehensive prevention approaches, including knowledge and skills development, access to health services and creating a safe and supportive environment. The UNAIDS secretariat and co-sponsors have produced a number of guidelines in these areas based on successes at the country level in different regions.

47. With regard to expanding access to care and treatment, WHO, with UNICEF and the UNAIDS secretariat, has developed and disseminated strategic information in a number of key areas to support countries in the rational selection and use of HIV medicines. WHO, UNICEF, the UNAIDS secretariat and Médecins Sans Frontières (MSF) continue to maintain and provide updated information on prices and sources of HIV medicines in the public domain. This initiative is being expanded to include information on drug registration in countries.

48. UNAIDS supports the International HIV/AIDS Economics Network and works with the UNAIDS Reference Group on Economics to coordinate and advance economic analyses in this field. In addition, various units in the World Bank, including the Global HIV/AIDS Program and the Human Development Network, established the HIV/AIDS Economic Working Group in November 2002 to coordinate and share analytical work on the economics of HIV/AIDS, including a major assessment of the macroeconomic impact of the epidemic.

49. Promotion and dissemination of a broad range of best practice documentation will, as recommended by the Programme Coordinating Board, increasingly be

ensured through a more coherent multi-agency and multi-partner effort. Emphasis will be placed on promoting best practice documentation that is: more comprehensive; relevant to partners involved in HIV/AIDS programming at the country level; operationally oriented, drawn from particular regional and country situations; evaluative, reflecting greater attention to comparative studies and reviews; and accessible, through a wider array of distribution channels and partners and links to national partnership forums. At the global level, systematic efforts will be made to identify and respond to gaps in key policy and programme areas, in consultation with appropriate partners.

C. Civil society engagement and partnership development

50. During the reporting period, UNAIDS intensified its support to a wide range of partners, particularly at the country level. It reached out to many different government sectors, to civil society and to the private sector. Particular attention has been paid to ensuring the participation of people living with HIV/AIDS, including through the strengthening of networks of people living with HIV/AIDS in many regions of the world.

1. Strengthened capacity of co-sponsors

51. The UNAIDS co-sponsors have significantly reinforced the importance of HIV/AIDS within their work programmes. Most co-sponsoring organizations now include HIV/AIDS as a corporate priority in its own right, with dedicated staff, strategies, targets and indicators integrated into medium-term strategic plans. The International Labour Organization (ILO) joined UNAIDS in October 2001 as the eighth co-sponsor and has developed a special ILO programme on HIV/AIDS and the world of work. Efforts are under way to improve the links between the UNAIDS Programme Coordinating Board and the governing boards of the co-sponsors, in line with the decision taken by the Board in December 2002 and the recommendations of the open-ended working group on governance, deliberations on which are expected at the meeting of the Board in June 2003.

52. The unified budget and workplan has also continued to play a key role in reinforcing the UNAIDS partnership. Important achievements in 2002-2003 at the global, regional and country levels included, for example, strengthened commitment and capacity of co-sponsors; increased global awareness of HIV/AIDS; and the establishment of normative frameworks in a number of important areas, including education, access to treatment in resource limited settings, orphans and vulnerable children, and the AIDS response in the world of work. The thrust of the 2004-2005 unified budget and workplan is on consolidating these achievements and implementing the decisions of the Programme Coordinating Board following the external evaluation of UNAIDS. In line with those decisions, significantly increased efforts and resources are devoted in the unified budget and workplan to scaling up the response to HIV/AIDS at the country level.

53. At the country level, the United Nations theme groups on HIV/AIDS are now operational in 134 countries. Eighty per cent have expanded membership, beyond the UNAIDS co-sponsoring organizations, comprising key national partners including representatives of Governments, people living with HIV/AIDS, non-governmental organizations, other United Nations system agencies, bilateral

agencies and other donors. Expanded theme groups are intended to establish national coordination mechanisms, not to duplicate or compete with national leadership. In addition, UNAIDS country programme advisers are placed in about 60 countries, to ensure coordination and provide leadership and support for the work of the theme groups. At its 13th meeting in December 2002, the Programme Coordinating Board decided that the country programme advisers would henceforth be called UNAIDS country coordinators, reflecting more accurately their role as facilitators of all aspects of national response, both within and beyond the United Nations system.

54. The Programme Coordinating Board recommended that comprehensive joint programmes to support national responses be developed, replacing the United Nations integrated workplans that have existed to date. These new programmes should include: (i) the combined budgets and workplans for joint and individual agency efforts in support of the national response to AIDS; (ii) clear objectives and indicators to monitor their achievements; (iii) a listing of individual agencies' efforts reflecting their specific roles and responsibilities, as well as the five key functions of UNAIDS; and (iv) the coordinating activities of the United Nations theme groups on HIV/AIDS.

55. The UNAIDS Committee of Co-sponsoring Organizations adopted in October 2001 the concept of "convening agency" for specific thematic areas within the expanded response. It also clarified the use of inter-agency task teams on specific issues: care and support (WHO); prevention of mother to child transmission (WHO); orphans and vulnerable children (UNICEF); young people (UNFPA); condom programming (UNFPA); education (UNESCO); injecting drug use (United Nations International Drug Control Programme); governance and development planning (UNDP); the world of work (ILO); and evaluation of HIV/AIDS programmes at country level (World Bank). In line with the decisions of the Programme Coordinating Board relating to expanded partnerships, many of these task teams will evolve into multi-stakeholder partnership forums in the coming months.

2. Engagement of other United Nations organizations

56. UNAIDS continues to work with a wide spectrum of United Nations organizations, encouraging their substantive involvement and leadership in their areas of expertise. The Food and Agriculture Organization of the United Nations (FAO) is taking action on HIV/AIDS and agriculture; the World Food Programme (WFP) on HIV/AIDS and food security; the International Organization for Migration (IOM) on HIV/AIDS and mobile populations; and the Office of the United Nations High Commissioner for Refugees (UNHCR) on internally displaced populations and refugees.

57. The Office of the United Nations High Commissioner for Human Rights (OHCHR) has drawn greater attention to the need to protect HIV-related human rights, including through resolutions of the Commission on Human Rights and through supporting the strengthening of national capacity in key areas.

58. The World Trade Organization addressed AIDS and access to medicines at its Ministerial Conference in Doha, in November 2001, and through its Council on Trade-Related Aspects of Intellectual Property Rights. United Nations Volunteers (UNV) and the International Fund for Agricultural Development (IFAD) are working on plans to strengthen institutional capacity through the use of volunteers

and through providing credit for poor families affected by HIV/AIDS. The United Nations Development Fund for Women (UNIFEM) has, in collaboration with UNAIDS, developed an online resource centre that provides access to inter-agency publications, for example a resource guide to gender and HIV/AIDS.

59. The United Nations System Chief Executives Board for Coordination (CEB), chaired by the Secretary-General, has further activated United Nations organizations, in particular to mobilize a system-wide response to the immediate humanitarian and food crisis in southern Africa, as well as on the longer-term development crisis in that subregion. Through its High-Level Committee on Programmes, numerous United Nations organizations and programmes, in addition to those already referred to, report stepped-up activities on HIV/AIDS. These organizations and programmes include the United Nations Industrial Development Organization (UNIDO), the International Atomic Energy Agency (IAEA), the International Monetary Fund (IMF), the Universal Postal Union (UPU), the World Intellectual Property Organization (WIPO), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the United Nations Human Settlements Programme (UN-Habitat), UNIFEM, the United Nations Secretariat and the regional commissions.

60. The UNAIDS secretariat has also actively participated in other United Nations system coordination mechanisms, including the United Nations Development Group and the United Nations Inter-Agency Standing Committee on humanitarian affairs. Coordination and information sharing within the United Nations system was facilitated through the work of the Inter-Agency Advisory Group on HIV/AIDS, composed of 42 United Nations and related organizations, programmes and groups.

61. The United Nations agencies have increasingly recognized the need to address HIV/AIDS in their own workplace. In his reform agenda, the Secretary-General recommended that “a thorough review should be completed to ensure that the Organization’s policy on HIV/AIDS is fully implemented”.² Furthermore, the executive heads of the UNAIDS co-sponsoring organizations and secretariat have made specific commitments to address HIV/AIDS further in United Nations workplaces, including in the areas of HIV/AIDS personnel policies; health insurance coverage for the workforce; responsiveness of human resource departments to HIV/AIDS issues; and sensitization of senior management. Three global initiatives, the Inter-Agency Task Team on the World of Work, the Learning Strategy on HIV/AIDS and the Access, Care, Treatment, Inter-organizational Needs (ACTION) pilot project, are being implemented to carry out these commitments. In addition, the broader United Nations system, through the High-Level Committee on Management of CEB, is regularly considering the issue of HIV/AIDS in the United Nations workplace.

D. Tracking the epidemic

62. UNAIDS has increased its efforts to strengthen countries’ capacity in monitoring and evaluation, particularly in relation to monitoring progress towards

² Action 33 of the report of the Secretary-General, “Strengthening of the United Nations: an agenda for further change” (A/57/387).

full implementation of the United Nations Millennium Development Goals and the Declaration of Commitment on HIV/AIDS.

1. Progress in countries and at the regional level

63. The Programme Coordinating Board has called for UNAIDS support to country-led reviews of national AIDS programmes, in order to improve national leadership, ownership and capacity to respond to AIDS. In 2002 and early 2003, government-led reviews or joint reviews were carried out with the help of UNAIDS and United Nations theme groups on HIV/AIDS in several countries.

64. The UNAIDS secretariat Monitoring and Evaluation Reference Group plays a normative role in standardizing common indicators and building consensus for the development and use of these indicators. During the reporting period, the Group has reviewed the indicators developed in relation to the Declaration of Commitment on HIV/AIDS and the findings of the UNAIDS external evaluation; it is now focusing on establishing new sets of indicators, including in the areas of care, treatment and support to orphans. In addition, UNAIDS has established a Global HIV/AIDS Monitoring and Evaluation Support Team, housed at the World Bank, the primary focus of which is to coordinate and support country-level efforts in the areas of monitoring and evaluation, and to strengthen capacity in these areas.

65. The various partnership forums supported by UNAIDS have contributed to streamlining monitoring and evaluation efforts and to strengthening self-imposed accountability. For example, the International Partnership against AIDS in Africa has helped to implement African resolutions on HIV/AIDS through its Framework for Action, as well as to track progress achieved. These indicators were later merged with those developed to measure the Declaration of Commitment, in order to reduce duplication of effort at the country level.

2. Progress at the global level

66. The UNAIDS secretariat has worked with co-sponsors and other partners to prepare estimates of the epidemic and the response and to continue to provide quality information on the epidemic. The biennial report on the status of the epidemic and response, and the annual epidemic update are among the most appreciated of all UNAIDS publications.

67. WHO and the UNAIDS secretariat have continued to provide guidance on HIV/AIDS surveillance. New guidelines, *Implementing Second Generation HIV Surveillance Systems: Practical Guidelines*, along with CD-ROMs containing key surveillance tools and methods, were published in 2002 and widely disseminated.

68. UNAIDS has established a technical resource network on monitoring and evaluation, the members of which provide training and technical assistance to countries. A communication strategy for network members, including a web page on the UNAIDS web site, has also been developed. Over the course of the next year, UNAIDS will seek to strengthen the network by identifying local institutions that could play the role of network secretariats.

69. One of the key contributions of UNICEF to monitoring the epidemic is the Multiple Indicator Cluster Survey (MICS), a large population-based survey of social indicators for children (including child health, well-being, education and vulnerability) in 70 countries. The analysis of the 2000/2001 MICS data is currently

being finalized. The next round of MICS will be conducted in 2004. It will include extensive data on HIV/AIDS to contribute to monitoring the implementation of the Declaration of Commitment on HIV/AIDS and the Millennium Development Goals and to targeting programme efforts at the country level.

70. UNAIDS is already the leading global source of information on the course of the epidemic. Efforts need to be reinforced, however, with respect to all aspects of the impact of and the response to HIV/AIDS, particularly in relation to national monitoring and evaluation capacities. UNAIDS initiatives such as the Country Response Information System and the Global HIV/AIDS Monitoring and Evaluation Support Team are major vehicles for such reinforcement. They need to be augmented with participatory reviews of national AIDS programmes, and monitoring and reporting on national and global progress towards meeting the goals and targets set out in the Declaration of Commitment. A substantial increase in monitoring and evaluation expertise at the country level remains an urgent priority for UNAIDS.

E. Mobilizing financial, technical and political resources³

71. As the international resource environment changes and new funding has become available (for example through the World Bank Multi-Country HIV/AIDS Program, the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral assistance and debt-relief processes) greater assistance is being requested by countries to refine cost estimates of the expanded response and to allocate and disburse resources.

72. Global HIV/AIDS spending in low- and middle-income countries has increased more than tenfold, from less than US\$ 300 million in 1996 to an estimated US\$ 3.5 billion in 2002. The latest estimates by UNAIDS indicate that \$10.7 billion will be needed by 2005 and \$14.9 billion by 2007. As recommended by the Programme Coordinating Board, the UNAIDS secretariat is facilitating the development of a multiparty global resource mobilization strategy to achieve an international consensus on financing the global response at the above-mentioned levels. In the process of developing the strategy, the complementarity of various institutional resource mobilization strategies will be ensured.

73. In 2002, the United Nations system provided US\$ 245 million in direct support for HIV/AIDS programmes at the country level and was the third largest external source of programmable funding for HIV/AIDS interventions (after bilateral programmes of the Governments of the United States and the United Kingdom). Through its Multi-country HIV/AIDS Program, the World Bank has thus far been the single largest multilateral source of funding for HIV/AIDS activities at the country level. UNAIDS is encouraging increased contributions from a broad range of Governments, foundations and corporate donors.

74. The Global Fund to Fight AIDS, Tuberculosis and Malaria, which was established in January 2002, is providing significant additional funds for national HIV/AIDS efforts worldwide. As of March 2003, the Fund had received pledges of US\$ 3.4 billion. During the first two rounds, it approved a total of US\$1.5 billion in

³ As the mobilization of technical and political resources is addressed in other parts of the report, this section focuses on financial resources.

grants for AIDS, tuberculosis and malaria, 60 per cent of which is for HIV/AIDS. UNAIDS is providing technical and policy advice and support to the Global Fund and has provided extensive technical support to country level processes.

75. UNAIDS promotes national AIDS plans as a common framework within which all external assistance should be channelled (including that of bilateral donors, the World Bank and the Global Fund). In its December 2002 decisions, the Programme Coordinating Board encouraged the Organisation for Economic Cooperation and Development and other donors to link their bilateral country HIV/AIDS programmes to the execution of national strategies — in particular, their poverty reduction and development strategies — in order to reinforce the capacities of host Governments to coordinate international assistance on HIV/AIDS.

76. Finally, the UNAIDS Programme Acceleration Fund (PAF) has helped national partners support planning and proposal development efforts required to obtain external resources, including those from the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. During the last two years, PAF has been refocused to support: programme planning and development; the strengthening of monitoring and evaluation efforts and capacities; and the reinforcement of partnership development and resource mobilization.

IV. Recommendations and proposed action for the Economic and Social Council

77. **The Economic and Social Council may wish to consider the following actions:**

(a) **Endorsing the decisions taken by the UNAIDS Programme Coordinating Board at its 13th meeting, in December 2002, which call on UNAIDS to: expand support to global advocacy and leadership initiatives; strengthen United Nations system performance and accountability at the country level; intensify support to the monitoring and evaluation of national AIDS programmes; and strengthen national capacity in key areas (for example, engagement of civil society, resource mobilization and tracking; human capacity development; improved provision of technical resources; and improved interventions relating to security, stability and humanitarian response);**

(b) **Endorsing the five cross-cutting functions applicable at all levels of UNAIDS set out in the decisions of the Board referred to above, namely: leadership and advocacy for effective action on the epidemic; strategic information required to guide the efforts of partners; tracking, monitoring and evaluation of the epidemic and actions responding to it; civil society engagement and partnership development; and financial, technical and political resource mobilization;**

(c) **Encouraging UNAIDS as well as the broader United Nations system to pursue full achievement of the Millennium Development Goals, as well as the goals and targets of the Declaration of Commitment on HIV/AIDS;**

(d) **Commending UNAIDS as a positive, ongoing example of United Nations system reform and encouraging its further development in this regard,**

including through: the sharing of experience and lessons learned, with broader efforts to harmonize planning, implementation and reporting on development assistance; support to periodic and comprehensive multi-stakeholder reviews of national AIDS programmes; the formulation of joint United Nations programmes to support national responses to HIV/AIDS; and more systematic reporting on the activities of United Nations theme groups on HIV/AIDS, through the annual reports submitted by the United Nations Resident Coordinators to the Secretary-General;

(e) Urging United Nations funds, programmes and specialized agencies, through the Resident Coordinators, to include the UNAIDS Country Coordinators as regular members in the United Nations country teams, in order to strengthen United Nations coordination against HIV/AIDS at the country level and better assist countries to mount and sustain effective expanded, scaled-up responses to HIV/AIDS;

(f) Commending UNAIDS for the continued, positive evolution of the unified budget and work plan, and urging all Governments, especially donors, to provide full funding for the 2004-2005 biennium;

(g) Urging the UNAIDS Programme Coordinating Board and the governing boards of co-sponsoring agencies to develop closer links and more effective coordination to ensure that clear and effective guidance is provided to the UNAIDS secretariat and co-sponsors, including through the regular consideration of each co-sponsor's engagement in UNAIDS.
