UNAIDS
PROGRESS
REPORT

1996-1997

UNAIDS
UNICEF • UNDP • UNFPA
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Joint United Nations Programme on HIV/AIDS

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LIST OF ABBREVIATIONS

AFRICASO	African Council of AIDS Service Organizations
AFRO	WHO's Regional Office for Africa
AHRN	Asian Harm Reduction Network
AHRTAG	Appropriate Health Resources and Technologies Action Group
APCASO	Asia/Pacific Council of AIDS Service Organizations
APN+	Asia-Pacific Network of People Living with HIV/AIDS
ASEAN	Association of South East Asian Nations
CAREC	Caribbean Epidemiology Centre
CCO	Committee of Cosponsoring Organizations
CIOMS	Council for International Organizations of Medical Sciences
DFID	Department for International Development, UK
EMRO	WHO's Regional Office for the Eastern Mediterranean
ESCAP	Economic and Social Commission for Asia and the Pacific
EURO	WHO's Regional Office for Europe
FAO	Food and Agriculture Organization of the United Nations
FCAA	Funders Concerned About AIDS
FHI	Family Health International
GIPA	Greater Involvement of People Living with HIV/AIDS
GNP+	Global Network of People Living with HIV/AIDS
GPA	WHO's Global Programme on AIDS
GTB	WHO's Global Tuberculosis Programme
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HTCG	The Horizontal Technical Collaboration Group
IAAG	Inter-Agency Working Group on AIDS
IAWG	Inter-Agency Working Group
ICASO	International Council of AIDS Service Organizations
ICW	International Community of Women Living with HIV/AIDS
ILO	International Labour Organization
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
IPU	Inter-Parliamentary Union
LACCASO	Latin American/Caribbean Council of AIDS Service Organizations
MAP	Collegial Network for the Monitoring of the Status and Trends of the HIV/AIDS Pandemic
MERG	Monitoring and Evaluation Reference Group
MTV	Music Television
NAP+	Network of African People Living with HIV/AIDS
NGO	Nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAHO/AMRO	Pan American Health Organization/WHO's Regional Office for the Americas
PCB	Programme Coordinating Board
PSI	Population Services International
SAARC	South-Asian Association for Regional Cooperation
SADC	Southern African Development Community
SEAHAP	South-East Asia HIV/AIDS Project
SEARO	WHO's Regional Office for South-East Asia
SWAA	Society for Women and AIDS in Africa

TASO	The AIDS Support Organization
UNDAF	United Nations Development Assistance Framework
UNDAW	United Nations Division for the Advancement of Women
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNV	United Nations Volunteers Programme
USAID	United States Agency for International Development
WHO	World Health Organization
WAI	West African Initiative on HIV/AIDS
WPRO	WHO's Regional Office for the Western Pacific

Introduction

By the early 1990s, it had become clear to an increasing number of United Nations Member States that the HIV epidemic was undermining the efforts of national governments, nongovernmental organizations and their partners to improve the health, economic well-being, and political stability of many countries, particularly in the developing world. As part of the need for an expanded response to a growing problem, there was a need for the United Nations system to better coordinate its efforts to deal with AIDS, and to increase the value of its contribution by speaking with a stronger and more unified voice. It was in this context that UNAIDS was established and became operational in January 1996 as the HIV/AIDS programme of six UN system agencies the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank (SEE PANEL 1).

PANEL 1

UNAIDS MISSION STATEMENT

As the main advocate for global action on HIV/AIDS, UNAIDS will lead, strengthen and support an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

1996-1997 has been a crucial period for the development of the Programme, largely in terms of determining how UNAIDS would operate and in which areas it could be most effective. This period is characterised by a striking paradox in the evolution of the HIV epidemic and the response to it. In November 1997, just prior to World AIDS Day, UNAIDS and WHO announced that analysis of more accurate surveillance data had yielded startling new statistics. The new data revealed that, by the end of 1997, more than 30 million people were estimated to be living with HIV – in addition to 12 million people who already had died from HIV-related causes. It was estimated that 5.8 million adults and children became infected with HIV in 1997 alone – an average of about 16 000 new infections every day. These statistics were rendered all the more alarming by the fact that in western nations many had the perception that the 'AIDS crisis' was over. This misconception was further reinforced by the popular but erroneous belief that the introduction of antiretroviral therapy had somehow solved the problem. The paradox facing the world during the 1996-1997 biennium was that although people the world over acknowledged the HIV epidemic as being more serious than they had previously believed, the response was hampered by a growing sense of complacency.

This paradox constitutes an enormous challenge to efforts to strengthen the global response to AIDS. Over the course of the past two years, UNAIDS has focused on developing its strategic approach, and using lessons learned about how the epidemic spreads, how best to respond to it, and how to harness the collective resources of the United Nations system. To effectively leverage the organizational resources of its Cosponsors in response to the epidemic, UNAIDS uses two equally important and mutually reinforcing strategies. First, it seeks to build worldwide commitment and political support for the response to the epidemic through advocacy based on the most current information and technically sound analysis. Second, it seeks to improve access to and use of the best and most effective practices in responding to the epidemic.

This report highlights the activities, achievements, progress and challenges of the UNAIDS Secretariat, and, to the extent possible, of the Programme's Cosponsors. It reflects the significant improvement in coordination within the United Nations system in response to the epidemic, as well as an expanding collaboration with civil society. These points are covered in sections detailing the current status of the epidemic and the global response; the strategic approach viewed as critical in shaping the response to the epidemic; the United Nations

system response; improving the functioning of the UNAIDS Secretariat; and challenges, opportunities and strategic options. The report aims to offer the reader an overview of key activities conducted during 1996-1997 and their significance, as well as of the work and priorities anticipated in the future.

Current status of the epidemic and the global response

• Overview

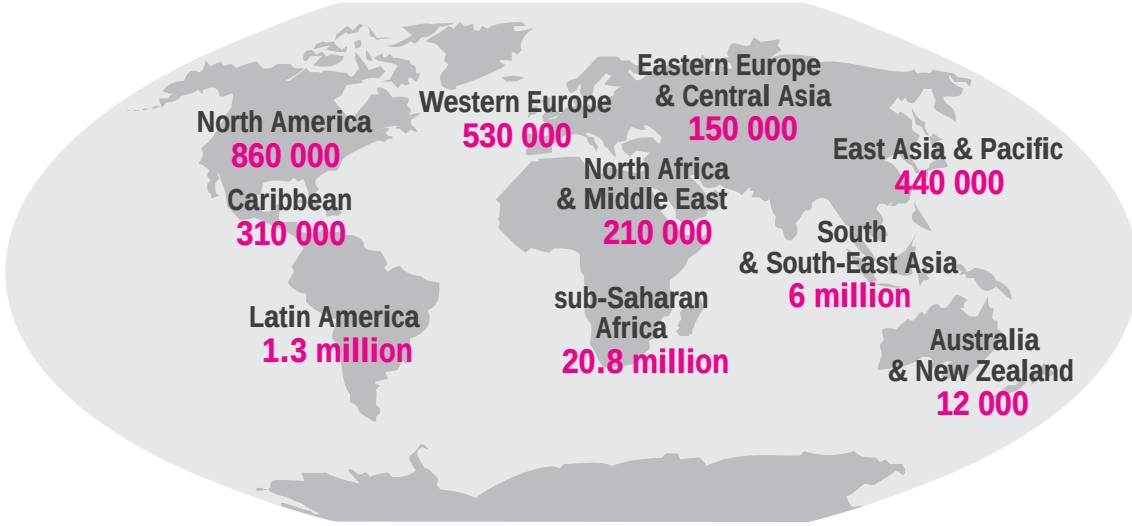
Estimates available at the end of 1997 show that infection with the human immunodeficiency virus (HIV), which causes AIDS, is far more prevalent than previously thought – UNAIDS and WHO estimate that over 30 million people were living with HIV infection by the end of 1997 (SEE PANEL 2). Included in the figure of 30 million people are 1.1 million children under the age of 15. The overwhelming majority of HIV-infected people – more than 90% – live in the developing world. Due to limited access to counselling and testing, nine out of ten do not know that they are infected.

Even more alarming than the enormous number of people living with HIV is the fact that the spread of the virus – about 20 years into the pandemic – continues largely unabated in many countries. Altogether, some 5.8 million people are believed to have acquired HIV infection in 1997 alone, including 590 000 children infected at birth or through breastfeeding. Overall, this is equivalent to nearly 16 000 new infections every day of the year.

An estimated 2.3 million people died of AIDS in 1997, about the same number as those who died of malaria. These deaths represent one-fifth of the total 11.7 million AIDS deaths since the beginning of the epidemic in the late 1970s. Of the people who died of AIDS in 1997, 46% were women and 460 000 were children. Because the vast majority of people living with HIV are in the developing world, access to antiretroviral drugs for most is difficult if not impossible, and consequently mortality rates are unlikely to decline.

PANEL 2

ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV/AIDS AS OF END 1997



Total: 30.6 million

Although nearly every country is touched by HIV, the virus spreads very differently in different parts of the world and there are important differences in patterns of spread within the various communities and geographic areas of the same country (SEE PANEL 3).

Sub-Saharan Africa remains the region with the fastest-growing epidemic. The African epidemic is also the one that has been most underestimated in previous years. Now thought to have fully two-thirds of the total number of people living with HIV in the world, sub-Saharan Africa as a whole has reached the unprecedented level of 7.4% of all those aged 15 to 49 infected with HIV. Southern Africa remains the part of the continent worst affected by HIV. In some areas of the region, the proportion of the adult population living with HIV has doubled over the last five years and it is not unusual to see infection rates estimated at one in five adults and one in three pregnant women, or even higher.

The epidemic is newer in Asia than in Africa, and only a few countries in the region have developed systems sufficient for monitoring the spread of HIV. For this reason, estimates of HIV in Asia often have to be made on the basis of less information than in other regions. The Government of China reported at the end of 1996 that up to 200 000 people were HIV-infected, a figure estimated to have doubled by the end of 1997. In India, surveillance is uneven, but indications are that between 3 and 5 million people are living with HIV, the largest number within any one country in the world. Rates of HIV infection remain well under 1% in several South-East Asian nations, while other countries in the region such as Cambodia and Myanmar show much higher levels of HIV spread. The reasons for these differences are not entirely clear. Nor is there any assurance that currently low rates will remain so, given the prevalence of risk behaviour, including commercial sex and, in some places, injection of drugs.

PANEL 3

HIV/AIDS: REGIONAL STATISTICS AND FEATURES, DECEMBER 1997

Region	Epidemic started	Adults & Children living with HIV/AIDS	Adult prevalence rate (1)	Cumulative number of orphans (2)	% of HIV-positive adults who are women	Main mode(s) of transmission for adults living with HIV/AIDS*
Sub-Saharan Africa	late '70s-early '80s	20.8 million	7.4%	7.8 million	50%	Hetero
North Africa & Middle East	late '80s	210 000	0.13%	14 200	20%	IDU - Hetero
South and South-East Asia	late '80s	6.0 million	0.6%	220 000	25%	Hetero - IDU
East Asia & Pacific	late '80s	430 000	0.05%	1 900	11%	IDU - Hetero - MSM
Latin America	late '70-early '80s	1.3 million	0.5%	91 000	19%	MSM - IDU - Hetero
Caribbean	late '70s-early '80s	310 000	1.9%	48 000	33%	Hetero - MSM
Eastern Europe & Central Asia	early '90s	150 000	0.07%	30	25%	IDU - MSM
Western Europe	late '70s-early '80s	530 000	0.3%	87 000	20%	MSM - IDU
North America	late '70s-early '80s	860 000	0.6%	70 000	20%	MSM - IDU - Hetero
Australia & New Zealand	late '70s-early '80s	12 000	0.1%	300	5%	MSM - IDU
TOTAL		30.6 million	1.0%	8.2 million	41%	

*** IDU: transmission through injecting drug use – Hetero : heterosexual transmission – MSM: men who have sex with men**

(1) The proportion of adults alive with HIV infection or AIDS in the adult population (15 to 49 years of age).

(2) Orphans are defined as children who lost their mother or both parents to AIDS when they were under age 15.

Thailand, with probably the best-documented epidemic in the developing world, is continuing to produce evidence of a fall in new infections, especially among sex workers and their clients. These populations accounted for the majority of the 750 000 persons currently infected, representing 2.3% of the adult population. The decrease in new infections is the outcome of concurrent and sustained prevention efforts aimed at increasing condom use among heterosexuals, boosting respect for women, discouraging men from visiting sex workers, and offering young women better educational and other prospects to discourage their entry into commercial sex. Notwithstanding this progress, HIV rates among Thailand's injecting drug users have stabilized at a relatively high level (around 40%), and a survey among men who have sex with men in Northern Thailand reported low AIDS awareness and condom use.

In Latin America, the picture is also heterogeneous. For the most part, HIV is concentrated in neglected populations living on the social and economic margins of society. The epidemic has taken its greatest toll on men who have sex with men and injecting drug users. Systematic data collection is difficult in these groups and information remains rather scarce. Nevertheless, studies on Mexican men who have sex with men show that, on average, as many as 30% of them may be living with HIV. Rates in drug users vary from between 5% and 11% in Mexico to close to 50% in Argentina and Brazil. Rising rates in women show that heterosexual transmission is becoming more prominent. In Brazil, the male/female ratio of AIDS cases has dropped from 16:1 in 1986 to 3:1 today. Although HIV rates in pregnant women are still comparably low in general, they have reached 1% in Honduras and exceeded 3% in localities in Brazil. Rates remain substantially higher in the Caribbean with reports of up to 8% of pregnant women already carrying the virus in a number of localities.

Drug injection is a major factor behind the dramatic surge in HIV infection in several Eastern European nations, accounting for the majority of the 100 000 new infections estimated to have occurred in 1997. In Ukraine, where around 70% of infections have been in drug users over the past three years, it is estimated that approximately 110 000 people are living with HIV at present. Russian officials estimate there are about 350 000 regular drug users in the country, many of whom share injecting equipment. In Belarus, Moldova and Russia, new cases of syphilis rocketed from very low levels in the late 1980s to well above 2 per 1000 population by 1996, with continuously increasing trends.

The growing gap between the developed and the developing world concerns not only the scale of HIV spread, but also mortality from AIDS. In North America, Western Europe, Australia and New Zealand, newly-available antiretroviral drugs are reducing the speed at which HIV-infected people develop AIDS. In Western Europe, evidence suggests that new AIDS cases will have fallen by around 30% in 1997 compared with 1995, before combination antiretroviral treatment became available. The fall is greatest in countries in which infection has been concentrated in homosexual men, in whom HIV rates began dropping 5–10 years earlier, demonstrating that the decline in AIDS cases is often the combined result of better prevention and better treatment. In the United States, newly-published figures indicate that the first-ever annual decrease in new AIDS cases – 6% – occurred in 1996, and an even bigger decrease is expected in 1997. Again, the largest fall – a drop of 11% – was in homosexual men.

AIDS continues to have a significant impact on reducing life expectancy – one of the most accepted indicators for development (SEE PANEL 4).

The gains achieved over the last few decades in much of the developing world will in some places be cancelled out by HIV. By the end of this decade, a number of countries in Southern and Eastern Africa will see a reduction in life expectancy of 10 years or more, compared with 1990. Other well-established indicators for development are the rates

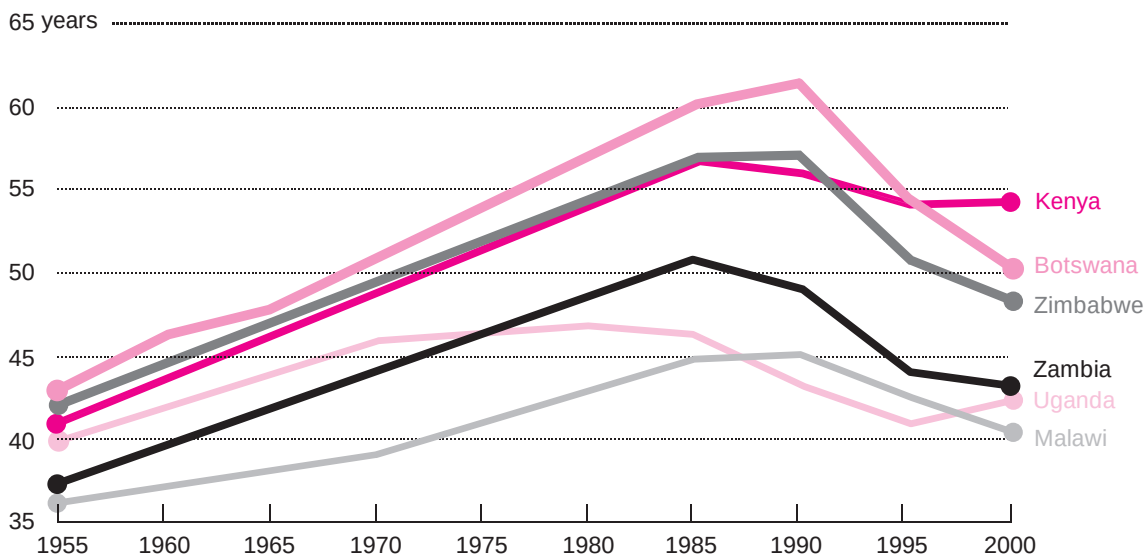
of infant and child survival. HIV continues to erode the substantial gains achieved in this area. Already, in the countries most affected by the epidemic, one-quarter more babies under 12 months old are dying than would be the case if there were no HIV. In these same countries, infant and child mortality rates are expected to rise by up to 100% or more compared with 1990 figures because of AIDS. Since the beginning of the epidemic, it is also estimated that more than 8 million children have lost their mothers to AIDS when they were less than 15 years old; many of them also lost their fathers. This figure is expected to almost double by the year 2000.

In many countries, AIDS is the leading cause of death in adults. In the United States, after introduction of combination therapy to slow down the progression of HIV disease in 1996, AIDS dropped into second place among leading causes of death in people aged 25-44 for the first time since 1992. In heavily-impacted countries in Africa, AIDS accounts for more than one-third of adult deaths, and for women between the ages of 20 and 44, as many as seven out of every 10 deaths. In trading centres in Uganda which are home to large numbers of younger adults, nearly nine out of 10 deaths in 15-to-49-year-olds are HIV-related.

Despite progress made in a limited number of countries in slowing the spread of HIV and a growing sense in many wealthier countries that the major threat of the epidemic is over – following the introduction of highly active antiretroviral therapy – the virus continues its expansion at a staggering rate in most parts of the world.

PANEL 4

PROJECTED LIFE EXPECTANCY AT BIRTH
SELECTED SUB-SAHARAN COUNTRIES



Source: World Population Prospects: the 1996 revision, *United Nations Population Division,*1996

• New developments in the response to AIDS

The 1996-1997 period witnessed a number of significant developments in the response to the epidemic, as well as important lessons (SEE PANEL 5) learned and reinforced in the area of HIV prevention and AIDS treatment.

PANEL 5

AIDS PROGRAMMES WORK

- *Prevention strategies to promote safer sexual behaviour can significantly reduce HIV transmission rates.*
- *Voluntary counselling and testing can be effective in reducing transmission of HIV.*
- *Mother-to-child transmission of HIV can be reduced significantly by zidovudine (AZT).*
- *Sexual health and life-skills education for young people helps postpone first intercourse and helps decrease the risk of acquiring HIV or other sexually transmitted diseases or pregnancy among those already sexually active.*
- *Male condoms protect against sexual transmission of HIV.*
- *The female condom is acceptable, effective, and can be widely distributed.*
- *Treating sexually transmitted diseases reduces HIV transmission.*
- *Needle exchange, integrated with AIDS education, helps keep HIV rates low in drug users when started early.*
- *New combination antiretroviral therapies significantly reduce morbidity and mortality from AIDS.*

Prevention programmes can lead to a lower rate of HIV transmission

The 1996-1997 biennium marked considerable progress in documenting the success of HIV prevention programmes by demonstrating that behavioural change on a national scale can change the course of the epidemic. With the help of data from behavioural surveys repeated over time and HIV sentinel surveillance in pregnant women, researchers and programme managers in Thailand and Uganda documented a reduction in sexual risk behaviour since the early 1990s and showed how. This change in behaviour has led to a significant decline in HIV prevalence, especially among young people.

In Uganda, over the past five years, there was an overall decline of 40% in HIV prevalence among pregnant women in urban areas. This decline was closely linked to a two-year delay in first sexual intercourse, a large increase in condom use, and a small reduction in the number of non-regular sexual partners.

In Thailand, behavioural surveys indicated that the majority of sexual risk activities were associated with commercial sex. This led to a national policy of '100% condom use', established with the active involvement of brothel owners and sex workers. National mass media and peer education among young people help to reinforce the policy. Researchers have documented a clear reduction in the incidence of HIV, illustrated by the decline in HIV prevalence from 8% in 1992 to less than 3% in 1997, among young military conscripts.

The role of voluntary counselling and testing in preventing HIV infection

A randomized, controlled trial to test the effectiveness and consequences of voluntary counselling and testing for prevention of new HIV infections confirmed that counselling and testing can reduce risk behaviour. These findings come from the Multisite Voluntary Counselling and Testing Study (SEE PANEL 6), conducted from 1995 to 1997 with Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania, Kenya Association of Professional Counsellors and University of Nairobi, Nairobi, Kenya, and Queen's Park Counselling Centre, Port-of-Spain, Trinidad.[1] The study also provided crucial data on the practical aspects of voluntary counselling and testing services in resource-constrained settings.

PANEL 6

THE MULTISITE VOLUNTARY COUNSELLING AND TESTING STUDY*

This study, conducted in 1995-1997 in Kenya, Tanzania and Trinidad, compared voluntary counselling and testing to a health-information control programme. Preliminary results have indicated that:

- *voluntary counselling and testing produced greater reductions in unprotected sexual intercourse with non-primary partners;*
- *voluntary counselling and testing were more effective in reducing unprotected intercourse with commercial sex partners;*
- *voluntary counselling and testing were more effective in reducing unprotected sexual intercourse among couples who had been tested and counselled together;*
- *client-centred counselling methods were effective in helping clients trust that their confidentiality would be respected;*
- *client-centred counselling strengthened the ability of individuals to cope with their HIV diagnosis, and facilitated early referrals to care and support;*
- *there was no evidence that voluntary counselling and testing increased the incidence of negative life events (relationship break-up, discrimination, etc.), although there were indications that women who test HIV-positive may need additional support services; and*
- *prospective clients were willing to pay a minimal fee for voluntary counselling and testing.*

* Preliminary results from the Voluntary Counselling and Testing Efficacy Study. Data presented at the satellite workshop 'Making Counselling and Testing Work: Efficacy and Feasibility of Voluntary Counselling and Testing in Developing Countries'. Tenth International Conference on AIDS and STDs in Africa. December 1997, Abidjan, Côte d'Ivoire.

(1) This study was a collaborative effort with WHO, the Center for AIDS Prevention Studies of the University of California at San Francisco, Family Health International's AIDS Control and Prevention Project, the United States Agency for International Development and the UNAIDS Secretariat.

Use of zidovudine in preventing mother-to-child transmission of HIV

In February 1998, the findings were announced of a trial in Thailand, sponsored by the Thai Ministry of Public Health and the United States Centers for Disease Control and Prevention. It demonstrated that the use of a relatively short zidovudine (AZT) regimen, involving the administration of the drug to HIV-infected pregnant women during the last four weeks of pregnancy and during delivery, reduces mother-to-child transmission of HIV by half among women who do not breastfeed (SEE PANEL 7).

Combined with access to safe alternatives to breastfeeding, zidovudine therefore offers an effective and feasible way to reduce mother-to-child transmission, particularly in developing countries. In light of this study, the UNAIDS Secretariat, in collaboration with UNICEF and WHO, hosted a meeting in March 1998 to plan programme implementation for the prevention of mother-to-child transmission of HIV. Further research needs to explore the efficacy of the shorter regimen among breastfeeding populations.

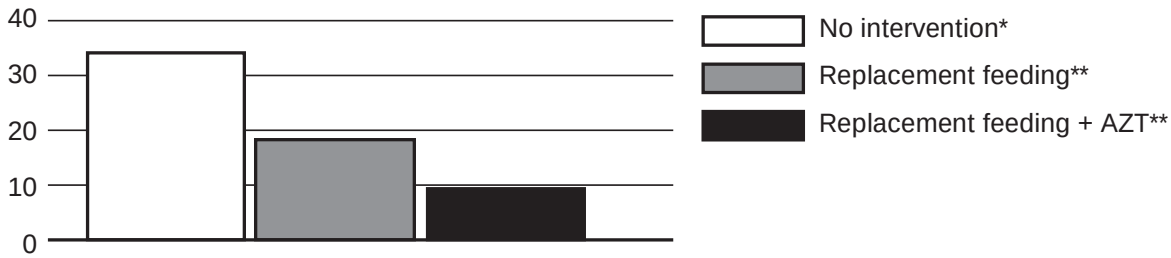
Female condoms bring results in slowing the spread of HIV and other sexually transmitted diseases

In 1997, a study was conducted in Thailand by Prince Songla Hospital, Hat Yai, Khon Kaen University Hospital, Khon Kaen, Siriraj Hospital, Bangkok, Research Institute for Health Sciences, Chiang Mai, and the Ministry of Public Health and sponsored by UNAIDS comparing female and male condom use. This study showed that in the group of women who had both male and female condoms available to them, the average incidence of sexually transmitted diseases decreased by 34%. The number of unprotected sex acts decreased by 25% compared to the group of women who had only the choice of using male condoms. Other studies indicate that the female condom is an acceptable option for women, providing greater opportunities to communicate about safer sex.

To increase the availability of female condoms, UNAIDS successfully negotiated a lower price with its manufacturer, the Female Health Company, for developing country public sectors. More than four million female condoms were purchased as of April 1998 in the developing world and substantial sales were registered in South Africa, Uganda, Zambia and Zimbabwe.

PANEL 7

PERCENTAGE OF CHILDREN INFECTED THROUGH THEIR HIV-POSITIVE MOTHER, WITH AND WITHOUT INTERVENTION



* *Baseline data from sub-Saharan Africa.*

** *Data from a study conducted by the Ministry of Public Health, Thailand, and the United States Centers for Disease Control and Prevention, announced on 18 February 1998.*

Increasing acceptance of harm reduction approaches for HIV prevention among injecting drug users

Initiatives based on a public-health approach to HIV prevention among injecting drug users have long proven effective in reducing the spread of HIV infection among those who inject drugs. Both developing and industrialized countries are now adopting an increasing range of harm reduction measures such as needle exchange programmes and substitution therapy. A recent international review[2] compared rates of change of seroprevalence among drug users in cities with and without needle exchange programmes. On average, HIV prevalence increased by 5.9% per year in the 52 cities without needle exchange programmes, and decreased by 5.8% per year in the 29 cities with needle exchange programmes.

Preventing and treating tuberculosis in people living with HIV/AIDS

In February 1998, WHO organized a consultation with UNAIDS on preventive therapy for tuberculosis in people living with HIV. Given that HIV is a major cause of the large increase over the last decade in the incidence of tuberculosis, participants maintained that preventive therapy is a public health need in populations with a high prevalence of HIV infection. In addition to energetic treatment for active tuberculosis using the DOTS strategy[3], participants recommended that preventive therapy be part of a package of care for people living with HIV/AIDS. Recommendations on appropriate drug regimens and their administration and supervision have also been disseminated.

Augmenting the availability and affordability of essential drugs

In December 1997, WHO revised its essential drug list to include several drugs of special interest to people with HIV infection, including sulfadiazine (to treat toxoplasmosis), acyclovir (to treat herpes), and fluconazole (to treat systemic yeast infections). AZT is now also part of the list, as an important drug for preventing mother-to-child transmission of HIV. Inclusion of these drugs on the WHO essential list usually leads to a reduction in price through bulk purchases, with consequent greater availability of the drugs for people living with HIV and AIDS.

Highly-active antiretroviral treatment (HAART)

In 1996, a new approach to antiretroviral therapy called 'highly-active antiretroviral treatment', or HAART, was developed. This treatment involves the combination of at least two nucleoside reverse transcriptase inhibitors and a protease inhibitor drug. While HAART cannot be considered a cure for HIV infection, in some cases it can halt replication of HIV and resulting damage to the immune system. Consequently, patients receiving HAART develop AIDS more slowly and live longer. However, the usefulness of HAART is limited by the relatively high cost of therapy (approximately US$ 10000 per year, which is prohibitive in most countries); the side effects of the drugs; its difficult treatment schedule; and variable tolerance and response to therapy. In areas where HAART has been introduced on a wide scale, significant decreases in AIDS cases and mortality (down 30% to 50% over a one-year period) and shifts in the pattern of clinical problems encountered by people living with HIV/AIDS have been observed.

*(2) The Lancet, 21 June 1997; **349** (9068): 1797–1800*

(3) (Directly Observed Treatment, Short Course). The components of the DOTS strategy are a recording and reporting system to monitor programme efficiency; case detection and diagnosis; patient management; drug supply and management; and political commitment.

Including AIDS on the highest political agendas

In an increasing number of countries, senior government officials and legislative bodies addressed AIDS for the first time during the 1996-1997 biennium. AIDS received acknowledgement as a critical issue at major international fora, as well. These included the address by President Nelson Mandela of South Africa, with the support of UNAIDS, to the 1997 World Economic Forum in Davos on the impact of the epidemic on development in Africa. The declaration of the G-8 Summit in 1997 also referred to AIDS, urging that governments take strong action to address the epidemic in their own countries and to assist developing countries and UNAIDS.

On 1 December 1997, the United Nations General Assembly, in conjunction with UNAIDS, organized a special session on the epidemic to commemorate World AIDS Day. High-level representatives, including the Secretary-General of the United Nations, the President of the General Assembly, and United States Secretary of State Madeleine Albright, attended the session. In 1997, discussions and resolutions of other political bodies, such as the Association of South-East Asian Nations, also addressed the epidemic.

During the 1996-1997 period, some countries enacted proactive HIV-related legislation. An example is the Philippines, whose new legislation comprehensively promotes and protects the human rights of people suspected or known to be living with HIV or AIDS, outlaws compulsory testing, guarantees privacy, and expands provision of HIV education and information for children and youth (SEE PANEL 8). In 1998, the Inter-Parliamentary Union adopted a UNAIDS-promoted resolution at its meeting in Namibia. Despite several notable expressions of political commitment to an effective and expanded response to the HIV epidemic, denial of the epidemic's multiple consequences and of the top priority for action continues.

PANEL 8

POLITICAL ADVOCACY IN THE PHILIPPINES

Political leadership in the Philippines has displayed a keen understanding of AIDS and of the impact of a significant epidemic on the Philippines. After meeting with two HIV-infected women in the Presidential Palace on World AIDS Day in 1992, President Ramos formed the Philippine National AIDS Council. At the end of 1996, he declared 1997 as National AIDS Prevention Year in the Philippines, the year in which the Philippines hosted the Fourth International Congress on AIDS in Asia and the Pacific.

During his opening speech to the Congress delegations, President Ramos declared the AIDS Bill pending before the Philippine Congress as urgent, resulting in its enactment in February 1997. The United Nations system assisted the process by providing technical support in the preparation and passing of the Bill.

The AIDS Law institutes a nation-wide HIV/AIDS information and education programme, in schools and workplaces, for departing workers, and for tourists entering and leaving the country. It establishes a comprehensive HIV monitoring system; strengthens the Philippine National AIDS Council; creates a special AIDS service within the Department of Health, outlaws discrimination, bans mandatory testing, strengthens and expands the social support and testing services in the country, and insists on confidentiality for people living with HIV.*

* *A copy of the Law is available via the web site of the Department of Health, Philippines (http://www.doh.gov.ph/aids/index.htm).*

Expanding the response to AIDS: the strategic approach

Notwithstanding the 16 000 new HIV infections that occur every day, the epidemic is not out of control everywhere. Some countries and communities have managed to stabilize HIV rates or achieve a turnaround. Some have made progress on care and support for people infected and affected. A UNAIDS analysis of country responses, and of the corresponding achievements and failures, identifies some correlates of success (SEE PANEL 9).

PANEL 9

SOME IMPORTANT FEATURES OF EFFECTIVE PROGRAMMES

- *Effective programmes are those which receive **political commitment** stretching up from the community to a country's highest level.*

- *To be effective, programmes have to promote **openness** about HIV and its existence, and **dissipate fear and prejudice** against people already living with HIV or AIDS.*

- *It is essential to establish **systems that give information** on where people in the country are infected or threatened and why, and ensure analysis of the factors affecting their vulnerability to HIV. Such mapping is the best basis for programme planning.*

- *Effective programmes are characterized by **focused interventions w**ith steadily expanding coverage. Initially, action should be focused on locally important vulnerable and at risk populations and on geographic areas where HIV is an emergency. Planning must nevertheless take into account the need to reach many different populations of this kind, including those who will become exposed in the future. Action must also be focused on achieving safer behaviour through multiple, complementary interventions of known effectiveness.*

- *As a complement to focused action, effective programmes must create **general awareness** and knowledge in the rest of the population, especially among **young people**, who represent more than half of all of those infected after infancy. This can be accomplished cost-effectively through mass-media campaigns, peer-outreach education and life-skills programmes.*

- *Effective programmes offer both **prevention and care.** Care services have benefits that extend even beyond the human rights and needs of the sick individual. They help convince others that the threat of HIV is real and make prevention messages more credible.*

- *Because the epidemic and our understanding of it are highly dynamic, programmes have to be **flexible** enough to keep up with the changes. This requires careful monitoring and evaluation of interventions and programmes.*

- *To be successful, programmes need to involve **multisectoral and multilevel partnerships** in and between government and civil society, with AIDS being routinely factored into the individual and joint agendas. Not only do the various partners have a stake in participating, but they have valuable contributions to make to HIV prevention, care and support at levels ranging from the national to the district and community.*

- ***Mainstreaming and resource mobilization*** *are corollaries of the preceding feature. Effective programmes identify opportunities to involve partners with similar goals and objectives, and capitalize on synergies between AIDS and other programmes.*

- *Effective programmes are those which take a* ***long-term approach*** *and build societal resistance to HIV. We must promote safer attitudes and behaviour in society, especially in the younger generation, that will ultimately offer serious resistance to the spread of HIV.*

The initial reaction to the epidemic was to persuade individuals and selected groups to change their behaviour by informing them about AIDS. Over time, it became understood that for behaviour change, individuals need not only information but also decision-making skills, access to tools and services, and supportive peer norms.

By the mid-1980s, it was more generally appreciated that individuals do not always control their own risk situations and that societal behaviour affects the vulnerability of individuals. At the same time, as individuals infected with HIV earlier in the epidemic gradually fell ill and died, the need to provide health care and cushion the epidemic's impact acquired prominence – action that required the involvement of different sectors of society.

More recently, a growing appreciation has emerged that the epidemic is also a development challenge. To the extent that people's vulnerability has social and economic roots, often including marginalization, poverty and women's subordinate status, tackling these conditions makes society, as a whole, less vulnerable to HIV in the long term.

The strategic approach that UNAIDS advocates draws on all of these approaches: focused programmes to promote safer behaviour by those at higher risk of infection; societal action to reduce the vulnerability of those not in control of their HIV risks and to mitigate the impact on those affected by the epidemic; and more active mainstreaming of approaches to dealing with AIDS within broader development efforts (SEE PANEL 10).

PANEL 10

PATHWAYS FOR EXPANDING THE RESPONSE TO HIV/AIDS

- *Expanding coverage of programmes*
- *Focusing action*
- *Expanding partnerships in the design, implementation and evaluation of AIDS-related policies and programmes*
- *Involving all relevant sectors*
- *Increasing resources mobilized in support of prevention and care*
- *Enhancing the sustainability of AIDS programmes over time*

Source: *Expanding the Global Response to HIV/AIDS through Focused Action,* UNAIDS *Best Practice* Collection, 1998.1, pp.12–14

Rather than propose a universal blueprint, the Programme has promoted a set of principles on the basis of which each society can find its own locally relevant path to action:

- Development of a country strategy should begin with a serious analysis of the local HIV/AIDS situation, risk behaviour and vulnerability factors, with the resulting data serving to prioritize and focus initial action.

- Ignoring simplistic solutions, the strategy should build on tried and tested methods of AIDS prevention, care and impact alleviation, even when these may be sensitive issues in some cultures (e.g. condom promotion among sex-work clients), or

require hard political choices (e.g. needle exchange for drug injectors).

- From the outset, an appropriate balance of interventions should address the needs of both people at higher risk and those at potential risk (e.g. young people and married women).
- The strategy should seek to build expanded partnerships between governments and civil society at all levels in order to gear up the response, and to progressively encourage the involvement of all relevant sectors and resource mobilization that taps into a diversity of human and institutional sources (SEE PANEL 11).

PANEL 11

WHY ALL SECTORS OF SOCIETY SHOULD BE INVOLVED IN THE RESPONSE TO THE HIV EPIDEMIC

- *Each sector has a stake in prevention because it stands to suffer the impact of an out-of-control epidemic, for example, an education sector where 30% of the teachers are infected, or a defence sector with infection rates in the military of over 60%.*
- *Each sector has easy access to populations that it can help inform and educate at relatively little extra cost.*
- *Most sectors have the mandate of promoting human development and quality of life, and these efforts are compatible and synergistic with vulnerability reduction, e.g. through the promotion of the basic right to education and participation.*
- *Multisectoral action that draws on the human and budgetary resources of multiple government ministries, nongovernmental organizations, academic institutions, businesses and communities lead to a large-scale expanded response that is sustainable over time.*

The United Nations system response to the epidemic

• Overview

The need for United Nations system coordination on AIDS is the subject of frequent discussion, but the rationale for this coordination and the difficulties encountered in bringing it about are less often articulated. The many determinants of the spread of HIV – depending on the locality, these may include inequitable distribution of wealth, illiteracy, gender inequality, and rural-to-urban migration – cut across nearly all sectors of government and society. So do the many impacts of the epidemic. Therefore, regardless of where the national response may originate (most often in health ministries), to be effective it must mobilize active partnerships across different sectors.

Similarly, no single United Nations agency has the capacity to deal with the multiple impacts and determinants of HIV, nor to assist governments to take national programmes to scale. Individual United Nations agencies make substantial contributions on specific aspects of AIDS prevention and care. However, the need to act simultaneously and synergistically in areas such as health services, communications, legal reform, education, rural development and the status of women, requires that the United Nations system develop and maintain collaborative action and coordination among its member agencies and with the major actors in the national response.

One of the Programme's critical goals during 1996-1997, and a central reason for its creations, has been to develop just such a coherent United Nations system response to HIV/AIDS to strengthen national efforts. Stimulated by United Nations reform efforts, the UNAIDS Secretariat and the Cosponsoring Organizations have made a considerable investment in meeting this challenge. At the country level, by the end of 1997, 127 United Nations Theme Groups on HIV/AIDS were established in 152 countries. The foundation for an integrated plan for global activities was created through the preparation of the Coordinated Appeal for Supplemental Funded Activities. UNAIDS and its Cosponsors also collaborated successfully with other United Nations agencies and programmes, such as the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), the Food and Agriculture Organization of the United Nations (FAO), the United Nations High Commission for Refugees (UNHCR), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations Development Fund for Women (UNIFEM), the United Nations Secretariat in New York and regional economic commissions, including the Economic and Social Commission for Asia and the Pacific (ESCAP) and the Economic Commission for Latin America and the Caribbean.

The response of the United Nations system as a whole to the epidemic is governed by a common approach, as stated in the UNAIDS 1996-2000 Strategic Plan. The Strategic Plan commits the United Nations to assisting countries to respond to AIDS. It also signals the need to have accurate and up-to-date information on the evolution of the epidemic. The Plan focuses collective efforts on areas in which the United Nations is best equipped to act and influence the course of the HIV epidemic. Finally, the Strategic Plan, together with the Memorandum of Understanding signed by the Programme's Cosponsors in March 1996, stipulates that the six Cosponsoring Organizations will work together and with other partners in a manner commensurate with the comparative advantages of each.

Monitoring the epidemic

Effective strategies against the epidemic are critically dependent on an understanding of its dynamics and determinants. As a consequence, surveillance and monitoring are core elements of the United Nations response. The UNAIDS Secretariat and WHO

formed a Working Group on Global HIV/AIDS and STD Surveillance, aimed at ensuring the timely and consistent flow of information at national, regional and global levels. As a supplement to these activities, UNAIDS also established a partnership with the François-Xavier Bagnoud Center for Health and Human Rights (located at the Harvard School of Public Health in Boston, U.S.A.) and with Family Health International's AIDS Control and Prevention Project (AIDSCAP – recently reconceptualized as the Implementing AIDS Prevention and Care Project, IMPACT). This resulted in the creation of the Collegial Network for the Monitoring of the Status and Trends of the HIV/AIDS Pandemic (the MAP Network).

With the objective of reinforcing surveillance activities, the UNAIDS Secretariat has provided a combination of financial and staff support to WHO Regional Offices in Africa, Europe, South-East Asia and the Western Pacific, as well as to the Pan American Health Organization (PAHO). The UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance, together with its partners such as the MAP Network, is now in a position to ensure better data-gathering, and a reliable and acceptable common source of data on the epidemic for the world has been established. Country profiles which are updated regularly, contribute significantly to common information and understanding. Epidemiological surveys and country profiles demonstrate, for example, that much remains to be done to address women's vulnerability to HIV/AIDS. In some cities, HIV prevalence among young women between the ages of 15 and 19 is as high as 16% to 20%, as compared to between 1% and 4% for young men of the same age.

Advocating for an expanded response

Increasing awareness of the global epidemic and building a sense of urgency about mounting an effective response is another area in which UNAIDS has focused its efforts. Intense efforts have been necessary to overcome denial that a pervasive HIV epidemic exists, even in countries where prevalence rates are well over 10%, or in places where the rate of new infections is clearly alarming. During the 1996-1997 biennium, UNAIDS and its Cosponsors focused on the needs of children, in particular.

Over the past two years, UNAIDS has also advocated for the greater involvement of political leaders and the business sector in the response to HIV. The Secretary-General of the United Nations, the Heads of all Cosponsoring Agencies and the Executive Director of UNAIDS have mobilized special efforts to reach the highest levels of political leadership, though country visits and regional and global meetings. The Secretary-General, Mr Kofi Annan, also issued a statement and a video message for television on the occasion of World AIDS Day in 1997. In 1997, the World Bank published a policy research report strongly advocating early and vigorous action by governments in response to the epidemic. The Executive Director of UNFPA determined that the featured theme for World Population Day in 1996 would be HIV/AIDS. The Director-General of WHO initiated several major consultations on topics related to AIDS, including one on antiretroviral drugs and one on breast-feeding and HIV. The Director-General of UNESCO has called the attention of the scientific community to the need for accelerated development of an HIV vaccine, and has strongly encouraged political leaders to close the widening ethical gap between the treatment available to people living with AIDS in the industrialized and developing worlds. In addition to serving as the principal cosponsor of the 1997 and 1998 World AIDS Campaigns (on children and young people, respectively), UNICEF in its annual *Progress of Nations* in 1997 featured a discussion of children and HIV as a major issue affecting development. The Administrator of UNDP has continued to advocate for model standards on HIV in the United Nations workplace. Several UNDP publications, such as the *Human Development Report* and, at country level, the 1997 *Namibia Human Development Report*, now highlight the impact of the epidemic on development indices.

Among the examples of how non-traditional resources can contribute to a

response to the epidemic, details of which are provided later, are:

- the creation of the Global Business Council on HIV/AIDS;
- the high-level coverage of AIDS at annual meetings of the World Economic Forum; and
- UNAIDS' partnership with the Rotary International (SEE PANEL 31, p. 52).

Strengthening the national response

The biennium saw mechanisms to shape and strengthen United Nations efforts to respond to the HIV epidemic at country level. Key among them are the United Nations Theme Groups on HIV/AIDS, assisted in many countries by UNAIDS Country Programme Advisers or Focal Points. Theme Groups focus mainly on providing support for the national strategic planning and review required to develop an expanded response to HIV at country level; strengthening national technical and financial resource-mobilization capacities; supporting advocacy on HIV at country level; and harmonizing United Nations system[4] initiatives on HIV. The section on country-level responses to HIV/AIDS contains a detailed review of the problems encountered and progress made in these areas.

In 1996 and 1997, the United Nations Theme Groups on HIV/AIDS grew in number and progressed from an information-sharing stage to one of more active coordinated planning. United Nations agencies and programmes at country level have taken on increasing ownership of the UNAIDS approach during this time. Evolution of Theme Groups over the past two years has also taken place within the framework of overall United Nations reform. It is still too early to draw definitive conclusions, but where there is a United Nations Development Assistance Framework (UNDAF) in place (some 18 countries at the present time), there is strong potential for better planning and coordination on HIV. Conversely, the UNDAF process can also use the Theme Group experience in some countries as a map for better collaboration in other areas.

Mechanisms for collaboration

The Secretariat and its Cosponsors have channelled a great deal of energy and resources into developing global and regional mechanisms for technical cooperation. One such mechanism is the Coordinated Appeal, which has served both to mobilize supplementary funds for Cosponsors' HIV-related activities and to harmonize activities among Cosponsors at global level. Although funding of the proposals contained in the Appeal has met with mixed success, the Appeal has brought other benefits with it. It has served to clarify responsibilities among the Cosponsors; increase mainstreaming of HIV/AIDS into the core programmes of the cosponsoring organizations; and provide a basis for more concerted efforts to build an integrated workplan of the Cosponsors at global and regional levels.

Inter-Agency Working Groups (IAWGs) in several thematic areas related to the HIV epidemic have been useful in coordinating and stimulating activities; these groups help to build policy consensus and harmonize programme planning.

Another mechanism for developing technical cooperation on AIDS is the technical resource network, strengthening institutional capacity for the response to the epidemic in regions and between countries. The designation of collaborating centres in many areas, support to several global and regional networks, and the establishment of three UNAIDS intercountry teams in Asia and Africa have moved this development forward. The section on regional collab-

(4) The United Nations system at country level refers to the combined human, financial and logistic resources of the member agencies of the United Nations Theme Group on HIV/AIDS and Technical Working Groups, with the support of their regional and headquarters offices, and with the support of the UNAIDS Country Programme Advisers and the Secretariat.

oration with Cosponsors outlines new regional and global partnerships for expanding the response to HIV.

Best Practice development

UNAIDS' first few years have also been a critical time for improving the content and expanding the use of the body of knowledge constituting the 'best practice' needed to accelerate the global response to HIV. The past biennium has seen the development and dissemination of the Programme's *Best Practice* Collection, concentrating particularly on what works in the area of HIV prevention, and the launching of several collaborative ventures with key institutions and partners in the area of human rights, care and support, migration, gender, development, sex work, and injecting drug use, among others. Together with its Cosponsors and other partners, UNAIDS has initiated or continued innovative work in areas such as religion, the military, prisons and police forces.

Access to care

The issue that perhaps most captures the attention of those working in the field of HIV is the implications for the developing world of therapeutic advances made in 1996-1997. No other issue emphasizes more clearly the linkage between prevention and care, on the ethical and pragmatic dimensions of programmatic decisions. The newly available data and information increase the responsibility to act in such areas as mother-to-child transmission. UNAIDS and its Cosponsors need to think critically about the strategic options in relation to a range of factors, together with affected countries as well as partners from within and outside the United Nations system, including groups promoting breastfeeding and women's organizations. Among these factors are limited funds for AIDS programmes, the difficulty of ensuring access to care for people living with the virus, disparities between countries in terms of HIV prevalence and resources to deal with it, in addition to issues such as the need to give clear and consistent advice on breastfeeding, in the case of mother-to-child transmission.

In the area of increasing access to care for people living with HIV, UNAIDS has launched pilot projects in developing countries. Despite their limited scope, these projects are a first step toward gaining valuable information about how to operationalize programmes that promote broader access to care. While UNAIDS has not advocated the widespread use of antiretroviral drugs in resource-poor settings, countries are increasingly under pressure to provide better access to treatment, including antiretrovirals, and are seeking guidance in this area.

• Monitoring the dynamics and determinants of the epidemic

Several activities have ensured the flow of consistent information on the epidemic. The MAP Network met prior to the Eleventh International Conference on AIDS held in Canada in 1996 and, in 1997, in Brazil, as well as around major regional conferences on AIDS held in Côte d'Ivoire and the Philippines. In order to contribute to a better understanding of specific epidemic patterns and factors influencing the spread of the virus, the MAP Network published its meeting reports in several languages. The Network will meet again in June 1998, to focus on the HIV epidemic in Eastern Europe.

As another tool for monitoring the epidemic, WHO and UNAIDS initiated the development of country-specific epidemiological fact sheets, including estimates of the current number of individuals infected with HIV. The fact sheets serve the dual purpose of tracking key indicators on the status and trends of the HIV epidemic in nearly every country and supplying a basis for a better understanding of the underlying dynamics of spread in a given country. Based on feedback provided by nearly 140 countries, the WHO/UNAIDS Working Group produced the fact sheets through close collaboration with the MAP Network, the United States Bureau of the Census, the European Centre for the Epidemiological Monitoring of AIDS in Paris, the East-West Center in Hawaii, USA, and

others. Thanks to the epidemiological fact sheets, the revision of country-specific data on people living with HIV and AIDS at the end of 1997 was based on more reliable estimates than ever before.

In 1997 in a related activity, UNAIDS and WHO, in collaboration with the European Centre for the Epidemiological Monitoring of AIDS and the national AIDS programmes of Poland, Russia and Ukraine, undertook several intensive assessments of the dynamics of the spread of HIV and other sexually transmitted diseases in Eastern Europe, with the purpose of identifying populations at risk and providing technical guidance for decision-makers in the region. Beyond the fact that the HIV epidemic in many Eastern European countries is at present mainly fuelled by injecting drug use, the assessments have shown that some of the well-established tools for preventing drug-related transmission, such as needle exchange and clean-needle programmes, may not be sufficient to slow the epidemic. Sexually transmitted diseases in Eastern Europe are spreading more rapidly than ever, denoting the potential for the spread of HIV beyond injecting drug users as those primarily affected.

UNAIDS coordinated several behavioural studies in Thailand and Uganda during 1996 and 1997, carried out by local anthropologists, population experts and local institutions, including the national AIDS programmes of the two countries. The purpose of the studies was to document behavioural change among young people, such as delaying the age of beginning sexual activity, fewer casual and commercial sexual partners, and increasing condom use. Through a workshop organized in collaboration with the Wellcome Trust Centre for the Epidemiology of Infectious Disease in Oxford, England, a clear conclusion emerged that the observed decreases in HIV prevalence are indeed the result of behaviour change, especially among young people. UNAIDS has incorporated these encouraging results into two case studies, as part of its *Best Practice* Collection, so that the lessons may be shared with other countries.[5]

Trends over time in HIV prevalence among pregnant women in various cities in Africa are very different, even for cities where the HIV epidemic most probably started around the same time. There is still no clear explanation why the infection appears to have stabilized at very different levels. UNAIDS is investigating the role of the main determinants of the risk of HIV infection in this differential spread of HIV infection so as to be able to advise policy-makers on the best way to influence the course of the epidemic. To this end, UNAIDS is coordinating a standardized comparative study in four African cities, namely Cotonou (Benin), Kisumu (Kenya), Ndola (Zambia), and Yaoundé (Cameroon), in collaboration with many local and international institutions (SEE PANEL 12).

Together with WHO and experts from several countries, the UNAIDS Secretariat has developed a curriculum for workshops on second-generation surveillance methods, adapted to the differing needs and specific epidemiological patterns in various regions. Second-generation surveillance aims at broadening the classic sentinel surveillance approach by focusing on age-specific data (especially by increasing the sample sizes in young adults) and supplementing the serosurveillance data with information on risk behaviour – if possible in the same catchment populations. Within this activity, two regional workshops were organized in Nairobi, Kenya, and in Bangkok, Thailand, respectively, with participants from several neighbouring countries in each region, including national expert teams with epidemiologists, social/behavioural scientists and national AIDS

(5) A Measure of Success in Uganda: the value of monitoring both HIV prevalence and sexual behaviour. *UNAIDS* Best Practice *Collection Case Study, 1998.*

Connecting Lower HIV Infection Rates with Changes in Sexual Behaviour in Thailand: data collection and comparison. *UNAIDS* Best Practice *Collection Case Study, 1998.*

PANEL 12

MULTISITE HIV/AIDS STUDY IN FOUR AFRICAN CITIES

In 1996-1997, to better understand the wide variations in the course of the HIV epidemic in sub-Saharan Africa, the Programme initiated a comparative multisite study on factors determining the differential spread of HIV, in collaboration with the European Commission and the French Agence nationale de recherche sur le SIDA*. In Benin, the* Institut national des statistiques et d'analyses économiques *and the* Centre de recherche en reproduction humaine et en démographie *implemented the study. In Cameroon, the implementing partners were the* Institut de formation et de recherche démographique*, and the* Laboratoire central du ministère de la Santé publique*. In Kenya, the Population Council and the University of Nairobi's Department of Community Health undertook the study, whereas in Zambia the Tropical Diseases Research Centre was responsible. The study is coordinated by the Institute of Tropical Medicine in Antwerp, Belgium, with the collaboration of the London School of Hygiene and Tropical Medicine as well as the French* Institut national de la santé et de la recherche médicale *and the* Centre français sur la population et le développement.

The study involved four cities with different epidemic patterns: Cotonou, Benin, and Yaoundé, Cameroon, where HIV prevalence has been relatively low and stable over the past five years; and Kisumu, Kenya, and Ndola, Zambia, where the prevalence of HIV infection among pregnant women is over 25%. Using a standard protocol in each of the cities, investigators have collected data from a representative sample among the general population as well as among sex workers on critical factors determining the extent of the spread of HIV.

Preliminary results of the study, completed in early 1998, indicate that, in Kisumu and Ndola, HIV prevalence among young women aged 15 to 19 is as high as 16% to 20%, as compared with 1% to 4% among young men in the same age group. Among the factors which help to explain the particular vulnerability of young women to HIV infections are the early average age of their first sexual intercourse (approximately 16 years) and high rates of chlamydial infection (circa 10%). Differences in sexual behaviour and sexual networks between the four sites are not immediately evident, but further analysis may yield greater insight. Consistent condom use during sexual relations with non-regular partners is still very limited.

programme managers. A series of additional workshops has been planned, in order to fine-tune the training module, in collaboration with the Fogarty International Center of the United States National Institutes of Health, the European Commission and other partners.

Much remains to be done in the area of surveillance and monitoring of the factors which determine the dynamics and spread of the HIV epidemic. National programmes will need to improve the functioning of traditional surveillance systems (based on HIV serosurveillance in selected populations and AIDS case reporting), and to complement them with monitoring and surveillance of behaviours relevant to the epidemic.

• Advocacy and public information

One of the central functions of UNAIDS is to catalyse an expanded global response to the epidemic. Advocacy with partners such as the media, political leaders, business leaders and non-governmental organizations is an important element of this function.

To date, UNAIDS has pursued several goals in the area of advocacy:

- raising awareness of the extent of the global epidemic, and the feasibility of an effective response;

- drawing attention to the need to establish a more effective and expanded response;
- mobilizing support for international solidarity in addressing HIV.

The media

UNAIDS has intensified its work with the international media on prevention priorities, which were accorded substantial coverage at the Eleventh International Conference on AIDS, held in Vancouver in July 1996, at international regional conferences on AIDS held in 1997, and in the context of global reports issued on World AIDS Day each year, dealing with current trends of the epidemic. The Programme's priority has been to keep the attention focused on the epidemic in the developing world, where over 90% of people with HIV/AIDS live. The Programme highlighted broader concerns around access to medicines, treatment and health services, and emphasized the overwhelming burden that the epidemic places on many societies and economies with scarce resources.

The report on the global HIV epidemic issued prior to World AIDS Day in 1997 resulted in broad media coverage and headline news in many countries. The media, in many cases, directly endorsed and adopted the leading messages of the report: the epidemic is far worse than previously thought, and its most significant impact is still to come.

Together with its Cosponsors, UNAIDS now needs to further reinforce the public's understanding of the epidemic and to consolidate and strengthen its global advocacy on AIDS. CARMA International based in the U.K. recently undertook a media analysis on behalf of the Programme. The analysis revealed that UNAIDS has already obtained substantial results not only when raising awareness about the epidemic but also when soliciting media coverage of what needs to be done and what UNAIDS is currently doing to respond to the epidemic. The report noted that cosponsoring organizations have received excellent coverage in connection with UNAIDS media initiatives and have helped successfully to convey the Programme's messages, particularly in connection with World AIDS Days and the World AIDS Campaign.

World AIDS Campaign

In 1997, UNAIDS launched the first World AIDS Campaign, with a view to capitalizing on efforts and resources invested in World AIDS Day and channelling these into a campaign lasting several months. The campaign aims to highlight one issue each year and to achieve specific objectives in advocacy and programming areas. Each campaign is intended to serve as a catalyst for initiating new activities and approaches, and as a platform for achieving consensus about what we need to do in response to AIDS in both the immediate future and the longer term.

The 1997 campaign focused on the theme *Children living in a world with AIDS*. A steering committee composed of the Programme's Cosponsors and four other leading institutions in the field[6] advised the Programme on the framework of the campaign and contributed throughout the year to activities. Reports from countries showed a high level of enthusiasm for the initiative and active participation in promoting its objectives. These included activities to increase public understanding of the impact of the epidemic on children; to involve children and young people in the development of national and local policies; to improve services and the access of children to prevention and care; to increase their access to quality education and information; and to increase understanding of the interaction between children's rights and the epidemic. Additional groups at country level mobilized religious leaders and held seminars on sexual health education for policy-makers. Children participated in the production of radio shows and were interviewed for documentary films. Young volunteers found opportunities to develop media-reporting skills on AIDS issues.

(6) Children and AIDS International NGO Network; François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health; NGO Group on the Convention on the Rights of the Child; Panos Institute.

Health and community workers received training in special communication skills to work with children and young people.

The theme selected for the 1998 campaign is *Force for Change: World AIDS Campaign with young people* (SEE PANEL 13). This year, six different partners are working with UNAIDS and its Cosponsors on the steering committee. This group helps ensure that the campaign is used as a real opportunity to establish and strengthen processes for involving young people in reducing the spread of HIV, as well as mobilizing support for young people who are already suffering from the impact of the epidemic on their own lives, families and communities. The campaign also provides a platform for emphasizing the links between HIV and other factors that are critical to young people's health and development, including the promotion and protection of their rights.

PANEL 13

FORCE FOR CHANGE: WORLD AIDS CAMPAIGN WITH YOUNG PEOPLE

UNAIDS Cosponsors and the Secretariat, and partners (the Association François-Xavier Bagnoud, Education International, the International Federation of Red Cross and Red Crescent Societies, MTV International, Rotary International, and the World Assembly of Youth) have chosen to focus the 1998 World AIDS Campaign on young people.

There are two main reasons for this choice:

- *Over 50% of new HIV infections past infancy are now occurring in young people in the 10-to-24 age group. Young people are particularly vulnerable to HIV infection and are increasingly affected by the epidemic.*
- *Young people have the power to change the course of the epidemic. They are not only being infected and affected by HIV/AIDS, they are also a key resource in mobilizing an expanded and effective response.*

The theme for the 1998 campaign is 'Force for Change: World AIDS Campaign with young people'. The campaign's intention is to set up and strengthen processes for involving young people in reducing the spread of HIV, as well as mobilizing support for young people who are already suffering from the impact of the epidemic on their own lives, their families and their communities.

Outreach at country level

UNAIDS recently conducted a survey to assess media and information outreach at country level and to identify what further support might be required from the Secretariat to help improve and expand efforts at this level. Chairpersons of United Nations Theme Groups on HIV/AIDS, as well as UNAIDS Country Programme Advisers and Focal Points, reported using materials produced at the global level to good effect. In virtually all cases, they had developed an active approach to the media, often with additional support provided by government ministries or Cosponsoring Organizations.

The media and information outreach survey also disclosed that additional time and resources are necessary to translate and adapt more substantive materials for local use. Respondents cited the need to develop ways of including regional and national perspectives and examples in order to make these materials more culturally relevant. Another issue is how to tackle information dissemination in countries where there is no UNAIDS Secretariat or Focal Point[7] presence. The UNAIDS Secretariat is working to initiate more systematic media-training activities for journalists at the regional level.

(7) UNAIDS Focal Points are staff members of one of the Cosponsors who serve the Theme Groups and Technical Working Groups.

Partnerships for advocacy

Over the past two years, UNAIDS has formed strategic alliances with key groups and individuals traditionally working outside the AIDS area but with the potential to greatly expand and strengthen the Programme's advocacy and outreach activities. This has covered an expanding array of partners, including intensified work with religious institutions. In the sports arena, UNICEF and the Programme are collaborating in a joint initiative to involve football associations and players in promoting prevention messages with young people in Africa and, more recently, in Latin America. UNAIDS has also established partnerships with organizations such as Music Television (MTV), which reaches young people in over 300 million households worldwide, in order to air prevention messages and HIV awareness during events that attract large numbers of young people and are broadcast nationally or internationally.

Advocacy with political leaders and business

UNAIDS' advocacy for an expanded response to the epidemic at the political level seeks to reach leaders at all levels of government, from Heads of State and parliamentarians to policy-makers responsible for government action in areas affected by AIDS. Experience shows that effective action on the epidemic is directly linked to strong political support from the highest level of government (SEE PANEL 14).

PANEL 14

WORLD AIDS DAY IN MOZAMBIQUE

The National AIDS Control Programme and UNAIDS commemorated World AIDS Day 1997 in Mozambique with a major rally attended by more than a thousand people in Beira, Sofala, one of the regions most affected by HIV/AIDS. President Joaquim Alberto Chissano spoke at the rally held on 1 December, dedicating his comments to children worldwide living with AIDS. In his speech, he said: "There are thousands of children who need our help, our love. They need to live with the hope to have a better life, to be able to go to school, to be able to be treated when they are sick; and ... to be able to live like many other children in the world."

After the rally, President Chissano attended a luncheon with children who were either living with HIV or had lost one or both parents to AIDS. He then launched the UNAIDS-Mozambique Internet web-site, which receives relevant information about AIDS and encourages local researchers to publish their findings about the epidemic in Mozambique.

The Inter-Parliamentary Union (IPU), an association of parliamentarians from around the world, is an important partner of UNAIDS in reaching out to political decision-makers. At an IPU conference held in Cairo in 1997, UNAIDS was successful in persuading parliamentarians to include HIV on the agenda of future meetings, and to develop resolutions on how they would respond to the epidemic. In December 1997, UNDP organized a symposium in Abidjan, Côte d'Ivoire, which brought together a group of African mayors, to mobilize local politicians to urgently act against HIV/AIDS. The meeting resulted in a resolution on the action to be taken and a pledge to convene another continent-wide mayors' forum in the near future.

UNAIDS is also engaged in collaborations of various kinds with the global business community. At the 1997 annual meeting of the World Economic Forum, in Davos, Switzerland, leaders from both political and business arenas attended a plenary session featuring speeches by President Nelson Mandela of South Africa and Sir Richard Sykes, Chairman and Chief Executive of Glaxo Wellcome, an international pharmaceutical company, who are serving as Honorary President and Chairperson, respectively, of the Global Business Council for HIV/AIDS. Both speakers urged participants to integrate an expanded response to the epidemic into their political and economic agendas.

• The country-level response to HIV/AIDS

Overview

During 1996, the principal focus of UNAIDS was the establishment of mechanisms to better enable United Nations organizations to work together on AIDS at country level. 1996 saw the establishment of over 100 United Nations Theme Groups on HIV/AIDS and Technical Working Groups, in addition to the recruitment of UNAIDS Country Programme Advisers. 1997 witnessed the increasing functionality of the United Nations system, as Theme Groups progressed first from information exchange to more coordinated planning and joint advocacy, then further to supporting national strategic planning and mobilization of resources.

PANEL 15

INNOVATIVE PARTNERSHIPS IN GHANA

The Ghana Football Association, the Coca-Cola Company, the National AIDS Control Programme, the National Youth Council and a local nongovernmental organization, supported by UNAIDS and UNICEF, organized a football match between an all-male team and an all-female team on 13 June 1997 in Accra. George Weah, the footballer and UNICEF Ambassador, addressed the young team members and spectators during half-time celebrations. A highlight of the talk was his demonstration of 'how to use a condom'. Dignitaries in the audience included a local traditional Chief, the Minister of Youth and Sports, representatives of United Nations system agencies including cosponsors, and the Mayor of Accra.

The event was so successful that the Minister of Youth and Sports has instructed his staff to continue educating young people on AIDS during special sports events. This has led to the formation of a special committee, chaired by the Deputy Minister of Youth and including UNICEF and the UNAIDS Country Programme Adviser. The committee is responsible for developing a comprehensive plan to integrate AIDS education into every aspect of sports. The Ministry of Youth and Sports now has AIDS messages on the air during the Africa Cup of Nations matches. Local football stars have received AIDS training and are featured in TV messages about HIV prevention.

In many countries there has been a significant increase in partnerships (SEE PANEL 15) not only between United Nations agencies but also with the corporate sector, nongovernmental sector and people living with HIV. In addition, by virtue of the formation of the United Nations Theme Groups on HIV/AIDS, a large number of United Nations system country representatives, who in the past had rarely dealt with issues of AIDS prevention and care, have increasingly come to a common understanding of this difficult and complex area of human development.

Elements of successful interagency collaboration

Successful interagency collaboration seeks to increase capacity to learn from existing experience; to more effectively advocate for policy reform and political commitment; to reduce duplication of effort; and to improve the capacity for resource mobilization. Experience during this first biennium suggests a number of key characteristics of successful efforts:

- *Joint identification of needs and issues to be addressed*. For example, the members of the United Nations Theme Group on HIV/AIDS in China, working with the Government, conducted the first needs assessment on a national scale and identified priority areas of action in order to mobilize national and international resources for the Chinese response to the epidemic (SEE PANEL 16).

PANEL 16

CHINA RESPONDS TO AIDS

The establishment of UNAIDS coincided in China with mounting national concern about the epidemic. This was underlined by State Councillor Peng Peiyun, who, in a National AIDS Conference in October 1996, referred to the enormous potential for further spread of HIV and characterized the next few years as critical for China's efforts.

In the past year, the United Nations system has sought to complement and strengthen China's response in a number of ways.

UNAIDS cosponsors in China collaborated with the Ministry of Health in carrying out a national HIV/AIDS situation and needs assessment and, subsequently, in preparing a report entitled China Responds to AIDS*, which is proving to be a major advocacy tool at all levels. The Ministry of Health and UNAIDS China also co-hosted a donors' meeting in January 1998 to strengthen international cooperation and mobilize resources for China's efforts.*

Through the United Nations Theme Group on HIV/AIDS, UNAIDS is promoting and supporting innovative outreach activities among youth, migrant workers within China, and vulnerable populations, including drug users. These activities are implemented by mass organizations, national nongovernmental organizations and non-health sectors such as the railways.

As part of the World AIDS Campaign in 1997, an AIDS education train travelled from Kowloon, Hong Kong, to Beijing, stopping in several cities on the way to deliver AIDS education messages. Jointly organized by the Hong Kong AIDS Foundation and the Chinese Association of STD/AIDS Prevention, with the collaboration of the Chinese Ministry of Railway Administration, the AIDS education train departed from Kowloon Station, Hong Kong SAR, on 24 November, passing through Guangzhou, Changsha, Wuchang, Zhengzhou and Shijiazhuang, and arrived in Beijing on 1 December. During the trip, AIDS prevention material was distributed.

In the coming months, UNAIDS China will also be working closely with the Ministry of Health, national institutions and others in support of strategic approaches to HIV/AIDS planning at the provincial level.

- *A common understanding of each partner's interest and expectations of benefits*. For example, the Mekong Project, supported by the Government of the Netherlands working through UNICEF, collaborates with the United Nations Theme Groups on HIV/AIDS in six countries to assist local organizations in implementing programmes on HIV prevention and care for ethnic minorities.

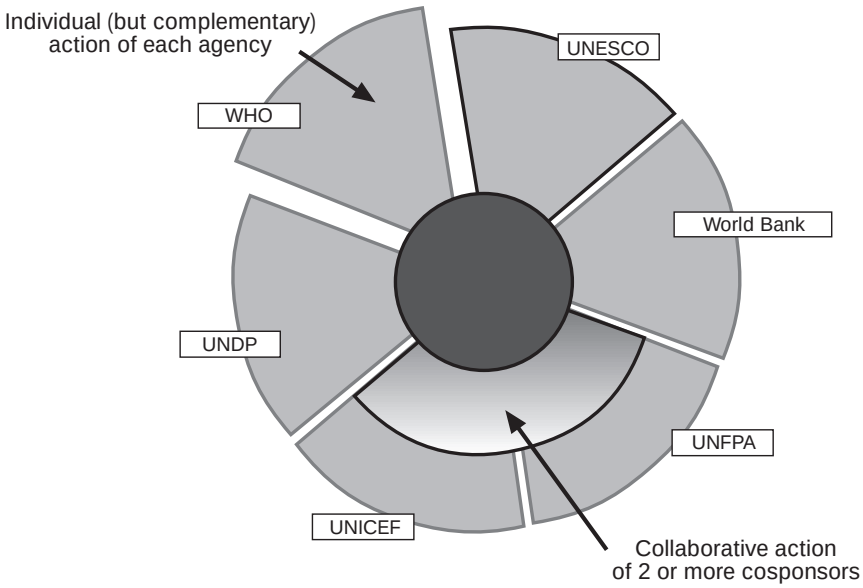
- *An integrated workplan to support the national response*. This includes projects jointly carried out by two or more Cosponsors and those projects carried out by individual agencies as a complement to a common workplan (SEE PANEL 17). In Viet Nam, through the Theme Group and the HIV Action Group, the United Nations system has developed a well-recognized and common identity which encourages increased efforts by member agencies while increasingly supporting joint efforts.

- An understanding of the mutual dependence between partners and acceptance of each other's role.

- The presence of a facilitating individual or organization. UNAIDS Country Programme Advisers have been a key factor in assisting Theme Group functioning.

PANEL 17

UNITED NATIONS SYSTEM AT COUNTRY LEVEL: INTEGRATED WORKPLAN OF A THEME GROUP



Source: *Resource Guide for Theme Groups: working together on HIV/AIDS,* UNAIDS, in press

PANEL 18

THE UNAIDS EXPERIENCE IN VIET NAM

The establishment of UNAIDS in Viet Nam signalled a move toward a much stronger coordinated response from the United Nations system in support of the National AIDS Programme. The elevation of the National AIDS Committee to ministerial status since late 1997 and the strong leadership of the National AIDS Bureau have also greatly facilitated coordination among most of the major agencies active in AIDS programmes.

Under the impetus of the United Nations Theme Group on HIV/AIDS, a mechanism for information sharing and technical coordination known as the HIV/AIDS Action Group (HAG) has been set up with leadership from the National AIDS Bureau. The HAG meetings are held alternatively in Hanoi and Ho Chi Minh City and are proving to be effective fora, not simply for information exchange but for direct contact and policy dialogue between implementers and policy-makers, government and nongovernmental organizations, as well as groups of people living with HIV/AIDS.

The Theme Group/HAG mechanism has thus been instrumental in advocating and generating support for policies favouring a more supportive environment for people living with HIV and for HIV prevention programmes for young people, including condom promotion.

UNAIDS Cosponsors and other United Nations agencies recently gathered in a retreat to draw up an integrated United Nations system workplan for the next two years, which seeks to address the needs and priorities of the National AIDS Programme. This will also facilitate mobilization of additional resources from donors and bilateral agencies.

- Coordinated United Nations system interaction with bilateral agencies, national governments and nongovernmental organizations.

Problems encountered in mobilizing United Nations system coordination for the response to AIDS

In many countries, much remains to be done to brief about maximal support to national AIDS action. During the Programme's initial phase, it faced a number of problems in seeking to coordinate the work of the United Nations system at country level. Some countries perceived a lack of support from the UNAIDS Secretariat and from Cosponsor headquarters. In addition, there were delays in appointing staff and instances of late disbursement of funds by the Secretariat, as well as differing perceptions of ownership of the Programme among Cosponsors. The overall workload of members of United Nations Theme Groups on HIV/AIDS posed a problem for Theme Group functioning and effectiveness. There was sometimes an initial lack of understanding about the roles and functions of UNAIDS, as well as different views among organizations and individuals on United Nations coordination, and a lack of understanding about the respective roles of the various UNAIDS Cosponsors. In particular, the development of the administrative structures underpinning a cosponsored programme have required a great deal of attention during UNAIDS' first two years.

With the transition from the WHO Global Programme on AIDS (GPA) to the Joint United Nations Programme on HIV/AIDS, the primary partner for national programmes has become the United Nations system at country level in the form of the Theme Group, rather than the regional or headquarters office of any one agency. In addition, as directed by UNAIDS' governing body, the Programme Coordinating Board (PCB), funds provided through UNAIDS for the core financial support of national AIDS programmes have been phased out over, the first biennium, resulting in a great deal of dissatisfaction in a number of countries.

Whereas the Organisation for Economic Co-operation and Development reported a 16% overall drop in official development assistance funding over the past six years, international funding for HIV-related activties has remained fairly stable. However, such assistance is largely insufficient in view of an expanding epidemic, and is very unevenly distributed. To this situation, one approach UNAIDS is taking is advocacy for the inclusion and mobilization in the national strategic planning process of new partners with built-in human and financial resources, such as government ministries responsible for sectors other than health, nongovernmental organizations focusing on development, the private sector. Another approach is to maximize local and regional technical capacity. A good example of the later is the Horizontal Technical Collaboration Group created by national programmes in Latin America. This is a collaborative network designed to build, maintain and share technical capacity in key areas such as surveillance of HIV and its determinants, access to drugs and national strategic planning.

Many opportunities exist for the development of better United Nations support for HIV prevention and care at country level. These include the broader reforms of the United Nations system such as the United Nations Development Assistance Framework (UNDAF) process, which has as its goal the harmonization of United Nations planning, finances and action at country level. In the coming biennium, UNAIDS will continue to build on its collaboration in the UNDAF process. Similarly, the inclusion of HIV prevention and care in World Bank health-sector loans as well as HIV 'impact assessments' in major non-health sector programmes, such as pipeline development in Chad, dam construction in Laos and road construction in Mozambique, offers major avenues for broader investment in the response to HIV/AIDS.

National Strategic Planning for HIV/AIDS

Today, there is no doubt that the epidemic has multiple determinants and impacts which can only be tackled by many different sectors. For this reason, every country needs a national HIV/AIDS strategic plan, which not only defines the fundamental principles, broad strategies and institutional structure for the national response but also the immediate, priority actions to be carried out. The development and implementation of such a strategic plan are the responsibility of government.

The United Nations system supports a nationally-led, participatory process to develop such a national plan. The first step of the process is to conduct a situation analysis leading to a more profound understanding of the determinants of the epidemic, as well as an analysis of the response, with the aim of judging how relevant and effective the response has been in relation to the determinants of the epidemic. The process is designed to identify priority actions that are both politically supported, and technically and financially feasible. The participatory process encourages all major actors at national level – including relevant government departments, people living with HIV/AIDS, nongovernmental organizations, bilateral agencies and the United Nations system – to participate in the development of and to support the nationally-led plan. It also means that all major loans and grants from multilateral, bilateral and non-governmental agencies in support of national efforts against the epidemic are included in the national strategic plan (SEE PANEL 19). Panels 20-22 provide some examples of countries where national strategic planning has been fruitful.

To encourage use of the situation analysis, response analysis, and strategic plan formulation, UNAIDS with the assistance of many partners has developed guides in English, Chinese, French, Russian and Spanish. In addition, the Programme is elaborating a guide for planners on how to facilitate and implement the national strategic planning process. UNAIDS is also producing modules to provide specific guidance on strategic

PANEL 19

RESOURCE MOBILIZATION IN BRAZIL

A United Nations Theme Group on HIV/AIDS has been functioning in Brazil since September 1997. The Brazilian Government was interested in having the support of the United Nations system for the renewal of its World Bank project on HIV/AIDS, which will be funded through a World Bank loan of US$ 165 million and a Government contribution of US$ 135 million over a four-year period. This interest gave an impetus to the setting up of the United Nations Theme Group. United Nations system agencies, bilateral organizations, nongovernmental organizations and the National AIDS Programme participate in the Theme Group. Activities in support of the project for renewal of the World Bank loan include the following:

- *The Theme Group convened a strategic planning workshop on the subject of HIV and children living in poverty.*
- *The United Nations system agencies are preparing a workplan in collaboration with the loan renewal project.*
- *The Theme Group supported a national meeting for the coordination of nongovernmental organization input into the project.*
- *The Theme Group is facilitating international technical input into the project.*

planning in individual technical areas, such as mother-to-child transmission, human rights, prevention in vulnerable populations and access to care.

UNAIDS is working through its inter-country teams to develop links with regional institutions, Cosponsors, and bilateral agencies to establish regional technical support networks in the area of strategic planning. In Latin America, UNAIDS works closely with the Horizontal Technical Collaboration Group as well as the Oswaldo Cruz Foundation in Brazil, the National Institute of Public Health in Mexico, the Economic Commission for Latin America and the Caribbean, and the Caribbean Epidemiology Centre (CAREC). These networks help to build and maintain the regional capacity and quality necessary to support country-level planning and action on AIDS. Theme Groups, the UNAIDS Secretariat and Cosponsors have been active in supporting the national strategic planning process.

In 1997, the UNAIDS Secretariat provided technical support for 22 situation analyses, 10 response reviews and 10 strategic plan formulations in 29 countries in Africa, including Angola, Botswana, Burundi, Eritrea, Ethiopia, Malawi, Namibia and Rwanda. In Latin America and the Caribbean, UNAIDS is collaborating with different partners such as the Horizontal Technical Collaboration Group, CAREC and USAID in providing technical support in strategic planning to countries such as Brazil, Dominican Republic, Honduras and Venezuela. In Asia and the Pacific, UNAIDS has supported efforts in six countries in 1997: Bangladesh, Cambodia, China, Lao PDR, Nepal and Papua New Guinea. In Europe, UNAIDS lent support to Belarus, Moldova and Poland in 1997.

PANEL 20

RESOURCE MOBILIZATION AND STRATEGIC PLANNING IN LAO PDR

The establishment of the United Nations Theme Group on HIV/AIDS in the Lao People's Democratic Republic (Lao PDR) has engendered a change in the approach to dealing with the HIV epidemic within an increasing number of sectors. The development of task forces in key sectors has been an important step in coordinating and focusing action and advocacy within them.

In the past year, the development of the National HIV/AIDS/STD Plan (1997-2001) has met with considerable support. The process involved advocacy, reaching a national consensus and developing tools to enable each sector (government ministries, mass organizations, private and public sector enterprises) to produce its own strategic plan and budget in keeping with the objectives set forth in the National Plan. With assistance from the UNAIDS Cosponsors, there has been a 'scaling up' of existing responses, e.g. within the Ministry of Defence, as well as integration of new partners, such as the Lao Revolutionary Youth Union, Lao Women's Union, Lao Federation of Trade Unions, Lao Front for National Construction, National Tourism Authority, Ministry of Culture and Lao Beer Company (the largest private company in the country).

Through the Theme Group, resources were mobilized for this procurement and social marketing of condoms took place over the past year. The Theme Group has also collaborated with the Government to establish a Lao PDR AIDS Trust Fund to mobilize and provide flexible funding to national partner initiatives. Several bilateral donors have expressed strong interest in providing support through the Fund.

In the coming months, the efforts of UNAIDS in Lao PDR will continue to focus on collaborating with the different sectors to operationalize their plans and to mobilize additional resources through the Trust Fund.

PANEL 21

THE UNAIDS EXPERIENCE IN NAMIBIA

"The past two years have represented a sea-change in both national and United Nations approaches to the epidemic in Namibia. A heightened sense of urgency has permeated the highest levels of political leadership, and senior-level managers of leading Government ministries have taken a much more pragmatic approach to planning and management needs linked to strengthening the national response...".

Dr Patricio Rojas, Chairperson of the United Nations Theme Group on HIV/AIDS and WHO Representative to Namibia

Since its inception in 1996, UNAIDS has found willing partners, both national and international, to bolster Namibia's response to AIDS. Operating within the framework of UNAIDS' focus on joint action by the United Nations system, several of the local Cosponsors have successfully continued to support various activities of the National AIDS Programme.

Among the most significant achievements of the United Nations Theme Group on HIV/AIDS is the joint publication with UNDP of the 1997 Namibia Human Development Report*, which examines the impact of the epidemic on the future of human development in Namibia. The UN agencies pooled their expertise in HIV and human development to produce this in-depth social, demographic, epidemiological and economic study of recent trends and future projections.*

Led by the Ministry of Health and the newly formed National Multisectoral Committee on HIV/AIDS, and supported by UNAIDS' funding, a comprehensive national five-year plan has been developed involving a range of national partners. This plan expands the response to AIDS beyond the health sector.

The United Nations Theme Group has also worked closely with other partners active in the national response.

PANEL 22

STRATEGIC PLANNING IN UGANDA

National strategic planning for the epidemic in Uganda has recently led to the development of a National Strategic Framework for HIV/AIDS activities. The framework is the culmination of a lengthy process of consultation organized by the Uganda AIDS Commission together with a core group of stakeholders. The composition of the task force that designed the framework reflects the comprehensive approach to the epidemic adopted in Uganda. Core members of the team include representatives of the Ministries of Health, Local Government, and Planning and Economic Development, The AIDS Support Organization (TASO), the Joint Clinical Research Centre, the Islamic Medical Association of Uganda, the Uganda Youth Network, organizations of people living with HIV/AIDS, and UNAIDS Cosponsors.

The terms of reference for the core group provide not only for a traditional review of the epidemic in Uganda and how the Government has responded, but also innovative projects, such as establishing a mechanism to generate ideas from social partners; initiating an economic analysis to rank and prioritize solutions in terms of their cost-effectiveness and impact on existing infrastructures; and mobilizing consensus and resources by involving major actors in the review and implementation phases of the framework development.

Combining an innovative approach with the involvement of local partners has paved the way for implementation of the Strategic Framework for HIV/AIDS activities in Uganda. The next phase requires translation of national goals and objectives into actual programmes and projects at the national, district, and sub-county levels, in partnership with nongovernmental and community-based organizations. This phase will determine the role of Government in facilitating the integration and decentralization of projects for task forces at the grassroots levels.

Country-level United Nations coordination on AIDS

For the development of a coordinated United Nations response to HIV, the Cosponsors at country level must commit the necessary time, personnel and resources. Country representatives, in turn, need strong support and recognition from their agency's headquarters make these commitments.

The UNAIDS Secretariat, with guidance from United Nations Theme Groups on HIV/AIDS, Cosponsors and the PCB Working Group on Evaluation, has developed a model for action and assessment at country level, following on the establishment of the United Nations Theme Groups on HIV/AIDS,[8] and associated technical working groups.[9] The goal of this model is to mobilize effective information exchange, joint planning and coordinated action. The *Resource Guide for Theme Groups: working together on HIV/AIDS*[10] further elaborates this concept.

Assessments of the Theme Groups carried out in 1996 and 1997 and informal review of Theme Group functioning, as well as of reports prepared by the Resident Coordinators, show that UNAIDS at country

(8) *United Nations Theme Groups on HIV/AIDS generally consist of heads of agencies, and focus on issues such as policy guidance, advocacy and resource mobilization.*

(9) *The Theme Groups have set up technical working groups to carry out their day-to-day activities. Working groups often include representation from all major partners in a country.*

(10) *UNAIDS,* Resource Guide for Theme Groups: working together on HIV/AIDS*, Geneva, 1998.*

PANEL 23

THE UNITED NATIONS SYSTEM SUPPORTS THE NATIONAL RESPONSE IN UKRAINE

When transmission of HIV through injecting drug use became a clear problem in Ukraine, the United Nations Theme Group on HIV/AIDS got together with the local authorities in Odessa to discuss an appropriate response. First, three seminars were held to explore the creation of a more supportive environment for injecting drug users (IDUs), so that the problem could be brought out in the open. They were attended by representatives of the city departments of health, police, youth and sports, education, legislation, internal affairs, water transport systems, and of AIDS centres. This led the National AIDS Committee, in collaboration with UNAIDS and WHO, to draft a project entitled 'Capacity building in preventive interventions among injecting drug users', involving most sectors having participated in the seminars.

In addition to epidemiological and behavioural studies among IDUs, the project called for a review of current legislation, training of local staff, and the establishment of outreach centres and mobile outreach services. In order to facilitate needle exchange, condom distribution, education, counselling and anonymous testing. When the local Government accepted the project, the Theme Group acted quickly to seek funding, procuring commitments from the City of Odessa, UNDP, UNICEF and the UNAIDS Secretariat.

The first in-depth evaluation found that injecting drug users attended and appreciated the outreach centres. In the first four months of operation, staff recorded 4889 visits by 1216 people, with the mobile outreach service reaching an average of 150 people in a single morning shift. Behavioural studies have revealed much lower levels of needle-sharing and risky sexual behaviour. Significantly, the social environment in Odessa is now more supportive of IDUs and people living with HIV, as compared with many other parts of the former Soviet Union. Plans are in progress for extending the project to other regional capitals of Ukraine, with the assistance of the Odessa team.

level has provided an effective way to coordinate financial and technical support to national response action on AIDS; a way to encourage team work and innovative strategies; a forum for more powerful advocacy; a forum for resource mobilization; and a forum for interaction with bilateral agencies, nongovernmental organizations and people living with HIV/AIDS (SEE PANELS 23 AND 24).

PANEL 24

MOVING TO AN INTERSECTORAL RESPONSE IN BELARUS

Although the first cases of HIV infection in the Republic of Belarus were reported in 1987, it was not until quite recently that the virus began to spread more rapidly, particularly among injecting drug users, triggering growing concern among Government authorities and others in the country.

The Belarusian United Nations Theme Group on HIV/AIDS was established in February 1996. The tasks of the Theme Group included advocating for the implementation of a multisectoral approach to the response to the epidemic at all levels of Government; a harm-reduction strategy to help reduce the spread of HIV among injecting drug users; and the creation of a coordinating body to organize these and other HIV-related activities. At first the agencies concerned were not convinced that the threat of the epidemic in Belarus was serious enough to warrant the establishment of a new structure. Paradoxically, however, an outbreak of HIV infection in the Gomel region played a

positive role in that it convinced the Government that the threat in Belarus was both present and daunting.

The result of this realization was the development of a project, in collaboration with the Theme Group, entitled 'HIV prevention among injecting drug users in Svetlogorsk' (a town in the Gomel region). The project employs a multisectoral approach, and provides designated locations for drug users to drop off used syringes and pick up new ones, as well as disinfectants and condoms.

A further outgrowth of mounting national concern about the epidemic was the elaboration of the National State Programme on HIV Prevention for 1997–2000, endorsed by the Belarusian Prime Minister in August 1997. This programme, involving ministries from various sectors, aims to prevent mother-to-child transmission of HIV and sexual transmission in the military and in prisons; to ensure a safe blood supply for medical needs; and to organize prevention activities among young people, injecting drug users, other groups at risk of infection and people already living with HIV.

Weaknesses exist where there is insufficient involvement of Cosponsor representatives, insufficient importance attributed to the fight against the epidemic, insufficient support offered by the UNAIDS Secretariat, and a lack of establishment of common vision and an integrated workplan by the members of the United Nations Theme Group on HIV/AIDS. However, despite the difficulties inherent in inter-agency collaboration, Cosponsors in many countries have overcome these obstacles. They have achieved a common identification of needs and issues to be addressed; a common understanding of each partner's interests, comparative advantages and expectations; a common vision of what needs to be done; an understanding of the mutual interdependence between partners; and a common workplan. Summary data on the establishment of United Nations Theme Groups on HIV/AIDS and on the deployment of UNAIDS country-based staff are included PANEL 25.

Financial support and resource mobilization for strengthening the national response

Despite the fact that in many countries there has been an increasing number of national and international sources of funding for AIDS

PANEL 25

UNAIDS AT COUNTRY LEVEL (DECEMBER 1997)

The UNAIDS Cosponsors have established 127 United Nations Theme Groups on HIV/AIDS covering 152 countries. Sixty-two per cent of Theme Group chairpersons are from WHO, 22% from UNDP, 11% from UNICEF, and 5% from UNFPA. (In mid-1996, 77% were from WHO, 16% from UNDP, 4% from UNICEF and 2% from UNFPA). Technical working groups have been established by Theme Groups in over 80 countries.

As of the end of 1997, 28 international Country Programme Advisers and 10 Intercountry Programme Advisers (covering two or more countries) were in place, in addition to nine nationally-recruited Programme Advisers and three Junior Programme Officers. Thirty-nine UNAIDS Focal Points have been identified. Sixty-seven per cent of the Country Programme Advisers are from countries outside of the Organisation for Economic Co-operation and Development (OECD), and 43% are women.*

* *UNAIDS Focal Points are staff members of one of the Cosponsors who serve the Theme Groups and Technical Working Groups.*

activities, many national AIDS programmes were still dependent on WHO/UNAIDS funding for core activities. In recognition of the need for a smooth transition, funds amounting to US$ 18.1 million were allocated to countries by the Secretariat, including US$ 12.8 million as direct financial support to the implementation of national AIDS programme activities in over 150 countries in 1996-1997 (SEE PANEL 26). These funds were used by the national AIDS programmes to support advocacy and the mobilization of new sectors and partners (14%); for programme development and implementation of national AIDS programme activities (55%); and for financing other activities such as research, information, education and communication, and procurement of test kits, equipment and supplies (31%).

In addition to these core funds, in 1997 UNAIDS provided US$ 5.3 million within the framework of the strategic planning and development funds (SPDF – earlier called programme development funds) to support AIDS activities that would:

- enhance and facilitate programme design and development in new sectors and with new partners;
- leverage commitment and contributions from UNAIDS Cosponsors, bilaterals and other partners; and
- expand the coverage of the national response to new geographic areas or new populations.

The planning and the implementation of the projects funded were meant to be carried out in close collaboration with Theme Group members and national partners. In many countries, the discussion around those projects was an important part of the dialogue on how the United Nations system could better coordinate and strengthen its support to the national response. The main beneficiaries of the project funds were governments and other national partners.

The Theme Groups and national AIDS programmes were informed about the availability of these funds at the end of 1996. However, the Programme encountered some difficulties in identifying a suitable mechanism for the management of these funds. Following further consultations with the Cosponsors, the approach of relying on a single mechanism had to be abandoned for the 1996-1997 biennium. Instead it was agreed that, where possible, for each approved project the Theme Group would identify the executing agency from among the Cosponsors. Specific agreements for the channelling and management of these funds, appropriate for each agency, were developed.

As the funds were limited, it was decided to make them available on a competitive basis. UNAIDS received over 150 proposals from 94 countries, of which 76 project agreements with the Cosponsors and other partners were completed by the end of 1997.

In collaboration with the François-Xavier Bagnoud Center, Harvard School of Public Health, UNAIDS is analysing the funding status of the national AIDS programmes that received funding from UNAIDS in 1996 and 1997. The study is also seen as a first step in the development of a mechanism that would help countries monitor resource needs and availability for the national response to AIDS. The information is collected through mail surveys sent to over 70 countries and to 20 official development assistance agencies.

Preliminary results of the analysis of the 1996 data indicate that the level of funding made available to the global response to AIDS by the 12 official development agencies for which retrospective data were available was approximately the same in 1996 as in 1993. There was, however, a trend towards increased bilateral funding and decreased multilateral and multi/bilateral contributions.

The 64 countries included in the study are home to more than three-quarters of all the people living with HIV at the end of 1997. The total amount of national resources made available for AIDS action in 1996 amounted to US$ 374 million including US$ 112 million of World Bank loans. International contributions amounted to US$ 185 million, approximately one-third of the total resources made available for AIDS action in the countries included in the study.

It has become increasingly clear that the integration of AIDS issues into other sectors is crucial for tackling problems related to prevention, care and support. However, the study revealed some limitations in identifying AIDS-related resources when made available as part of activities integrated in broader programmes, such as maternal and child health, or education.

It also became obvious that existing monitoring mechanisms do not cover all aspects of HIV/AIDS programmes uniformly. Most of the resources recorded in the current study cover efforts in prevention, mainly implemented and coordinated by the national AIDS programmes. Other sectors such as care and support for those infected and affected, which will become increasingly important and may exceed the expenditures of prevention activities, are poorly covered.

For many reasons international contributions do not necessarily go where the epidemic is worst and the needs greatest. Improved systems monitoring for resources and unmet needs may be useful in guiding donors and those in need on the allocation of available resources. The study will provide a solid baseline for further work to improve monitoring systems. It can be expected that such systems in combination with other items in the UNAIDS Information System (country profiles and epidemiological fact sheets) will be helpful in further improving global strategies for the response to HIV/AIDS.

To strengthen capacities in resource mobilization at the country level, a fourth module of the Strategic Planning Guide, entitled *Guide for Resource Mobilization through Strategic Planning for HIV/AIDS,* is now under development. It stresses the importance of appropriately addressing allocation, use and mobilization of resources in the entire strategic planning process. It thus describes how to include resource mobilization in the national situation assessment, response analysis and the preparation of a strategic plan. UNAIDS, in collaboration with the International Fund Raising Group, London, is also developing a training manual on resource mobilization which will focus on mobilizing expertise and human, financial and in-kind resources in the public, private and nongovernmental sectors for the national response to AIDS.

PANEL 26

COUNTRY-LEVEL FUNDING BY REGION, 1996-1997

	Core funding**		SPDF***		Total	
	US$	%	US$	%	US$	%
Africa Middle East	5,584,505	44	1,524,140	29	7,108,645	39
Asia Pacific	3,720,625	29	926,553	17	4,647,178	26
Latin America Caribbean	2,838,460	22	1,474,681	28	4,313,141	24
Eastern Europe	654,675	5	1,406,315	26	2,060,990	11
Total	**12,798,265**	**100**	**5,331,689**	**100**	**18,129,954**	**100**

*** Direct financial support to the implementation of national AIDS programmes.*

**** Strategic planning and development funds.*

• Global and regional mechanisms for developing technical cooperation on HIV/AIDS

The Coordinated Appeal

All AIDS-related activities of the cosponsoring organizations at global level, and to the extent possible at regional level, which require additional funds beyond the core resources allocated by their agency, are now included in the UNAIDS Coordinated Appeal, by prior agreement of the UNAIDS Cosponsors. The UNAIDS Secretariat facilitated the process of preparing the Coordinated Appeal for the 1996-1997 biennium, and presented the plan to donor agencies in June 1996. A number of separate proposals assembled activities altogether requiring approximately US$ 18 million in financial resources. Despite the efforts of Cosponsors and the UNAIDS Secretariat to secure funding for the first Coordinated Appeal, the Appeal mobilized only about US$ 4.4 million out of the US$ 18 million requested. Approximately US$ 1.7 million came from three donors, with US$ 2.7 million supplied from the UNAIDS core budget.

Following a review of the problems which appeared to impede the success of the first Appeal, the Programme initiated development of the Coordinated Appeal for the 1998-1999 biennium. The aim was to ensure the completion of its preparation a full year earlier in the programme cycle than was possible for 1996-1997. The 1998-1999 Coordinated Appeal, which includes 73 proposals from five of the Cosponsors and requires a total of approximately US$ 22 million, was launched in November 1997. It covers the most critical areas of the United Nations response to HIV/AIDS, and is limited to the highest priority projects. While virtually all activities of the first Coordinated Appeal were global in scale, the second Appeal includes a number of proposals to be implemented at regional level. In addition, as requested by the Programme Coordinating Board, it also includes a limited number of country-level activities on an experimental basis. The Appeal's mutually agreed-upon programme components correspond to those defined within the *UNAIDS Proposed Programme Budget and Workplan for 1998-99*. As of July 1998, the appeal had generated US$ 11.7 million in contributions and pledges (SEE PANEL 27).

Inter-Agency Working Groups

In order to build consensus for policy and technical guidance, to share information, and to provide strategic input and peer review on AIDS-related activities, the UNAIDS Secretariat, its Cosponsors and other United Nations system partners coordinate their work through a variety of mechanisms.

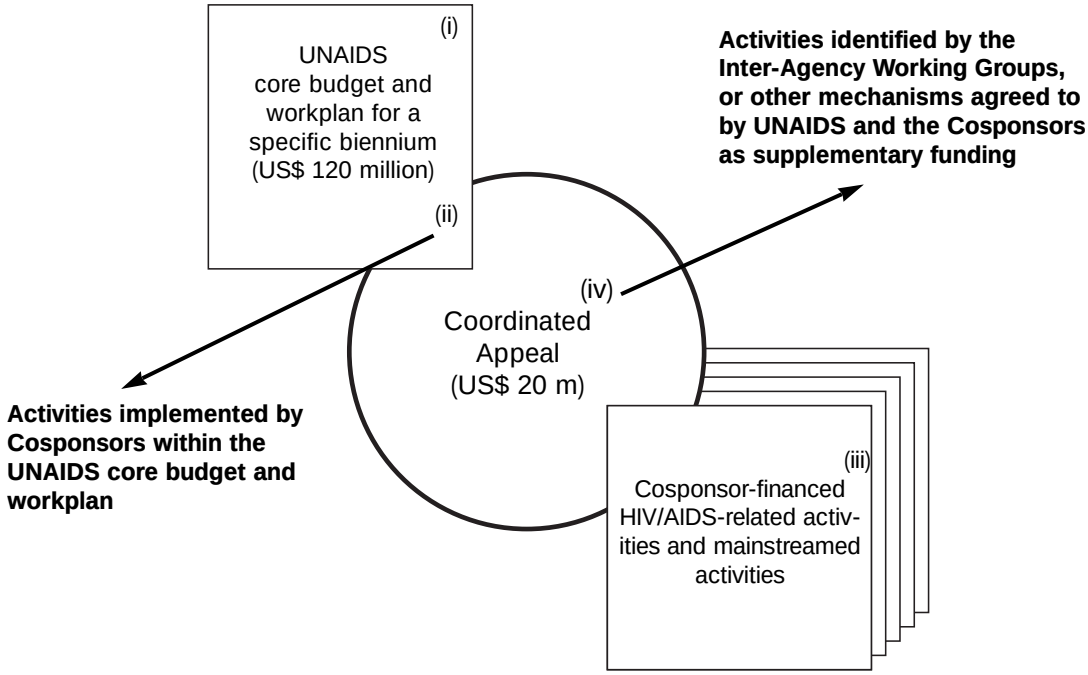
The Inter-Agency Working Group (IAWG) is one mechanism for harmonizing and integrating such programme efforts. These working groups serve as a forum for communication at all levels, joint planning and technical development. Members have contributed resources for implementing activities, with UNAIDS providing additional funding in 1997 to working group members for activities linked to established priorities.

Gender and HIV/AIDS

Over the course of three meetings held during the 1996-1997 biennium, the Inter-Agency Working Group on Gender and HIV/AIDS reviewed and endorsed the UNAIDS strategy on gender and HIV and priorities for action, and reviewed and funded proposals from UNICEF, UNDP, UNESCO and the World Bank through UNAIDS' 1996-1997 core budget (SEE PANEL 28). ILO, the United Nations Division for the Advancement of Women (UNDAW), UNDCP, UNHCR and UNIFEM have now been invited to join the Working Group.

PANEL 27

RELATIONSHIP BETWEEN THE UNAIDS BUDGET AND WORKPLAN AND THE HIV/AIDS-RELATED ACTIVITIES OF THE COSPONSORING ORGANIZATIONS, 1996-1997



Source: *UNAIDS Proposed Programme Budget & Workplan for 1998-1999, p. 16*

PANEL 28

GENDER AND HIV/AIDS

Understanding the links between gender and HIV/AIDS means appreciating how being a girl or a boy, or a woman or a man, influences how a person experiences and responds to the HIV epidemic. The goal of a gender-based response to AIDS is to explore ways of reducing inequalities between men and women, and to re-examine prevalent definitions of masculinity and femininity so that a supportive environment can be created to enable both sexes to protect themselves against infection and cope better with its impact.

UNAIDS' key strategic objectives in this area are:

- *to develop and promote key components for a gender-based response to HIV/AIDS;*
- *to document, analyse and promote ongoing efforts in policy, strategy and research addressing gender issues relevant to the epidemic;*
- *to advocate with Cosponsors for a coordinated response in the United Nations system to gender issues in prevention, care, support and impact alleviation;*
- *to strengthen national capabilities for a gender-based response to AIDS;*
- *to develop and promote evaluation indicators to measure gender-sensitivity of the response to the epidemic.*

Integrating HIV/sexually transmitted disease prevention in the school setting

During 1996-1997, the Inter-Agency Working Group on Integrating HIV/Sexually Transmitted Disease Prevention in the School Setting completed a position paper articulating United Nations system goals, principles and approaches in this area; drafted quality standards for policy and school curricula; and began to document best practices and resource materials in the field. The Group is currently reviewing nine case studies for 'best practices' documentation. With financial support from UNAIDS, the Cosponsors jointly planned activities to be conducted from 1997 through 1999, funded eight country-level projects, and commissioned a research review. The UNAIDS School Education Adviser, seconded to the Education Section of UNICEF headquarters, has facilitated the work of this Group.

Especially vulnerable young people

The Interagency Working Group on HIV and Sexually Transmitted Disease Prevention among Especially Vulnerable Young People facilitates collaboration among the Programme's Cosponsors and with UNDCP, UNHCR and ILO. The working group is now in the final stages of developing a framework for action on the subject of especially vulnerable young people. Within the framework of this group, the WHO Adolescent Health and Development Programme is documenting approaches for making sexual and reproductive health services available and accessible to displaced adolescents. WHO's Programme on Substance Abuse has developed and produced a training manual entitled *Street Children, Substance Use, HIV/AIDS/STD and Health: training for street educators*. UNDCP is working with CARICOM (the Caribbean Community) on a research and training programme to promote health and family life education in the Caribbean. UNDP is working on community mobilization and nongovernmental organization networking in Ukraine and Western Russia. UNESCO has translated and published four issues in four languages of *Peddro*, a document on information networking in the field of drug-abuse prevention through education.

Communications

HIV/AIDS communications is an expanding area of programming for several UNAIDS Cosponsors. The Inter-Agency Working Group on Communications has identified priority areas for action, including mobilizing communications partners; advocacy for the response to AIDS and for communication as part of an effective response; strengthening integrated national strategies; developing examples of quality products; identifying and disseminating examples of best practice; and increasing community participation, especially that of people infected or affected by HIV.

Global surveillance of HIV/AIDS and sexually transmitted diseases

WHO and UNAIDS established the Working Group on Global HIV/AIDS and STD Surveillance to ensure the timely and consistent flow of information at national, regional and global levels (see pages 20-21).

Other inter-agency coordination mechanisms

In programme areas where formal Inter-Agency Working Groups do not exist, the UNAIDS Secretariat and Cosponsors and other United Nations system partners have identified other ways to coordinate their activities. Examples of these are listed below.

- Vaccine development

The Vaccine Advisory Committee has been established to provide technical guidance to the Programme in relation to trials and other vaccine-related research. Representatives of UNESCO and WHO have attended this committee's meetings.

- Vaginal microbicides

Research and development in vaginal microbicides is a much-neglected area internationally and offers important potential for prevention of HIV for women. UNAIDS acts as the secretariat for the International Working Group on Vaginal Microbicides.[11] The Working Group has published *Recommendations for the development of vaginal microbicides*,[12] a document used for microbicide development and regulatory action on microbicides.

- Sexually transmitted diseases

Through a working group on sexually transmitted diseases, WHO and the UNAIDS Secretariat prepared technical documentation on policies and principles for the prevention and care of sexually transmitted diseases.[13] Region-specific strategies for the control of sexually transmitted diseases are now being developed.

- Mother-to-child transmission

UNAIDS is serving as the secretariat for a working group on mother-to-child transmission of HIV. The group includes UNICEF, WHO, representatives of international research agencies and the principal country-level investigators carrying out trials on the prevention of mother-to-child transmission of the virus. The objective of the working group is to help build consensus on research priorities and to harmonize the study designs of clinical trials so as to achieve better cross-trial comparability. Trials are currently under way in Durban and Johannesburg, South Africa; Dar es Salaam, Tanzania; and Kampala, Uganda.

- Inter-Agency Advisory Group on AIDS

The Inter-Agency Advisory Group on AIDS (IAAG), which has been in existence since 1988, serves as a forum for regular dialogue on an array of HIV/AIDS-related issues. It meets annually. IAAG membership consists of 24 agencies and organizations of the United Nations system, including all six UNAIDS Cosponsors. The chair of the IAAG for 1996 and 1997, was held by FAO. In addition to examining issues of HIV/AIDS in the United Nations workplace during 1997, the IAAG reviewed the actions of the United Nations system in the context of migration and HIV/AIDS. The forthcoming 1998 session will focus on emergencies and peacekeeping operations as they relate to the epidemic, in addition to HIV/AIDS in the United Nations workplace.

Development of technical resource networks

To help respond to the need for a broader range of technical resources, UNAIDS' primary strategy is to support the development of technical resource networks. These are not only primary mechanisms for technical cooperation within a given region, but should also contribute to strengthening institutional capacity in cooperating countries. Inter-Agency Working Groups, UNAIDS Collaborating Centres, and Intercountry Teams (ICTs) (described on page 48) are taking the lead in creating resource networks and catalysing efforts at the regional and subregional levels to strengthen the capacities of the United Nations system to respond to HIV/AIDS. An overview of specific regional networking activities follows.

(11) The group includes WHO, the United States National Institutes of Allergy and Infectious Diseases, the United States National Institutes of Child Health and Human Development, Contraceptive Research and Development Program, Family Health International, the United States Centers for Disease Control and Prevention, the Population Council, the United States Food and Drug Administration, the Society for Women Against AIDS, the European Commission, and the United Kingdom Medical Research Council.

(12) AIDS, 1996; 10: pp. UNAIDS1–6

(13) Sexually transmitted diseases: policies and principles for prevention and care*. WHO/UNAIDS, 1997*

Africa

- The UNICEF Regional Office for Eastern and Southern Africa supports an active HIV/AIDS network of programme officers and counterparts. In addition to regional information exchanged through the Internet, the network members periodically meet for more detailed discussions on subject areas related to the epidemic.

- The UNDP Regional Project on HIV and Development for sub-Saharan Africa has provided support for the African Network on Ethics, Law and HIV and the Network of African People Living with HIV/AIDS (NAP+).

- The West Africa Initiative on HIV/AIDS, sponsored by the World Bank (SEE PANEL 29), supports action research projects on migration and sex work and networks of people living with HIV in Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal.

- The African Council of AIDS Service Organizations (AFRICASO) and the Society for Women and AIDS in Africa (SWAA) constitute important networks within the region.

- Networks on Strategic Planning in Southern Africa, and in West Africa and Central Africa aim to facilitate national strategic planning, epidemiological networks and evaluation of interventions.

The Middle East

- The International Planned Parenthood Federation (IPPF) and UNAIDS established a partnership within a project that seeks to explore the capacity of the IPPF/Arab World Region and its partners by upgrading existing reproductive health training at both regional and country levels through the International Centre for Training at the national office for family planning in Tunis. This project is being carried out in collaboration with UNFPA.

Asia

- The Asian Harm Reduction Network (AHRN) is engaged in sharing of information, conducting needs assessments, and developing locally relevant information as well as in advocacy and resource mobilization with United Nations agencies, governments and bilateral agencies.

- The Asia/Pacific Council of AIDS Service Organizations (APCASO) is a network of community organizations in the region which has focused on strengthening national capacity to monitor and document human rights abuses and to advocate for better policies and services, particularly for people living with HIV.

- The Asia-Pacific Network of People Living with HIV/AIDS (APN+), set up by people from eight countries in the Asia-Pacific region, is working with UNAIDS to advocate for the rights of people living with HIV within the United Nations system as well as with national governments. With the support of UNAIDS, APN+ is setting up APN+ SHARE, an electronic-mail facility to support people with HIV/AIDS in the region.

- SEA-AIDS, an electronic information-exchange network, was established in 1995 and funded by the World Bank. The project produces a bi-weekly update of AIDS-related developments relevant to the region and has established an indexed electronic archiving system, which is available to all networks.

A regional consultation to help identify joint strategies and serve as a basis for joint resources mobilization took place in Nepal in July 1997 under the auspices of the South Asian Association for Regional Cooperation (SAARC). The consultation, which was planned jointly by the UNAIDS Secretariat and the European

PANEL 29

SUPPORT FOR CROSS-BORDER EFFORTS: THE WEST AFRICAN INITIATIVE ON HIV/AIDS

In September 1994, the World Bank and WHO convened a meeting in Burkina Faso to discuss cooperation on the epidemic in the region. The West African Initiative on HIV/AIDS (WAI) is the outcome of this regional consultation. Initially covering 11 but later expanded to 17 countries of West Africa, it involves national AIDS programmes, the African Council of AIDS Service Organizations (AFRICASO) and the Network of African People Living with HIV/AIDS (NAP+). The Initiative has permitted the identification of priority areas for action-oriented research and programme development on cross-border migration and sex work, as well as support for the West African chapter of the NAP+.

Since October 1996, the UNAIDS Intercountry Team for West and Central Africa has provided technical and administrative assistance to the implementation of the Initiative's workplan. Activities carried out under the Initiative touch on the following areas:

- *Cross-border issues, migration and mobility. Action-research projects on major transportation and border districts are being carried out in Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal. The projects aim to enhance understanding of mobility and migration, and to suggest ways of reducing the related risks and vulnerabilities.*

- *Vulnerability in the context of sex work. To reinforce knowledge and innovative measures in the context of sex work, a situational analysis guide was drawn up then pre-tested in Burkina Faso in collaboration with the Muraz Center of the Organization for Coordination and Cooperation against Endemic Diseases. With the Regional AIDS Programme of the Gesellschaft für Technische Zusammenarbeit (GTZ), an evaluation of community-based approaches to reducing the vulnerability of sex workers was carried out in Côte d'Ivoire, Mali, Senegal and Togo.*

- *Support to networks and associations of people living with HIV/AIDS. In collaboration with NAP+ and UNDP, the Initiative is helping to strengthen associations of people living with HIV by sponsoring 'ambassador' missions to Benin, Burkina Faso, Mali, Mauritania and Togo. The same partners came together in Côte d'Ivoire in October 1997 to support and organize the Second Regional Workshop of NAP+.*

- *Community mobilization and advocacy. The Initiative has provided support to regional meetings of opinion-makers and community leaders in an effort to encourage wider involvement in the expanded response to the epidemic. This included support for the First International Symposium on AIDS and Religion, held in Dakar, Senegal, in November 1997.*

Commission, was attended by representatives of all SAARC countries, the Cosponsors, representatives of European Union countries, Canada, Japan, United States, the Asian Development Bank, and resource persons drawn from leading nongovernmental organizations in the region. Participants made recommendations on priority cross-border and intercountry concerns requiring joint action such as migration and HIV/AIDS, the effects of cross-border trade, transport and tourism in relation to the epidemic, drugs and HIV/AIDS, and the use of media.

Latin America and the Caribbean

- The Regional Initiative for HIV/AIDS Prevention and other STDs Control in Latin America and the Caribbean (SIDALAC) is described in panel 30.
- Collaborative efforts with UNDP, the Pan American Health Organization (PAHO) and the Latin America/Caribbean Council of AIDS Service Organizations (LACCASO) have been undertaken to support the establishment of national human rights networks.
- The Horizontal Technical Collaboration Group (HTCG) was established by national AIDS programme managers in Latin America and the Caribbean to facilitate national strategic planning, epidemiological networks, evaluation of interventions, counselling and communications.
- A subregional project on the injecting drug user-related HIV epidemic in the Southern Cone (Argentina, Chile, Paraguay and Uruguay) is being developed by UNAIDS in collaboration with national AIDS programmes, and nongovernmental organizations.

PANEL 30

SIDALAC

SIDALAC is the Regional Initiative for HIV/AIDS and other STDs Prevention and Control in Latin America and the Caribbean. It was sponsored by the World Bank and has now become an integral part of the UNAIDS technical collaboration resources available in the region.

The main objectives of SIDALAC are to contribute to the mobilization of national and international efforts in Latin America and the Caribbean to deal with HIV/AIDS and other sexually transmitted diseases through increased advocacy and awareness among decision-makers in the region; support for the development of a new generation of programmes which can expand the response to AIDS; and support for the development of region-specific approaches adapted to the socio-economic and cultural situation in Latin America and the Caribbean.

The Mexican Health Foundation (FUNSALUD), a private non-profit institution, is the implementing agency of SIDALAC. Some examples of activities conducted within the SIDALAC framework include:

- *the establishment, maintenance and support of an electronic communications network based in FUNSALUD designed to improve exchange of and access to information through e-mail, electronic discussion fora and web pages;*
- *documentation and analysis of the characteristics of health-care systems in the region in relation to AIDS, including an estimation of the economic impact of AIDS on those systems and documentation of their response to the epidemic;*
- *estimates of national AIDS-related expenditures in 20 countries in Latin America and the Caribbean;*
- *in the area of access to antiretroviral therapies, support for studies analysing the situation and response in selected countries in the region;*
- *support for HIV awareness activities with the private sector and for the establishment of national/subregional business councils.*

- The Programme has also established close collaboration with the UNICEF Regional Office in Colombia to develop and strengthen cooperation in the area of communication and advocacy, particularly in the context of the World AIDS Campaigns of 1997 and 1998.

- Close links have been established with the Pan American Health Organization in the areas of epidemiological surveillance in the Latin American subregion, as well as on projects dealing with access to care and antiretroviral therapy in several countries.

Europe

- A network of Eastern European harm-reduction projects, CEE-HRN, works with governmental bodies and nongovernmental organizations to help develop and support activities in the field of prevention and reduction of harm related to drug use. CEE-HRN also aims to evaluate the efficiency of harm-reduction programmes in the region, to publicize the results of these activities, and to inform communities, governments and the international community of the situation in these countries.

- Other networks at different stages of development include the Working Group on HIV Prevention among Sex Workers, which held a meeting with the main Western European networks in September 1996; a network on ethics, law, human rights and HIV, in liaison with UNDP and legal institutions in the region; and a regional network of social science institutions to facilitate behavioural research needed for strategic planning and to encourage more work with marginalized groups.

- UNAIDS has also initiated and/or facilitated Regional Task Forces in Eastern Europe, as follows:

  – The Task Force on HIV Prevention among Injecting Drug Users has produced materials in Russian meant for injecting drug users in the former Soviet Union, and is producing a training package on HIV prevention in this population. The Task Force has supported several new outreach projects and an information network of Eastern European harm reduction projects together with the UNDP country office in Poland, WHO, UNICEF, *Médecins du monde*, *Médecins sans frontières*, The Lindesmith Center, the Trimbos Institute and the UNAIDS Secretariat. The Task Force Secretariat is located at the UNDP office in Warsaw, Poland.

  – WHO's Regional Office for Europe (WHO/EURO) serves as the Secretariat of the regional Task Force on Care and Prevention of Sexually Transmitted Diseases, which has launched a number of pilot projects. Founding members include WHO/EURO, WHO/Geneva, UNICEF, UNFPA, the World Bank, the UNAIDS Secretariat, GTZ, the Department for International Development, United Kingdom, the Universities of London, Antwerp and Heidelberg, *Médecins sans frontières* (Belgium) and the Swedish and Finnish public health institutes.

  – UNAIDS is collaborating with UNESCO on a regional project to promote HIV/AIDS awareness among journalists, young people and health personnel, among others, and with UNICEF to develop a regional strategy for AIDS education among young people.

The Intercountry Teams (ICTs)

The broad aim of the Intercountry Teams is to ensure that high quality and up-to-date technical advice and support are made available through the United Nations system. They work by:

- developing regional technical resource networks;

- mobilizing technical support to be provided through the United Nations system and Country Programme Advisers;
- identifying and promoting best practices at regional level;
- developing partnerships with regional entities of Cosponsors; and
- developing and supporting programmes on selected cross-border issues relevant to the region.

There are currently three Intercountry Teams in the UNAIDS Secretariat. One team is based in Abidjan, Côte d'Ivoire, and covers Western and Central Africa. Another is based in Pretoria, South Africa, and covers Southern and Eastern Africa. A third Intercountry Team is based in Bangkok, Thailand, to cover Asian and Pacific countries. A new UNAIDS Intercountry Team will be placed in the Caribbean, bringing together three Intercountry Programme Advisers based in the region.

The Intercountry Team for Asia and the Pacific

The Intercountry Team for Asia and the Pacific focuses on facilitating joint action by countries and regional bodies on cross-border issues, such as migrant labour and drug abuse, that are widely recognized as major priorities by many countries of the region. The activities of WHO and the World Bank, supported through the South-East Asia HIV/AIDS Project (SEAHAP), were formally incorporated into the Intercountry Team for Asia and the Pacific with its establishment in July 1996.

The Team manages SEA-AIDS, the electronic network, as well as the InfoDev Project, supported by the World Bank. This project provides hardware, software and human resources training to link organizations electronically within 10 countries of the region. Ten Information Support Centres[14] facilitate and promote the availability of materials produced by UNAIDS and cosponsor organizations at the country level. The Intercountry Team for Asia and the Pacific has set up information system networks, including 'Gender-AIDS' for UNIFEM, Association of South-East Asian Nations (ASEAN) AIDS Information Network, and APN+ Share Information Network.

The Team has undertaken several technical collaboration activities with UNICEF and WHO's Regional Offices for the Western Pacific and for South-East Asia, particularly on cross-border programming, young people, media and strategic planning. Close collaboration exists with the UNFPA Country Support Team in the region. The UNAIDS Intercountry Team has also collaborated with the ASEAN Task Force on HIV/AIDS and the Economic and Social Commission for Asia and the Pacific (ESCAP) on specific projects.

In partnership with Cosponsors, key donors and implementers, the Team has established two task forces for South-East Asia and two working groups for South Asia on migrant labour and HIV, and on drug use and HIV, with the goal of identifying priority areas, conducting situation assessments and applied research, and developing joint action programmes. The ICT has collaborated with the Government of Japan in organizing HIV/AIDS workshops in Asia. It has also facilitated intercountry collaboration in HIV vaccine development, as well as subregional strategic planning within the framework of the UNICEF's Mekong project which covers several countries in South-East Asia. These activities have been conducted in partnership with the Australian Agency for International Development.

(14) Asian Institute for Health and Development (Thailand), Population and Community Development Association (Thailand), Health Action and Information Network (Philippines), AIDS Concern (Hong Kong Special Administrative Region of China), Yayasan Pakta (Indonesia), Albion Street Centre (Australia), Korean AntiAIDS (South Korea), Ministry of Health (Mongolia), Ministry of Health (Malaysia), Action for AIDS (Singapore).

West and Central African Intercountry Team

The West and Central African Intercountry Team was set up in the last quarter of 1996. It is also responsible for facilitating the implementation of the West African HIV/AIDS Initiative (SEE PANEL 29).

The strategic focus of the Team is on building and reinforcing regional partnerships with diverse actors involved in the response to AIDS; providing support to countries in strategic planning; facilitating the implementation of cross-border initiatives, such as the West African HIV/AIDS Initiative; developing regional networks and technical resources; supporting the development of information exchange in the region; and contributing to the implementation of WHO's Regional Office for Africa (WHO/AFRO) workplan in the area of blood safety and sexually transmitted disease prevention and control.

The ICT implements a common workplan with WHO/AFRO, conducts joint activities with UNDP's Regional Project on HIV and Development for sub-Saharan Africa, regularly coordinates with UNFPA's Information/Communication/Education Regional Team in Côte d'Ivoire, and implements a common workplan with the UNICEF West and Central Africa Office in priority areas. The Team has developed linkages with regional bodies such as the African Development Bank and the Organization of African Unity. Partnerships also exist on specific projects with multilateral and bilateral agencies such as the Regional AIDS Programme of the GTZ in Ghana, the Regional Project of the Canadian International Development Agency in Burkina Faso, and the Regional Project on Family Health and AIDS in West and Central Africa, based in Côte d'Ivoire and supported USAID. The ICT also works with nongovernmental organizations, including the IPPF, the African AIDS Research Network and many community-based groups.

Eastern and Southern African Intercountry Team

This Intercountry Team began work in December 1996. Through 1997, the focus of the Eastern and Southern African Intercountry Team was on collaborating with regional initiatives of Cosponsors and other partners; supporting the development of regional networks; facilitating information and experience sharing; and providing technical support to countries through the United Nations Theme Groups on HIV/AIDS.

The Team works closely with regional offices of the Cosponsors, especially the UNICEF Regional Office for Eastern and Southern Africa and UNFPA. It has initiated some joint projects with the Southern Africa Tuberculosis Control Initiative WHO, the Southern African Development Council (SADC), and the Department for International Development (DFID) of the United Kingdom. It has also helped to initiate pilot projects aiming to facilitate the greater involvement of people living with HIV/AIDS in Malawi and Zambia, in collaboration with UNDP and the United Nations Volunteers (UNV). The Team has supported many regional initiatives, such as the adoption of SADC code on AIDS and employment, in collaboration with the Organization of African Trade Union Unity, Family Health International (FHI) and ILO. The Team has also engaged in promoting the female condom with WHO, UNFPA, IPPF and Population Services International (PSI). Along with the Swedish International Development Agency, the Intercountry Team has provided technical assistance to the Southern Africa Network of AIDS Service Organizations, collaborated with the Southern Africa AIDS Information Dissemination Service, and provided technical assistance to Botswana, Lesotho, Malawi, South Africa, Swaziland and Zambia on a range of issues, the most notable being strategic planning and review.

UNAIDS Collaborating Centres

During the 1996–1997 biennium, the Programme entered into partnership with a total of 41 institutions worldwide by designating them as UNAIDS Collaborating Centres. This initiative is aimed at strengthening institutions with the

technical expertise required to support the response to the epidemic at national and regional levels. In addition, Collaborating Centres will assist UNAIDS and its Cosponsors in carrying out certain activities in their workplans.

Designation as a UNAIDS Collaborating Centre lasts for a fixed period of three years. During that time, the Centre is expected to collaborate in one or more of the following ways:

- identifying, developing and disseminating 'best practices' by producing and/or reviewing guidelines and other documentation; and participating in technical resource networks established by UNAIDS;

- promoting, supporting and implementing relevant research, and disseminating and utilizing results of such research, including participating in collaborative research projects with UNAIDS; and

- providing selected technical support focused on strengthening national capacities for an expanded response to HIV/AIDS, especially in developing countries.

During the coming biennium, UNAIDS will consolidate its collaborative activities with various institutions and will expand its list of Collaborating Centres to continue to ensure broad geographical/cultural representation, as well as representation of different areas of expertise relevant to the epidemic.

Mobilizing partnerships

- Collaboration with nongovernmental organizations (NGOs)

Recognizing their importance as key partners in the development of an expanded response, UNAIDS and its Cosponsors have been working closely with NGOs working in the AIDS field, organizations of people living with HIV and various networks at the country, regional and global levels. In addition, UNAIDS actively encourages the inclusion of AIDS-related activities on the agendas of other NGOs, particularly organizations of young people and organizations working on women's issues. For example, the Programme's initiative on improving access to drugs, UNDP's efforts to strengthen community-based approaches to HIV/AIDS, and UNICEF's initiatives in HIV prevention among street children, all build on active partnerships with the NGO community.

The UNAIDS Secretariat has played an active role in working with larger networks of AIDS service organizations, including the International Council of AIDS Service Organizations (ICASO) and its regional affiliates, the International Community of Women Living with HIV/AIDS (ICW) and the Global Network of People Living with HIV/AIDS (GNP+). Local, country-based NGOs seeking assistance are directed to Cosponsors and United Nations Theme Groups on HIV/AIDS at national level, and to national authorities.

An important partnership is under way in Asia, where UNAIDS is working with 12 national Red Cross and the Red Crescent Societies on a study of best practices in the area of peer education programmes among young people. A textbook on peer education for young people has been translated and culturally adapted for country level use. In the context of the current World AIDS Campaign, UNAIDS is collaborating with a number of NGOs, particularly youth organizations, such as the International Red Cross and Red Crescent Federation's youth office. The International HIV/AIDS Alliance, London, is also receiving UNAIDS support to produce and disseminate a tool kit on *Mobilization, strategies, participation, community assessment and project design.*

- Mobilizing new partnerships

In addition to strengthening existing partnerships, UNAIDS is seeking to catalyse a broader response to AIDS by bringing new partners into the global fight. These partners bring additional expertise and resources to the fight against AIDS, as well as providing new perspectives on how to tackle the epidemic.

PANEL 31

ROTARY INTERNATIONAL: WORKING WITH NEW GENERATIONS FOR A SAFER WORLD

In July 1996, Rotary International and UNAIDS launched the 'Working with new generations for a safer world' initiative at the Eleventh International AIDS Conference in Vancouver. In the context of this initiative, the President of Rotary International advocated for an active response to the epidemic in his meetings with heads of state and other political and business leaders during 1996 and 1997. In June 1997, Rotary International invited UNAIDS to deliver a plenary address to over 15 000 Rotarians from around the world.

Building on the interest generated through the signing of the UNAIDS/Rotary agreement, as well as the presentation made by UNAIDS at their world meeting, Rotary Clubs are using their community-based networks to launch public awareness campaigns promoting AIDS awareness and safe practices among young people. For example, Rotary Clubs in Bangladesh, Bulgaria, India, South Africa and Venezuela are working with UNAIDS and its Cosponsoring Organizations at country level to create an effective grass-roots response to HIV, including support for community care centres, HIV education drives, and wider-awareness initiatives. The Rotary Club of Sandown, South Africa, has created partnerships with leading nongovernmental organizations and companies to support community AIDS care and awareness centres in disadvantaged areas of the country.

One key sector is business, which UNAIDS has sought to engage by linking up with well-established associations of business leaders. A number of examples are given below.

In July 1996, UNAIDS and **Rotary International** launched an initiative called 'Working with new generations for a safer world' (SEE PANEL 31). Since the launch of this initiative, and through the active leadership of the president of Rotary International, Rotary Clubs around the world are now using their community-based networks to launch public-awareness campaigns promoting HIV awareness and safe practices among youth.

The Prince of Wales Business Leaders' Forum, London, has been working with UNAIDS to help mobilize the private sector in the response to the epidemic since 1996. The Forum is a global network of business leaders and their companies, drawn from Africa, Asia-Pacific, Europe, the Middle East, and North and South America. The Forum works with its member companies and local affiliated organizations in over 30 countries, including developing and transition economies. It also coordinates an International Partnership Network, consisting of a thousand or so individual 'partnership practitioners' drawn from business, nongovernmental organizations, community-based organizations, the media, academia, international development agencies and government.

One outcome of this partnership was a publication entitled *The business response to HIV/AIDS: innovation and partnership*, an in-depth analysis of the corporate response to the epidemic around the world, including 17 case studies. UNAIDS and the Forum will work together to build the capacity of nongovernmental organizations to develop public and private-sector partnerships at country level, particularly in Southern Africa, South-East Asia and Latin America; to foster active partnerships among businesses and other groups to deal with the impact of the epidemic; and to stimulate and disseminate research on best practices in the corporate response to the epidemic and in AIDS-related public- and private-sector partnerships.

The World Economic Forum, a leading association of business leaders from around the world, has provided the Programme with opportunities to engage additional political and business leaders in the response to AIDS, in the context of the Forum's international

conferences. During the annual meeting of the Forum in Davos, Switzerland, in February 1997, President Nelson Mandela of South Africa, Sir Richard Sykes, Chairman and Chief Executive of GlaxoWellcome, and the UNAIDS Executive Director spoke during a plenary session to an audience of over 1500 political and business leaders about the importance of an active and expanded response to the epidemic. UNAIDS staff and members of the Global Business Council on HIV/AIDS made similar presentations to World Economic Forum regional conferences held in Zimbabwe and India.

In collaboration with UNAIDS, **the Conference Board**, a global business-membership organization based in New York, USA, conducted a major survey of leading companies from around the world regarding their response to AIDS in and beyond the workplace. This large-scale international survey, the first of its kind, yielded a valuable status report on the corporate response and identified areas for further AIDS-related action by companies. The report found that companies in nearly every branch of industry now have AIDS-related programmes. The most common corporate responses were providing confidential help within the company for employees concerned about HIV, in the form of employee-assistance programmes, and providing benefits for medical leave, where necessary.

The Global Business Council on HIV/AIDS was established in 1997 and has three main activities:

- encouraging and supporting the development of networks of country-level companies active in the response to HIV/AIDS;
- sponsoring awards to commend select companies involved in AIDS prevention, education and care; and
- developing, promoting and supporting a code of conduct for an appropriate business response to the epidemic, through such means as presentation at high-level political and business fora. The code will recommend the establishment of ethical employment practices and issues of corporate social responsibility.

The Council is made up of a core group of companies characterized by a commitment to AIDS-related causes, a strong reputation as corporate citizens, and an ability to mobilize and inspire colleagues in the fight against AIDS. Council membership is drawn from a wide variety of industries and is internationally representative. President Nelson Mandela of South Africa is the Council's Honorary President. The Council's chairperson for the first two years is Sir Richard Sykes, Chief Executive and Chairman of Glaxo Wellcome. Non-corporate partners of the Global Business Council include the National AIDS Trust (UK) and The Prince of Wales Business Leaders Forum. Members of the Business Council to date include The Body Shop (United Kingdom), Calvin Klein (USA), Cargill (USA), Edelman Communications (USA), Glaxo Wellcome (United Kingdom), Godrej & Boyce (India), Industrias Villares S.A. (Brazil), London International Group (United Kingdom), MTV International (USA), Tata Iron and Steel (India), Telepar (Brazil), Levi Strauss (USA) and Polaroid (USA).

In an attempt to engage elected political leadership and major non-profit charitable foundations as partners, UNAIDS has established collaboration with the following:

UNAIDS' cooperation with the **Inter-Parliamentary Union** (IPU), a global network of national parliamentarians, has permitted the Programme to bring HIV and AIDS higher on the agenda of parliamentarians from around the world. At an IPU conference held in Cairo in 1997, UNAIDS was successful in persuading the parliamentarians to include AIDS on the agenda of future meetings and to develop resolutions on how they could respond to the epidemic. At the semi-annual conference of the IPU in Windhoek, Namibia, in 1998, parliamentarians from 122 countries passed a resolution calling for action on HIV/AIDS with respect to a number of issues, including human rights, funding for HIV/AIDS,

involvement of people living with HIV/AIDS, and public/private sector partnerships.

Funders Concerned About AIDS (FCAA) is an association of foundations and companies in the United States committed to supporting AIDS programmes in communities. By reporting on UNAIDS' activities and initiatives in their newsletters and inviting representatives of UNAIDS to their meetings, FCAA has helped the programme advocate to a broad audience of foundations and companies about the importance of an active response to HIV/AIDS. Furthermore, FCAA has helped UNAIDS to mobilize support from foundations in the private sector across the USA interested in expanding their AIDS focus internationally.

• Best practices in the response to HIV/AIDS

Development and dissemination of Best Practices

Best practices in the response to HIV/AIDS are principles, policies, strategies and activities that, according to collective experience, have proven to be sound, based on effectiveness, relevance, efficiency, sustainability and ethical considerations. The goal of best practice documentation is to identify examples of effective responses to the epidemic that can be considered or adapted for use in other areas to strengthen new or existing programmes.

The major objective is to provide information that is concise and easy to use. While the audience for best practice documents may be broad, materials are more specifically conceived for United Nations system agencies and programmes, national AIDS programmes, policy-makers and opinion leaders, nongovernmental organizations and the media. Selected materials may also be specific to research institutions.

By the end of 1997, UNAIDS *Best Practice Collection* consisted of over 60 documents covering 22 thematic areas, many of which now exist in three or four languages. UNAIDS has made the *Best Practice* Collection (SEE PANEL 32) widely available through the growing network of Cosponsors and collaborators, as well as through electronic technology. The growing demand for these materials has been an indicator of the continued need for synthesized and analytical information on the epidemic.

Collaboration with Cosponsors on publications has occurred in a variety of ways. UNAIDS has assumed responsibility for distribution of documents originally published by the WHO Global Programme on AIDS; of these documents, the joint WHO/UNESCO kit on school health education remains particularly popular. UNDP continues to produce documents on issues around HIV and development, including study papers, workshop reports (for example, on injecting drug use and HIV in Eastern Europe), books and monographs (see also the UNDP and UNAIDS websites).

During its first biennium, the Programme contributed to and supported the development of a policy research report by the World Bank, *Confronting AIDS: public priorities in a global epidemic*. Together with UNICEF and WHO, UNAIDS developed and issued a policy statement on HIV and infant feeding.

Annex A provides a list of documents on HIV/AIDS published in the 1996-1997 biennium by the UNAIDS Secretariat and its Cosponsors, either jointly or independently.

HIV prevention

In most of the world's regions, the epidemic is now established. Nevertheless, new groups of vulnerable and at risk populations continue to emerge, necessitating the development or adaptation of prevention strategies to address the characteristics of transmission within those populations.

PANEL 32

UNAIDS *BEST PRACTICE* COLLECTION

UNAIDS is producing a collection of Best Practice materials on approximately 50 specific subjects relevant to HIV/AIDS. The file on each such subject will typically contain the following:

1. UNAIDS Point of View

This eight-page advocacy document, aimed primarily at journalists and community leaders, lists key facts and figures, outlines the problems, myths and misconceptions about the topic, and summarizes what needs to be done.

2. UNAIDS Technical Update

This eight-page document, aimed primarily at managers of HIV/AIDS projects and programmes, provides a technical overview of the topic. It summarizes the main problems and challenges involved as well as Best Practice responses, with short examples.

3. Best Practice Case Studies

These are detailed real-life examples of Best Practice in a specific region, country or community. They include case studies published outside UNAIDS.

4. Presentation Graphics

This is a selection of up to 20 slides and/or overheads on the that can be used for speeches and other presentations. Each slide is accompanied by a list of the main messages illustrated ('talking points').

5. Key Materials

This is a set of up to 10 written and audiovisual materials – reports, articles, books, CDs, videos, etc., authored outside or inside UNAIDS – that represents up-to-date authoritative thinking on the topic, including best practice in the field. UNAIDS policy statements and reviews are included here.

Each file has a list of contents showing all the components of the file, including lists of the key materials and presentation graphics.

Continuing changes and improvements in scientific and technological sectors also influence the response to and hence evolution of the HIV epidemic. While these changes have had a profound effect on antiretroviral therapies and on prevention of mother-to-child transmission of HIV among others, some of the most basic concepts, such as integration of prevention and care into AIDS programmes, have yet to be put into practice in most countries. Where integration of prevention and care has found its way onto national HIV/AIDS agendas, the value of HIV counselling and testing as a strategy for care and prevention activities is increasingly recognized.

Soon after its inception in 1996, UNAIDS initiated a number of cost-effectiveness studies on HIV-prevention strategies. The studies have lead to the preparation of costing guidelines for HIV-prevention strategies; a Point of View document on cost-effectiveness analysis; and three computerized models covering blood safety, programmes for sex workers, and school education, all of which are under publication.

In 1997, the results of 16 multisite comparative studies became available as three synthesis reports with comparative analysis of findings. Conducted by WHO/GPA between 1993 and 1995 in developing countries, the studies explored contextual factors affecting risk-related sexual behaviour among young people in developing countries, gender relations, sexual negotiations and the female condom, and household and community responses to HIV and AIDS, In July 1996, UNAIDS cosponsored a satellite meeting entitled 'HIV prevention works' at the Eleventh International AIDS Conference, held in Vancouver, Canada, together with the Canadian Public Health Association, Health Canada, the United States Centers for Disease Control and Prevention, and the United States National Institutes of Health. The meeting provided a forum for presenting experiences in successful HIV prevention, and focused on revitalizing the key prevention messages.[15] A follow-up meeting has been proposed for the Twelfth International AIDS Conference, to be held in Geneva in June 1998. The meeting will be cosponsored by the same institutions, as well as the Swiss AIDS Federation, Swiss Federal Office of Public Health, FHI, and USAID.

Mother-to-child transmission of HIV

Transmission of HIV from mother to child during pregnancy and delivery, as well as through breastfeeding, represents a major cause of morbidity and mortality among young children, particularly in developing countries with a high prevalence of HIV infection. In February 1998, findings were announced from a trial held in Thailand and sponsored by the Ministry of Public Health, Thailand, and the United States Centers for Disease Control and Prevention. The trial showed that a short zidovudine (AZT) regimen given to non-breast-feeding HIV-positive pregnant women resulted in an average reduction of 50% in mother-to-child transmission of HIV. This development prompted the UNAIDS Secretariat, in collaboration with UNICEF and WHO, to convene an international meeting in March 1998 to plan for implementation of a programme to reduce HIV transmission from mother to child. The meeting concluded with a joint statement stressing the urgency of the situation and setting out specific follow-up actions to support accelerated programming in this area. Subsequently, UNAIDS, UNICEF and WHO established an international coordination mechanism of all interested parties to refine strategies through accelerated technical development and carefully monitored pilot projects; and to intensify negotiations with industry to ensure provision of affordable test kits, antiretrovirals and breast-milk substitutes. A related meeting was also organized by WHO in April 1998 with UNICEF and the UNAIDS Secretariat to discuss the implementation of guidelines on the use of alternatives to breastfeeding for infants born to HIV-positive women.

Since 1995, WHO joined later by UNAIDS, have supported a clinical trial, the PETRA study, in South Africa, Tanzania and Uganda, to test the efficacy of a short-term regimen of zidovudine (AZT) and lamivudine (3TC) (two antiretroviral drugs) for reducing the risk of mother-to-child transmission of HIV. The preliminary results, expected to be available by mid-1998, will show whether a very short course of two antiretroviral drugs is as efficacious as longer regimens that include one drug only. If so, it would provide significant operational benefits for prevention programmes without increasing their cost. Collaborating hospitals are in Durban and Johannesburg, South Africa; Dar es Salaam, Tanzania; and Kampala, Uganda. The study's sponsors also include the Swedish International Development Agency, the Australian Agency for International Development, and NATEC, Netherlands. Drugs are made available free-of-charge by Glaxo Wellcome.

Voluntary counselling and testing

Voluntary HIV counselling and testing are critical elements of an effective response to HIV/AIDS, from the perspective of both prevention and care.

(15) HIV prevention works*, Canadian Public Health Association, 1996*

The multisite Voluntary Counselling and Testing study, carried out in Kenya, Tanzania and Trinidad, was the first randomized, controlled trial of the effectiveness and consequences of voluntary counselling and testing for the prevention of new HIV infections. Results show that voluntary counselling and testing for HIV significantly reduce sexual-risk behaviour and do not increase the incidence of negative life events, such as disintegration of relationships and discrimination (SEE PANEL 6). A UNAIDS-supported study in Zambia on the supportive and psychosocial effects of voluntary counselling and testing for individuals also found that counselling has positive effects in helping people to cope with being diagnosed as HIV-positive and making informed decisions about sexual behaviour.

In addition, voluntary counselling and testing field services in Chile, Honduras and Jamaica[16] and field services that reach vulnerable sections of society and increase advocacy for national policies on voluntary counselling and testing, such as the AIDS Information Centre in Uganda and the Thai Red Cross, are also being documented.

A workshop held in Bangkok in December 1996 brought together counselling experts from eight countries in Asia to review data from the Myanmar counselling study, sponsored by WHO and UNAIDS. This exercise has helped to create a network of experts to assist in the strengthening of counselling services in Asia.

UNAIDS issued a policy statement on HIV counselling and testing in 1997.[17] The statement promotes the development of stronger national HIV counselling and testing policies and improved voluntary counselling and testing services. The Programme is also supporting pilot projects.

Gender issues

In 1996, a strategy was developed to integrate gender into UNAIDS policies and programmes, the outcomes of which are now being implemented. The Programme also collaborated with the International Center for Research on Women, Washington DC, on a 'stock-taking' exercise on research and programmes dealing with gender and HIV/AIDS.[18]

The Inter-Agency Working Group on Gender and HIV supports projects among the Cosponsors which underwent a peer review in this group. UNDP is preparing a series of issues papers on gender and the HIV epidemic; UNICEF is developing resource materials for integrating gender awareness into adolescent sexual-health programmes; and UNESCO is implementing a project to reduce the rate of HIV transmission among women by empowering them with the required awareness, knowledge and skills. WHO is providing technical support to a ICW project on reproductive-health rights of HIV-positive women. In addition, the Programme is supporting *Fundacio para Estudio e Investigación de la Mujer* in its work with low-income women in Argentina on the provision of sexual and reproductive health services, including services linked to HIV/AIDS. A UNAIDS adviser on gender and community mobilization, assigned to the HIV and Development Programme at UNDP headquarters in New York, is working with the Cosponsors on integrating gender and HIV efforts, as well as with other United Nations agencies such as UNDAW and UNIFEM.

Condoms and safer sex technologies

The Programme also emphasizes the promotion of safer sex and condom use as one of the basic strategies to impede sexual trans-

(16) Counselling and community outreach programme, National HIV/STD Control Programme, Epidemiology Unit/Ministry of Health, Kingston, Jamaica; HIV/AIDS counselling and testing in Chile, WHO/CONASIDA/Municipality of Santiago Cooperative Centre, Santiago, Chile; HIV/AIDS counselling, Honduras, Central America.

(17) UNAIDS policy statement on HIV counselling and testing*, UNAIDS/97.2, 1997*

(18) Taking stock of research and programmes on gender and HIV/AIDS, UNAIDS *(forthcoming)*

mission of HIV. In November 1997, WHO and the UNAIDS Secretariat organized a consultation to set new guidelines and specifications for male condoms. A set of *Condom fact sheets* on various aspects of condom programming has been developed, and the WHO technical document entitled *Specifications and guidelines for condom procurement* was updated following consultations with UNFPA, PSI Washington DC, and condom procurement and distribution agencies.

UNAIDS is collaborating with PSI, a highly experienced organization in social marketing of condoms, to accelerate condom-promotion initiatives. This unique collaboration features a two-pronged approach of assisting national AIDS prevention programmes to include condom programming and of ensuring affordable access to condoms by the general population. Thus far, the programme has been implemented in Armenia, Bulgaria, China, Georgia, Kazakhstan, Myanmar, Romania, Russia and Ukraine.

Condom use is ultimately controlled by men. Recognizing the need for protection methods controlled by women, UNAIDS has advocated for the development of vaginal microbicides, which are products for vaginal or rectal administration thought to decrease the transmission of HIV and other sexually transmitted diseases. UNAIDS also serves as the secretariat for the International Working Group on Microbicides. Following a study on the safety of the vaginal microbicide COL-1492, which contains the active ingredient nonoxynol-9 in a gel form[19], UNAIDS launched a multicentre study on the efficacy of COL-1492 in preventing HIV infection and sexually transmitted diseases among female sex workers in Benin, South Africa and Thailand. In addition, preparatory work is proceeding in Côte d'Ivoire and Senegal. A first interim analysis is expected in 1999 but final results will not be available before the end of 2001.

After reaching agreement with the Female Health Company on the price of the female condom, UNAIDS launched a successful promotion campaign for the product in developing countries with Population Services International. In 1997, the sales objectives were surpassed, enabling UNAIDS to further expand its promotion.

Sexually transmitted diseases (STDs)

The presence of an untreated sexually transmitted disease (STD) can enhance both the acquisition and transmission of HIV by a factor of up to 10. Thus, STD treatment is an important HIV prevention strategy in a general population. In order to improve STD management as a means of reducing the transmission of HIV, and at the same time reduce the burden of sexually transmitted diseases, UNAIDS and WHO have reviewed the literature to examine the validation of the syndromic approach in the management of STDs in women and adolescents. A preliminary analysis document to rationalize and optimize the use of sexually transmitted disease treatment protocols in all STDs is in publication.

UNAIDS has collaborated with the WHO Regional Office for Africa in convening meetings on STDs, such as the one held in Dakar, Senegal, in October 1997. This meeting brought together representatives of the World Bank, the European Union, UNICEF, USAID, UNFPA, DFID, and other partners, to agree on the creation of a task force for implementing the WHO Regional Strategy for STD Prevention and Care in Africa. WHO and UNAIDS have also published a document entitled *Sexually Transmitted Diseases: policies and principles for prevention and care*. This is intended to assist Ministry of Health officials who have the responsibility of developing and implementing STD programmes to take into account issues such as quality of care and integration of human rights principles.

(19) *Van Damme L, Niruthisard S, Atisook R, et al.: Safety evaluation of nonoxynol-9 gel in women at low risk of HIV infection.* AIDS *1998, 12: 433-437*

The Programme also helped to found a regional task force on care and prevention of STDs in Eastern Europe (see page 48). In collaboration with UNAIDS, WHO has engaged the services of Heidelberg University, Germany, to document and evaluate the integration of STD services into reproductive health services in Uganda. UNAIDS is in the process of conducting a similar exercise in Zimbabwe, in collaboration with the University of Zimbabwe.

In partnership with the Department of Obstetrics and Gynaecology, Guangzhou Maternal and Neonatal Hospital, China, and the Division of Public Health and Environment, Amsterdam Municipal Health Services, Netherlands, UNAIDS is funding a pilot project for the establishment of an STD Prevention and Treatment Centre for sex workers in Guangzhou, China. The Programme also provided funding for a communications study on the subject of sexually transmitted diseases in Masaka, Uganda. The project has the goal of establishing the roles of information, education and communication in the management of sexually transmitted diseases and transmission of HIV. UNAIDS also supported analysis of data from a review report in Zimbabwe prepared by local researchers, which resulted in three case studies focusing on STD management in primary health care. The Programme has continued to monitor the study initiated by the WHO Global Programme on AIDS and conducted by the University of Nairobi on the treatment of chancroid in patients with concomitant HIV infections.

Information, education and communication

In collaboration with UNICEF, WHO, and UNESCO, the UNAIDS Secretariat has continued to highlight the fact that school-based sexual health education reduces the likelihood of risk behaviour. In 1997, the Programme published a position paper on *Integrating HIV/STD prevention in the school setting*, as well as a technical update on *Learning and teaching about AIDS at school.* Also in 1997, UNAIDS participated in the organization of seminars on school-based AIDS education at the three regional conferences on AIDS held in Côte d'Ivoire, Peru and the Philippines, where specialists described the experiences of programmes from their respective countries.

The Cosponsoring Organizations have been involved in a variety of efforts in this area during the biennium, including at the field level. A few examples include: (i) UNESCO's work in curriculum development and teacher training in India, and planning seminars in Nepal and Cambodia; (ii) UNFPA's focus on integration of HIV/STD prevention in family life/reproductive health programmes in more than 150 countries; (iii) WHO's efforts to integrate school-related health services for adolescents with action-research projects in six African countries; to integrate HIV/STD prevention into the 'Health-Promoting Schools Network' in six regions; and to support the Government of China to extend HIV/STD education in all schools in the most affected Southern provinces; (iv) the World Bank's efforts to include HIV/STD education in its negotiations on loans for improved efficiency of school systems and in its training programmes for World Bank Task Managers, for which UNAIDS will collaborate in designing the training package; and (v) UNICEF's efforts to develop youth-friendly health services and promote life-skills education which integrate AIDS information.

In the communications area, UNAIDS has carried out wide-ranging consultations in collaboration with UNESCO, UNICEF and the World Bank, resulting in the development of communications strategies for national AIDS and health-promotion programmes. The development of regional networks to improve communications frameworks and strategies for the response to HIV/AIDS will also be an outgrowth of the consultation process.

In 1997, in collaboration with the Southern Africa AIDS Information Dissemination Service, the Programme participated in the development of innovative HIV/AIDS communications strategies with heads of communications, media and journalism training institutions

in Eastern and Southern Africa, with the goal of integrating information on health and AIDS into the curricula of these institutions.

UNAIDS collaborated with UNICEF's Eastern and Southern Africa Regional Office to adapt the materials of the SARA Initiative for use in French-speaking countries. The SARA Initiative is an educational project for girls and boys aimed at building life skills, including making informed decisions for safer behaviour. One of the priorities of UNICEF has been to develop more effective ways to harness the power of communication for AIDS prevention and care. In Kenya, Malawi, Tanzania and Uganda, UNICEF gives technical and training support to 'Straight Talk', a radio programme and newspaper where young people act as peer educators on health, including to members of over one thousand AIDS prevention clubs. UNICEF also provides support to 'Soul City', a South African health communication programme that includes a significant focus on HIV. Under the Coordinated Appeal, funding support was provided to UNESCO and UNICEF to develop 'communications for behaviour change' programmes in Africa, Asia and Latin America.

Religious institutions

In Africa, religious leaders confronted AIDS early in the epidemic; religious communities were the first to care for the sick and dying. In many parts of Asia, Buddhist monks and nuns and other religious leaders are very much involved in care for people with AIDS. Monks working in harm reduction centres are active in HIV prevention work, in addition to caring for infected people.

A two-pronged approach is being taken to expand the engagement of the religious sector. The first is to promote the exchange of ideas and training for community-based prevention and care programmes. The second is to encourage religious institutions to strengthen life-skills training approaches for HIV education in schools operated by their congregations.

The International Conference on Religion and AIDS held in Dakar in 1997, and the International Symposium on AIDS Prevention which took place in Argentina in early 1998, are recent examples of valuable collaboration with the religious sector (SEE PANEL 33). UNAIDS also collaborates with the Roman Catholic organization CARITAS International. Such contacts are vital; over time, they create mutual respect for different points of view and approaches on how to deal with HIV and AIDS.

Other institutional settings: prisons, the military and workplaces

The Programme's efforts to reduce risk and vulnerability in institutional settings such as prisons and workplaces have largely focused on strengthening national and regional networks, and facilitating information exchange on effective programming. A joint undertaking with the Civil-Military Alliance to Combat HIV/AIDS, and its regional affiliates, helps establish and strengthen AIDS programmes with military services in Africa, Asia and Latin America. This partnership covers a range of programmes such as strengthening strategic planning capacities of the military, police, maritime, and prison sectors in South-East Asia and Russia; support of technical networks in the ASEAN region and among English-speaking African countries; a seminar for North Atlantic Treaty Organization and 'Partnership for Peace' countries, held in Belgium; a policy workshop for 13 countries in Eastern and Southern Africa, held in Malawi; a plenary panel at the International Congress on Military Medicine, in China; a military seminar for 15 nations of Eastern and Southern Africa, culminating in the formation of a Civil-Military Network for training and mutual support, in Namibia; an Interagency Consultation on the Prevention of HIV/AIDS in the maritime/seaport sector, in the United Kingdom; and a seminar on AIDS in the Military for 18 French-speaking countries in West and Central Africa, held in Senegal. In Africa and Europe, UNAIDS also provided support to the Conference on AIDS in African Prisons. The Programme is developing a field manual on the assessment, monitoring, surveillance and evaluation of HIV/AIDS programmes in the military, aimed at enhancing the capacity of military systems to establish their own programmes.

PANEL 33

WORKING WITH THE RELIGIOUS SECTOR

In November 1997, Christian and Islamic leaders from across the African continent gathered in Dakar, Senegal, to participate in the First International Symposium on AIDS and Religion. The symposium, facilitated by UNAIDS, resulted in a consensus to form an 'interfaith alliance' in Africa to facilitate information exchange and joint action, particularly in support of people living with HIV. The gathering of African religious leaders served several purposes:

- *It provided a forum for spiritual leaders to discuss how to address the difficult questions which HIV/AIDS often poses to theology.*
- *It enabled the establishment of new contacts for continued dialogue on the response to the epidemic in the future.*
- *It yielded valuable material for case studies on the HIV/AIDS-related activities of numerous religious institutions in Africa, now being written up by UNAIDS.*

Recent events in Latin America have also helped to strengthen collaboration with religious organizations on issues linked to the HIV epidemic. In May 1998, in Argentina, the Catholic Church Commission on Health organized an International Symposium on AIDS Prevention. Participants included clergy and lay leaders from Argentina, Brazil, Chile, Paraguay, Portugal, Spain, Uruguay and the Vatican. The symposium concluded that the Church, governments and international organizations must work together to address important aspects of prevention and care, as well as alleviation of the epidemic's impact. SIDALAC (Mexico), the World Bank and UNAIDS provided technical and financial support for the meeting.

Migration

One of the major documented socio-economic determinants of sexual risk and injecting drug use is migration. Under the West African HIV/AIDS Initiative on HIV/AIDS, five action research projects on the main transportation routes in the region and frontier zones were initiated. The study sites are in Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal. The objective of these projects is to increase understanding of the linkages between migration and mobility, and HIV/AIDS, and to propose strategies to reduce the resulting vulnerability and risk.

In 1996, UNAIDS also took on the collaboration formerly established by WHO with the AIDS and Mobility Network in the Netherlands. As part of this collaboration, the Programme provided funding and technical assistance, and co-facilitated a working group on human rights documentation related to AIDS, migrants and ethnic minorities at the Fourth European Meeting on Migrants, Ethnic Minorities and HIV/AIDS held in Barcelona, Spain, in 1996.

After the dissolution of the Soviet Union, UNHCR responded to the needs of the growing number of migrants, refugees and internally displaced persons. This included a programme on reproductive health, STDs and HIV/AIDS in the Caucasus Region, namely Armenia, Azerbaijan and Georgia. In March 1998, together with IOM, and with the participation of FAO, UNHCR and ILO, UNAIDS co-organized a consultation on migration and HIV. The resulting joint policy paper emphasizes the need to initiate coordinated efforts to address the root causes of large-scale labour movements and to eradicate the trafficking of women and children.

Injecting drug use

Injecting drug use is a core factor in the spread of HIV in many parts of the world. Recognizing this, UNAIDS signed a Memorandum of Understanding with the United Nations International Drug Control Programme (UNDCP) in September 1996. This agreement articulated the commitment of both Programmes to cooperate and mobilize their expertise and resources to ensure that complementary issues are covered in their respective initiatives. UNAIDS is a member of the Administrative Committee on Coordination Subcommitee on Drug Control, which works to ensure interagency coordination on programming and information exchange to address AIDS issues related to drug use. At country level, UNDCP participates as a member of the United Nations Theme Group on HIV/AIDS in such countries as Bangladesh, India, Myanmar, Nepal and Viet Nam, which has facilitated coordinated action in response to the drug-related spread of the virus. UNDCP and UNAIDS are also working together at country level on continuing projects such as an HIV prevention programme among injecting drug users in Viet Nam, a life-skills education programme as a strategy for drug-use prevention among street children in Indonesia, and similar drug use-related projects in Cambodia, Eastern Europe, Ecuador, Ghana, Kenya, Mexico, Nepal, the Philippines, Thailand and Zambia.

Since 1996, UNAIDS has been working closely with the WHO Programme on Substance Abuse through common projects and a shared staff member, who facilitates the

PANEL 34

INJECTING DRUG USE IN KAZAKHSTAN

Since June 1996, Kazakhstan has been experiencing a dramatic increase in HIV infection among injecting drug users in Timertau City, a small industrial community with a population of about 200 000. It is believed that there may be 3000 to 5000 injecting drugs users among people aged 15 to 25. The local health authorities have reported over 460 cases of HIV infection in the area.

To address the problem, the United Nations Theme Group on HIV/AIDS, together with the national government, local and international nongovernmental organizations, and the UNAIDS Intercountry Programme Adviser, launched an interagency team mission to assess the situation in Timertau City. Following the mission, the government, the Theme Group and other partners collaborated to develop a joint project document on 'Promotion of a multisectoral effective response to HIV/AIDS and STD epidemics and drug use spread in Karaganda Oblast and nation-wide' (a region containing Timertau City). UNDP, UNDCP, UNAIDS and Ispat-Karmer, a local private company, joined efforts to provide funding, and the project began in July 1997. This is one of the first cases of a private company in Eastern Europe investing in the response to AIDS.

collaboration and implementation of joint efforts to respond to drug use as a factor in HIV transmission. UNAIDS provided support to the development of a WHO guidebook entitled *Injecting drug use: rapid assessment and response*, and funds the implementation of a multisite project and development of a manual entitled *Substance abuse and sexual risk behaviour rapid assessment and response*. In collaboration with WHO, UNAIDS is also supporting the development and production of a training manual entitled *Street children, substance use, HIV/AIDS and health: training for street educators*. An Inter-Agency Working Group on HIV and Sexually Transmitted Disease Prevention among Especially Vulnerable Young People, where the issue of drug use is addressed, has also been established to cooperation between the UNAIDS Secretariat, its Cosponsors and UNDCP, UNHCR and ILO.

Sex work

In this area, UNAIDS' principal efforts in 1996 and 1997 have been in the area of identification and dissemination of best practices in HIV prevention and care, strengthening of regional networks, and development of tools and guidelines to facilitate project development. The Programme has supported specific initiatives in the Asia-Pacific region, Central and Eastern Europe, and West and Central Africa.

A meeting on best practices in programmes dealing with sex work was organized at the Third International Conference on AIDS in Asia and the Pacific, held in the Philippines. Since then, the Programme and its partners have drafted documents for the *Best Practice* Collection on projects from Bangladesh, Cambodia, India and Papua New Guinea. UNAIDS has also supported the Asia-Pacific Network of Sex-Work Projects in an effort to reinforce its structure and further facilitate the exchange of experiences within the region.

In West and Central Africa, the UNAIDS Intercountry Team in collaboration with GTZ's Regional Programme on HIV, has undertaken a review and analysis of community-based approaches in sex-work settings in Côte d'Ivoire, Mali, Senegal and Togo. Based on the experiences from this region, a resource pool to support the expansion of such programmes was established. In 1996, the Programme also organized a meeting of networks and projects focused on the mobility of sex workers and clients, and on the changing context of sex work within Central and Eastern Europe.

Men who have sex with men

In Latin America and the Caribbean, the Programme helped to organize and finance a regional consultation on HIV/AIDS prevention, care and support programmes for men who have sex with men, held in Bogotá, Colombia, in June 1997. This consultation resulted in practical guidelines on AIDS prevention, care and support for men having sex with men in the region.

UNAIDS is also documenting programmes on men having sex with men in India and Morocco, and has provided funding for a pilot project on HIV/AIDS prevention among men who have sex with men in Chennai, India.

Improving care and support for people living with HIV/AIDS

The need to provide basic health care and support services, specific to AIDS, has become critical. While this need is being acknowledged, the gap between needs and services in resource-constrained settings continues to grow. With the promising development in antiretroviral therapy, the issue of access to these therapies in addition to the prevention and treatment of and palliative care itself, needs to be addressed urgently from the programmatic perspective. It remains a major challenge for the United Nations system to determine how it can best mobilize its collective resources to assist governments and nongovernmental organizations much more effectively in their efforts to increase the accessibility and enhance the quality and coverage of health care for people living with HIV.

Access to drugs and care

In 1996 and 1997, UNAIDS developed a strategy to improve access to HIV-related drugs as an entry-point for improved access to care for people living with the virus. The strategy is based on forging partnerships with agencies of the United Nations, the pharmaceutical industry, governments, communities and NGOs. WHO, with support from the UNAIDS Secretariat, held a meeting on anti-retroviral therapy in April 1997, at which participants discussed implications of antiretroviral therapy availability, especially issues related to access. As a follow-up to this meeting, UNAIDS organized a consultation in June 1997, with selected country representatives and the pharmaceutical industry, to explore how access to drugs could be improved in developing countries. The Programme's Cosponsors endorsed this approach, as did NGOs and government representatives.

UNAIDS is now initiating pilot projects to improve access to drugs of special interest to people living with HIV/AIDS, in Chile, Côte d'Ivoire, Uganda and Viet Nam, in collaboration with the Ministries of Health and an increasing number of pharmaceutical companies. These projects include setting up a financial mechanism to lower the price of drugs; improving service delivery; strengthening the infrastructure and human-resource base of the pilot centres; providing assistance for the development of national policies on management and care of people living with HIV; and assessment of the feasibility of extending the pilot initiatives. The pilot projects are by definition limited in scope and only the first steps in broadening access to care. It is hoped that they will provide insights and approaches that can be adapted and scaled up in other countries. The Programme is also supporting preparation of case studies on the activities of community-based organizations to improve access to care and drugs in Asia, Latin America and the Caribbean, and West Africa.

Increased awareness of the needs of people living with HIV/AIDS led to the inclusion of several drugs, including AZT to prevent mother-to-child transmission, on the WHO essential drugs list. UNAIDS is currently collaborating with local partners and SIDALAC to document case studies on the process of introducing antiretrovirals in Argentina, Brazil, Colombia and Mexico, where the drugs have been made available despite resource constraints. The objective of the studies is to assess the extent to which their introduction was successful, and learn about difficulties encountered in introducing the new technology. These lessons can serve as a learning tool for other countries.

Together with the UNAIDS Secretariat, the WHO Action Programme on Essential Drugs is developing an operational plan to improve access to drugs for HIV infection. Consultations on this subject were organized in Senegal, in July 1997, by the *Institut de Médecine et d'Epidémiologie africaine*, France, the National AIDS Programme on AIDS, Senegal, and by the WHO Regional Office for Africa.

The European Union and UNAIDS sponsored a meeting held in Paris in September 1997 on paediatric AIDS care and research. The meeting defined an agenda for research on paediatric HIV infection.

The Programme finalized a number of studies initiated by WHO during the 1996-1997 biennium, including a study undertaken with the University of Chiang Mai in Chiang Mai, Thailand, on penicilliosis, a common opportunistic infection in South-East Asia. A tuberculosis prophylaxis study in Bangkok, in place since November 1993, will be completed in September 1998. In February 1997, UNAIDS prepared guidelines on how to develop and validate clinical guidelines for the management of HIV/AIDS in adults, which will be published in mid-1998. The guidelines are intended to empower local decision-makers to develop community-based standards of care.

The UNAIDS Secretariat and the WHO tuberculosis programme (GTB) developed an agenda dealing with the dual tuberculosis and HIV epidemics. The Secretariat is providing financial and technical support to a range of activities in GTB, including a situation assessment on how countries deal with the dual

epidemic and a joint consultation on preventive therapy for tuberculosis in HIV-infected persons.

The role of communities in care and support

Communities have a major role to play in both helping to enable their members to avoid HIV infection, and in providing a caring environment for those already infected. UNAIDS has actively promoted the involvement of community organizations in the response to the epidemic, with the objective of enabling those most affected to participate in shaping the response and to work towards creating non-discriminatory and supportive environments.

In collaboration with UNDP and UNV, UNAIDS is providing technical and financial support for pilot projects in Malawi and Zambia to train, place and support people living with HIV/AIDS at various levels of the national response in both countries (SEE PANEL 35). The project will be expanded to French-speaking African countries and Asia. A report on the lessons learned from the project, entitled *Report on country selection and consultative processes for UNV support to PLHA projects*, is available.

UNAIDS published a Technical Update entitled *Community mobilization and AIDS* in May 1997. The update provides an overview of the special challenges facing the organization of HIV/AIDS activities at local level – notably problems of representation and sustainability – and describes how communities in several parts of the world deal with these challenges. Additional publications have included a case study on *AIDS education through imams: a spiritually motivated community effort in Uganda,* in the form of a booklet and a video which will be completed in 1998. The case study describes how some 8000 religious leaders and teams of local volunteers have been mobilized in the fight against AIDS since 1992.

PANEL 35

GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV/AIDS THROUGH UNITED NATIONS VOLUNTEERS IN MALAWI AND ZAMBIA

UNDP, UNV and UNAIDS are collaborating to support a pilot project in Malawi and Zambia, together with the Malawi and Zambia national chapters of the Network of African People Living with HIV/AIDS (NAP+). The project aims to define mechanisms through which people living with HIV can contribute to their national responses to the epidemic.

The primary objective of this collaborative project is to increase the effectiveness of national programmes by ensuring that the expertise and knowledge of those most directly affected contribute to national policy development.

This groundbreaking initiative followed on the Paris AIDS Summit resolution to enhance the 'Greater Involvement of People Living with HIV/AIDS' (GIPA) in national responses throughout the world. In the context of the project, people living with HIV in Malawi and Zambia will be recruited as national United Nations Volunteers, and trained and placed at various levels of the national responses in their countries, thereby providing their unique expertise and infusing the human voices and faces of those directly affected into efforts to deal with the epidemic. Their work will focus primarily on policy-making, planning and implementation.

In Malawi, five persons living with HIV will be recruited to work with government ministries, nongovernmental and community-based organizations, the Secretariat of the National AIDS Control Programme, hospitals and workplace programmes.

As part of the *Strategies for Hope* series, the Programme has supported publication of two booklets: *Common Cause* and *Youth to Youth*, on community mobilization among youth in Botswana, Kenya, Nigeria and Tanzania. Assisted by UNAIDS staff, representatives of care projects from Brazil, Kenya, Malaysia, South Africa, Thailand and Zimbabwe presented case studies at the Third International Conference on Home and Community Care for People with HIV/AIDS, held in Amsterdam in May 1997. The case studies demonstrate considerable diversity in approaches to home and family care for infected and affected persons, and provide an important opportunity to test the validity of the Programme's community-mobilization strategies.

Four case studies on successful community/government partnerships in Australia, Canada, Thailand and Uganda have been supported. These case studies illustrate the importance of cooperation between the governmental and nongovernmental sectors, as well as explaining how this may be undertaken in different ways, depending on local political structures, administrative cultures, and available resources. A monograph presenting these four cases is scheduled for publication in 1998.

Lessons learned in the area of home and community-care initiatives in Africa have been documented in four case studies, which describe communities having successfully balanced the right to confidentiality with the responsibility of families and communities to provide care to people living with HIV/AIDS. In the same vein, UNAIDS and WHO are conferring to produce a rapid-assessment methodology, tested in Malawi, to build partnerships between communities and health systems. Together with *Médecins sans frontières*, the Programme sponsored a participatory evaluation of a project on traditional and modern health practitioners working together against AIDS in Uganda. The study concludes that traditional healers can be very useful as a liaison to the community, mainly as a vehicle for prevention messages, but also as a source of health and psychological support.

Health sector reform

An effective, expanded response to HIV/AIDS is also dependent on health systems which are able to meet the needs generated by the epidemic. The global interest in health-sector reform provides an opportunity for addressing systemic constraints on an effective response to HIV/AIDS. Working together with WHO, the UNAIDS Secretariat has initiated case studies to assess the extent and capacity of districts to respond to the HIV epidemic; the results of these studies will be available in 1998.

The District Response Initiative aims at broadening the spectrum of AIDS activities from a vertical, health sector-focused approach toward an integrated, multisectoral and development-oriented approach. The initiative has a dual focus of reducing both risk and potential vulnerability. The aim is to achieve greater responsiveness of services to communities' needs and to promote a more holistic approach to creating healthy lives. UNAIDS is collaborating with national colleagues in five sub-Saharan countries (Burkina Faso, Ghana, Tanzania, Uganda, and Zambia), as well as WHO and the GTZ, to conduct district-level case studies.

In collaboration with the Ministry of Public Health of Thailand, the Programme is analysing the health-sector response to HIV/AIDS in Phayao, the Thai province hit hardest by AIDS. Implementation of the study recommendations will begin late 1998, with support from the Government of Japan. To facilitate analysis of health-care reform needs in other Thai provinces, UNAIDS developed a tool: *HIV and health care reform: reforming health care systems to implement an effective response to HIV and AIDS.* The proposed framework allows local managers and communities to participate in the assessment of the response to AIDS at sub-district, district and national level; to analyse obstacles to improving the response; and to link this analysis to action planning and implementation at local level.

To provide health-sector decision-makers with a tool enabling them to make rational allocations of resources to HIV, a

technical update on the cost-effectiveness of HIV/AIDS interventions will be made available through the *Best Practice* Collection in 1998.

Impact alleviation

Research in Africa and Asia has provided information on the impact of HIV/AIDS, both at the societal level and at the level of specific populations. We know now that affected households have substantially reduced incomes; that school-age children are taken away from school to restore income; that death due to AIDS produces a large number of orphans; that children often become heads of households; and that elderly people may be left to take care of themselves. The coping strategies for these households are reduction of consumption, exhaustion of savings, selling of assets (land, vehicles and livestock) and borrowing of money. It is against this background that UNAIDS and its Cosponsors have undertaken a number of projects, including support for key studies and publications aimed at sharing experience among regions, countries and districts in an attempt to alleviate the impact of AIDS.

In 1996, USAID and UNAIDS jointly published a series of *AIDS briefs on integrating HIV/AIDS into sectoral planning*. The briefs address how individual sectors might be affected and what types of response might be required. They cover commercial agriculture, subsistence agriculture (original brief initiated by WHO/GPA in 1995), education, manufacturing, mining, tourism and military populations (original brief initiated by USAID in 1996). USAID offices widely disseminate the briefs in Africa. In 1997, UNAIDS and WHO jointly published the report of a WHO consultation held in Chiang Mai, Thailand, on the socioeconomic impact of HIV/AIDS on households. The report synthesizes and assesses the lessons learnt and the research approaches taken in this area, and suggests priorities for research.

In early 1998, the World Bank, the London School of Hygiene and Tropical Medicine and the UNAIDS Secretariat organized a workshop in Washington, DC on the demographic impact of the epidemic including the effects of mortality, fertility and orphanhood, as well as on methodological issues such as modelling and forecasting of impact. The dramatic decline in life expectancy at birth in many African countries was discussed. It was established that further research was needed to understand the larger implications of the changes in population structure, for example, the loss of well-educated sections of society and those in the workforce. It was agreed that UNAIDS would set up a reference group on issues of modeling of the epidemic and its demographic impact.

The Programme also engaged in activities at the country level with Cosponsors, such as with UNDP in 1997 in preparing the Namibia *Human development report* focusing on HIV/AIDS. The growing HIV epidemic in Eastern Europe and Central Asia has led to increasing concern in this part of the world, which has so far been spared a major impact. In order to develop a common understanding and examine the options for national policies, UNAIDS organized a conference on the socioeconomic impact of AIDS in Kiev in April 1998, in collaboration with the British Council and with the participation of the World Bank, the WHO Regional Office for Europe, UNDP and UNICEF. The conference brought together high-level policy makers from Belarus, Kazakhstan, Russian Federation and Ukraine.

The main focus of the efforts of UNAIDS and its Cosponsors in the area of impact alleviation among specific populations has been on young people and their families. In 1996 and 1997, UNDP issued a number of relevant publications, including *The socio-economic impact of HIV/AIDS on rural families in Uganda: an emphasis on youth* and *The emergence of youth headed households.* At the Regional AIDS Conference held in Côte d'Ivoire in 1997, a satellite workshop was sponsored by the François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, UNICEF and UNAIDS. It provided broader approaches and solutions to the critical issues raised by HIV/AIDS, health and the rights of children. Based on this workshop and the lessons learned, the François-Xavier Bagnoud Center produced *Guidelines for training on children: HIV/AIDS, health and rights*.

Cosponsors have also focused on highlighting the impact of HIV/AIDS through their other activities (SEE PANEL 36). In the 1997 *Human Development Report* of UNDP, the HIV/AIDS pandemic is specifically addressed as creating a new wave of impoverishment, and undoing earlier gains. Among 30 countries with declines in Human Development Index values, several suffered these setbacks in part because of AIDS. A UNDP publication entitled *The economics of HIV and development: The case of South and South-East Asia,* covering India, Sri Lanka and Thailand, was prepared by the UNDP Regional Project in Asia and the Pacific.

UNAIDS collaborated with the World Bank in the production of its policy research report, *Confronting AIDS: public priorities in a global epidemic*. Published in 1997, this report is directed at encouraging governments to act early and decisively to deal with the epidemic. In 1997, the World Bank, USAID and the UNAIDS Secretariat agreed to launch a website on the economic aspects of AIDS. This initiative began in 1998 and already has more than 300 subscribers from all over the globe. One of its first initiatives has been to make *Confronting AIDS* and its background material available on the web site, followed by the *AIDS briefs*. Through another initiative, the World Bank prepared a tool kit entitled *Considering HIV/AIDS in development assistance* to assist staff of the Commission of the European Community and consultants working in this area. In addition, efforts are ongoing to ensure that HIV/AIDS impact is assessed and planned for in the process of loan negotiations with senior officials of the World Bank advocating for AIDS prevention as part of their high-level negotiations.

PANEL 36

ALLEVIATION OF IMPACT IN MALAWI

In Malawi, UNICEF supports community-based orphan assistance programmes for children who have lost one or both parents to AIDS. These initiatives involve community members who take responsibility for fact-finding, decision-making and planning through well-established local councils. These groups emphasize developmental approaches, not charity, and stress a preference for absorbing children in extended families and foster families. Key activities include systematic registration, needs assessment, and monitoring of orphans and other vulnerable children; the creation of day-care centres to provide protection, stimulation, nutrition and education for vulnerable children; and the establishment of communal gardens to support families. Such programmes also place an emphasis on income generation and self-reliance, in combination with access to loans and credit. The participation of women, children and young people in decision-making and committee affairs is also a guiding principle for these programmes.

UNICEF-Malawi also collaborates with government organizations, including the National Orphan Task Force, which was instrumental in developing a national orphan policy and orphan-care guidelines to encourage appropriate community responses. Government organizations have also organized district-level, subregional and national 'best practice' conferences, to enhance innovation in programme development and implementation. Government ministries are strengthening legal frameworks for child protection; decentralizing planning and decision-making for child-protection matters; expanding partnerships with nongovernmental, religious and community-based organizations; and providing free primary education to all children. Two of several key lessons learned include the need to improve monitoring of vulnerable children, and the need for better data on numbers and needs of vulnerable children.

Source: *Community-based orphan assistance in Malawi: demographic crisis as development opportunity* – a draft report of a Malawi site visit by a CEDC (Children in Especially Difficult Circumstances) team from UNICEF/New York, March 1998

As identified in *Children on the brink: strategies to support children isolated by HIV/AIDS* (USAID, 1997), the Cosponsors and UNAIDS Secretariat propose to focus their work on impact alleviation in 1998-1999 on the following:

- strengthen the capacity of families to cope with their problems;
- stimulate and strengthen community-based responses;
- ensure that governments protect the most vulnerable children and provide essential services;
- build the capacity of children to support themselves;
- create enabling environments for affected children and families; and
- monitor the epidemic's impact on children and families.

Human rights, ethics and law

Human rights, ethics and law constitute a cross-cutting theme for UNAIDS. Its activities, focus on:

- strengthening the United Nations system's capacity to define policies and positions on key and critical issues in human rights, ethics and law in the context of AIDS;
- promoting a better understanding among governments, nongovernmental organizations, local communities, people living with HIV and other key partners of the link between human rights and the reduction of vulnerability to HIV infection, and reduction of the negative impact of the infection; and
- assisting countries to develop a positive national policy, as well as a legislative and administrative framework, for the promotion of the rights of people living with AIDS and those who may be vulnerable to or otherwise affected by the epidemic.

UNAIDS' activities in human rights, ethics and law during the 1996-1997 biennium included assisting countries in drafting appropriate policies and legislation in the context of AIDS and in developing instruments for collecting data on HIV/AIDS-related discrimination and stigmatization. Practical handbooks for national implementation of international guidelines on human rights and AIDS were produced. In all this work, the Programme has worked in partnership with people living with HIV.

The UNAIDS Ethical Review Committee conducts ethical assessments of research projects and proposals being considered by UNAIDS for financial and/or technical support, where the research involves human subjects or biological material obtained from human subjects. The Committee comprises nine experts with diverse backgrounds in clinical research, epidemiology, behavioural research, ethics and community work, and includes a person living with HIV. In addition to reviewing proposals, the Committee considered general matters of ethical significance in the context of the epidemic. The Committee also supported the UNAIDS submission to the World Medical Association on the revision of the Declaration of Helsinki.

During its first biennium, UNAIDS has been active in assessing the level of HIV-related discrimination by public authorities in legislation, internal regulations and in policy and practices. A draft protocol for the identification of discrimination against people living with HIV has been field-tested in Côte d'Ivoire, the Philippines and Switzerland, and will soon be published. Qualitative studies on discrimination, stigmatization and denial are currently being supported in India, Uganda and Venezuela.

In September 1996, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNAIDS jointly hosted the Second International Consultation on HIV/AIDS and Human Rights. This meeting produced a series of international guidelines which provide governments with recommendations on concrete measures they can take to address HIV-related discrimination and human rights abuses.

The guidelines were published by OHCHR in 1998.[20]

To further publicize the guidelines and to make them more user-friendly, UNAIDS also provided funding to the International Council of AIDS Service Organizations (ICASO) to prepare an *NGO summary and advocates' guide* to assist nongovernmental organizations in utilizing the guide-lines on HIV/AIDS and human rights. ICASO produced English, French, and Spanish versions of the guide.

The UNAIDS Secretariat has developed close working relationships in the area of human rights with its Cosponsors as well as OHCHR. In 1997, UNAIDS and OHCHR agreed on a joint pilot project to provide technical support to two national human rights commissions in different regions. A national project officer on HIV/AIDS will be placed in each commission; training and other activities will be undertaken at the national level. Human rights commissions in India and Uganda have agreed to take part in the project. Implementation will commence in 1998. In 1997, UNAIDS and OHCHR also agreed to co-fund a human rights adviser post, to be based at OHCHR, with the mission of raising the profile of HIV/AIDS in the United Nations human rights system.

Since 1997, UNAIDS has continued to provide input to the work of the treaty bodies, namely the Committee on Human Rights, Committee Against Racial Discrimination, Committee on the Rights of the Child, Committee Against Torture and Committee on Economic, Social and Cultural Rights, through briefings and distribution of materials on human rights and AIDS. The Programme also provided technical advice to countries for the development of AIDS-related legislation, including a recent law in the Philippines (SEE PANEL 8).

UNAIDS designated the François-Xavier Bagnoud Center for Health and Human Rights (FXB) as a UNAIDS Collaborating Centre for the field of human rights.

Young people and children

During the 1996-1997 biennium, young people and children have been a major priority for programmes dealing with HIV/AIDS. With a focus on the future, UNAIDS has portrayed them not as a group 'at risk' of infection but as a force for change in responses to the epidemic. The United Nations system's promotion of policies and programmes concerning young people and children is grounded in the Universal Declaration of Human Rights, the United Nations Convention on the Rights of the Child, and the United Nations Convention on the Elimination of all Forms of Discrimination against Women.

During its first biennium, the Programme made concerted efforts to work closely with a wide range of partners representing children and young people, taking advantage of various media. Through support to Save the Children in the United Kingdom, UNAIDS cosponsored a workshop, publication and video on approaches to involve children and young people vulnerable to and affected by AIDS in the response to the epidemic. Working with the Panos Institute in London, the Programme co-produced 'Children's Voices on AIDS', a series of radio programmes in which children shared their ideas and views of the situation in their communities. Together with Street Kids International, Canada and UNDCP, UNAIDS participated in the production of 'Goldtooth', an award-winning animated film on drug use among young people. The Programme produced youth-focused HIV messages for Music Television International (MTV), a cable television company which reaches young people in over 300 million households all over the world, to use in their work with musical celebrities.

The UNAIDS Secretariat is working closely at regional and country levels with Programme Cosponsors, particularly UNICEF and WHO, on strategic approaches

(20) *Office of the United Nations High Commissioner for Human Rights, HIV/AIDS and Human Rights International,* Guidelines*, Geneva: 1998.*

to address the needs of young people in the context of the HIV epidemic. Close collaboration with UNICEF's Inter-regional Programming Group on Young People in Crisis is producing significant progress in the response to the epidemic in Brazil, Côte d'Ivoire, Gambia, Malawi, Nicaragua, Senegal, Sierra Leone, the Philippines, the Russian Federation, Turkey, Uganda, Viet Nam, and the Arab population in the occupied Arab territories including Palestine. This collaboration has taken the form of financial support to projects, direct technical assistance and the establishment of a joint technical resource network, including a Young People's Knowledge Network, via the Internet.

The Cosponsors also produced publications in 1996–1997 on subjects related to young people that have relevance for HIV/AIDS. UNFPA published *Promoting responsible reproductive health behaviour – the youth perspective*, within the context of the International Youth Essay Contest, and, together with the International Planned Parenthood Federation (IPPF), issued a publication entitled *Generation 97: voices of young people*. Another important publication in this area produced by UNICEF is entitled *Youth health – for a change: a UNICEF notebook on programming for young people's health and development*.

During the 1997 World AIDS Campaign on 'Children living in a world with AIDS', UNAIDS worked with Cosponsors and other key organizations to develop and strengthen partnerships, share experiences of successful programmes, and mobilize support for the broader agendas necessary for confronting AIDS' impact on children and young people and their impact on the course of the epidemic. In the same vein, the Programme has employed a young person to work specifically on youth strategies and activities, and has welcomed the participation of several young people as advisers on the current World AIDS Campaign.

In 1997, UNAIDS produced several publications on education and HIV/AIDS. These included a document entitled *Impact of HIV and sexual health education on the sexual behaviour of young people* (1997), which assesses the effects of AIDS education on young people's sexual behaviour (SEE PANEL 37). Of 53 studies that evaluated specific interventions, 22 reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and sexually transmitted disease rates. Of the remaining 31 studies, 27 reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity and attendant rates of pregnancy and sexually transmitted diseases. Little evidence was found to support the contention that sexual health and HIV education increases sexual activity among young people. The review also discusses such topics as the effects of the epidemic on age at first intercourse, sexual activity and protected sex, gender and media issues in the context of education programmes, and features of successful programmes.

The Inter-Agency Working Group on HIV and Sexually Transmitted Diseases Prevention in the School Setting also produced a position

PANEL 37

SEXUAL HEALTH EDUCATION LOWERS THE RISK OF EXPOSURE TO HIV

Young people have a right to information and education affecting their health. A WHO review of programmes around the world, recently updated by UNAIDS, found that sex education does not lead to earlier or increased sexual activity, contrary to what many parents feared. The review concluded that the life skills needed for responsible and safe behaviour can be learned, and that well-conceived educational programmes help to delay first intercourse and protect sexually active young people from HIV, other sexually transmitted diseases and pregnancy.

Many educators agree that sex education encourages safer sexual behaviour. "When I first came to this school in 1994, we had several drop-outs from girls who fell pregnant", explained Patience Ruyeko-Miengamero, a teacher at a rural school in Zimbabwe. "But last year, following sex-education programmes in 1995, we never experienced that, and for this year as yet there are no reports of pregnancies". A separate study of an AIDS prevention programme among high school students in the Philippines found that, although there had been little impact on condom use during sex, the programme had led to a delay in the age of first sex and increased students' understanding of HIV/AIDS. The same trend toward postponement of first sexual intercourse is now being documented in Switzerland, Uganda and the United States. The UNAIDS review found that effective programmes share certain features:

- *they include both delayed first intercourse and protected intercourse as specific aims;*
- *they encourage the learning of life skills (the same skills that also help build self-confidence and avoid unwanted pregnancy, sexual abuse and substance use);*
- *they discuss clearly the results of unprotected sex and ways to avoid it;*
- *they help young people 'personalize' the risk through role-playing;*
- *they reinforce group values against unsafe behaviour, both at school and in the community.*

paper on *Integrating HIV/STD prevention in the school setting,* which describes programming principles, best practices to date, and goals in school AIDS education. A technical update on *Learning and teaching about AIDS at school*, summarizing the main issues, challenges and responses, was also produced. In another partnership endeavour, the Programme funded and reviewed an AHRTAG (Appropriate Health Resources and Technologies Action Group, UK) briefing paper entitled *Caring with confidence: practical information for health workers who prevent and treat HIV infection in children,* published in 1997.

Vaccine research

The need for a safe, effective and affordable HIV vaccine for worldwide use is increasingly recognized as a major priority for the control of the epidemic. The development of such a vaccine, however, is complicated by a number of scientific, logistic, political and ethical issues, which require extensive international collaboration. As part of this complex panorama, the main role of UNAIDS is to provide guidance on how HIV vaccine trials in developing countries should be conducted (SEE PANEL 38, page 74). A corollary of the Programme's role is to build the capacity of countries to ensure that the highest scientific and ethical standards are respected in the context of HIV vaccine research. A Vaccine Advisory Committee provides guidance to UNAIDS on these issues.

In collaboration with the Vaccine Advisory Committee, UNAIDS has identified the following areas as priorities:

- information analysis and dissemination with regard to HIV vaccine research and clinical trials in developing countries;
- creation of collaborative international networks of scientists and institutions working on HIV vaccine development and evaluation;
- provision of assistance and capacity-building in developing countries to support HIV vaccine research and clinical trials;

- provision of independent and authoritative scientific and ethical advice to developing countries on conducting HIV vaccine trials;

- addressing ethical, regulatory and legal barriers to international development and future availability of HIV vaccines; and

- advocacy for worldwide commitment to ensure progress in the development and future availability of HIV vaccines, especially in developing countries.

The Programme implements these objectives in close collaboration with various national and international partners (e.g. the United States National Institutes of Health, Walter Reed Army Institute of Research, International AIDS Vaccine Initiative), the pharmaceutical industry (e.g. Chiron Vaccines, Pasteur Merieux Connaught, VaxGen), individual countries such as Australia, Brazil, Germany, Japan, Thailand, Uganda and USA, and NGOs (e.g. AIDS Vaccine Advocacy Coalition in the United States, Grupo Pela Vidda in Brazil, The AIDS Support Organisation (TASO) in Uganda). During the 1996-1997 biennium, UNAIDS provided technical and financial support for activities included in the national plans for HIV vaccines in Brazil, Thailand and Uganda. UNAIDS' support in these three countries relates to preparation for future large-scale vaccine efficacy trials, including identification of epidemiologically suitable populations, surveillance of HIV genetic subtypes, vaccine-related social and behavioural research, public information and communication. These activities are conducted in close collaboration with Ministries of Health, local institutions and collaborating international agencies.

The UNAIDS Network for HIV Isolation and Characterization[21] makes vaccine-related reagents available to scientists and the pharmaceutical industry and makes related information available to interested partners. The first candidate vaccines based on virus strains obtained through the UNAIDS Network are presently under development (e.g. subtype E vaccines for testing in Thailand, and A and D for testing in Uganda). In 1997, the Programme launched an international collaborative study on 'Characterization of globally-prevalent HIV strains in relation to HIV vaccines', which will provide updated information and fully characterized reagents for the development of antigenically and epidemiologically appropriate HIV vaccines. As part of national capacity building, the UNAIDS Network for HIV Isolation and Characterization is evaluating modern techniques for detailed HIV characterization, which are being transferred to HIV vaccine sites in developing countries. The Programme sponsored a series of workshops to provide training to scientists from Africa (Senegal and Uganda), Asia (China and Thailand), Latin America and the Caribbean (Brazil and Peru), and Eastern Europe (Russian Federation). In collaboration with Germany and the European Community, UNAIDS has also provided a forum for scientific discussions on HIV variability and its implications for various aspects of HIV/AIDS prevention and control, including HIV vaccines, by cosponsoring scientific meetings in Berlin and Dar es Salaam.

As part of its normative role, and in anticipation of forthcoming large-scale vaccine trials in developing countries, the UNAIDS Secretariat, in collaboration with WHO and the Council for International Organizations of Medical Sciences (CIOMS), has initiated a process of developing a guidance document for ethical standards in the conduct of HIV vaccine trials. The document is being developed through a series of discussions involving representative communities, scientists, industry, national regulatory authorities and mass media at regional and global levels. Five vaccine ethics consultations were conducted,

(21) The UNAIDS Network for HIV Isolation and Characterization includes institutions from 21 countries, namely, Belgium, Brazil, Burkina Faso, China, Ethiopia, Finland, France, Germany, India, Italy, Netherlands, Russian Federation, Senegal, Spain, Sweden, South Africa, Tanzania, Thailand, Uganda, United Kingdom and United States of America.

including three community workshops in Brazil, Thailand and Uganda, respectively.

The UNAIDS Secretariat is collaborating with the WHO Global Programme for Vaccines and Immunization on a project to promote the development of a novel vaccine approach, more appropriate for developing countries. Japan has earmarked funds to support targeted research projects on BCG/HIV-vectored vaccines, naked DNA, and mucosal immunization.

PANEL 38

SUPPORT FOR THE IMPLEMENTATION OF NATIONAL AIDS VACCINE PLANS IN DEVELOPING COUNTRIES

Different types of HIV preventive candidate vaccines have been evaluated in Phase I/II trials, involving more than 2000 HIV-negative volunteers. These trials, which have been conducted mainly in France and the United States of America, have shown that the vaccines are safe and capable of inducing HIV-specific immune responses. Information on their potential efficacy will emerge from "Phase III" efficacy trials. Multiple trials will have to be conducted world-wide before researchers can develop a safe and broadly-effective HIV vaccine. These trials will be designed to assess the efficacy of different types of candidate vaccines, against different HIV-1 subtypes, and in different populations.

UNAIDS is assisting developing countries to conduct HIV vaccine trials with the highest scientific and ethical standards. National AIDS vaccine plans are being implemented in Brazil, Thailand and Uganda, with technical and financial support from UNAIDS. These plans describe national policies, and identify research needs in preparation for future Phase III trials (testing protective efficacy). The implementation of these plans has included research on HIV isolation and characterization, establishment of cohorts of HIV-negative volunteers, and vaccine-related social and behavioural research, including ethical issues. Phase I/II (safety and immunogenicity) HIV candidate vaccine trials are also an integral part of these Plans. Brazilian scientists conducted a trial with a peptide-based vaccine. With the collaboration of different partners,** a total of five Phase I/II trials have been, or are being conducted in Thailand. In collaboration with the United States National Institutes of Health, Uganda is planning its first Phase I/II trial.*

To ensure that Phase III trials are not delayed because of the unavailability of appropriate study populations, UNAIDS is presently identifying additional countries where new national AIDS vaccine plans could also be developed.

Finally, UNAIDS is organizing a series of regional consultations on ethical aspects of HIV vaccine efficacy trials. These have resulted in a set of ethical guidelines which were discussed at a meeting hosted by the UNAIDS Secretariat in collaboration with WHO and UNESCO mid 1998.

* Hospital Evandro Chagas in Rio de Janeiro and the University of Minas Gerais in Bela Horizonte

** Vaccine Trial Center of Mahidol University, Bangkok Metropolitan Administration, Armed Forces Research Institute of Medical Sciences, the HIV/AIDS Collaboration, Chiang Mai University.

Improving the functioning of the UNAIDS Secretariat

• Management and organizational development

Based on a clarified strategic approach developed over the past two years, UNAIDS has identified five areas in which the Programme's efforts are to be focused during the 1998–1999 biennium:

- advocating for an expanded and effective response to the epidemic;
- engaging in the monitoring and provision of accurate and up-to-date information on HIV/AIDS and the response to the epidemic;
- fostering the creation and maintenance of technical resource networks (at global, regional and country levels) for the identification, collection and dissemination of best practices, and providing technical assistance to these networks;
- developing an extensive best practice collection and providing proactive policy advice; and
- facilitating the formulation of national strategic plans for countries and integrated workplans for the United Nations system, in response to HIV/AIDS, and monitoring the implementation of these plans.

Beginning in mid-1996, the UNAIDS Executive Director initiated a series of retreats for staff and managers to conduct an assessment of the Secretariat's internal strengths and weaknesses. The purpose of these retreats was to increase the Secretariat's capacity to respond to the HIV epidemic.

As part of this effort, in January 1997, the Programme held a workshop to sharpen the focus of its strategic vision. Following this exercise, it became increasingly clear that UNAIDS should concentrate its efforts on the United Nations system, particularly its Cosponsors, with the goal of increasing the capacity of the United Nations system to support and strengthen national responses to the epidemic. However, it was also evident that in order to do this well, UNAIDS needed to play equally important – and more direct – roles in building worldwide political support for AIDS action, and in improving the content of, and access to, the body of knowledge required to accelerate the global response. The workshop devoted a great deal of attention to the challenge for UNAIDS of developing a synergy between these two approaches and helped focus the *UNAIDS Proposed Programme Budget and Workplan* in this direction.

The Programme held a three-day leadership workshop for all senior and mid-level managers, including Intercountry Team leaders, in July 1997. This workshop included a feedback questionnaire on leadership behaviour, completed by the supervisor, staff and peers of each manager, as well as by managers themselves. In addition, UNAIDS has made efforts to improve the efficiency of its senior management team, and to strengthen the internal management of each department.

During 1997, under the guidance of a senior manager, a team of administrative assistants began work on improving the efficiency of administrative systems. During 1998, UNAIDS will continue its efforts to streamline and further decentralize administrative procedures for country-level operations. The Programme has also organized a number of training workshops for general staff and managers in such areas as HIV/AIDS sensitivity, performance management and media training.

• Performance monitoring and evaluation

In order for UNAIDS to effectively fulfil its global advocacy mission on AIDS, it must be able to draw on accurate monitoring and evaluation data. As the Programme is still young, intensive activities in this area still lie ahead, with a monitoring and evaluation adviser having been recruited only during the last quarter of the second biennium. In anticipation of the need to ensure monitoring and evaluation in the future, the PCB formed a working group to examine these issues. This resulted in the development of a monitoring and evaluation plan setting forth a conceptual framework with three primary components: impact, outcome, and output (SEE PANEL 39).

PANEL 39

UNAIDS CONCEPTUAL FRAMEWORK FOR PERFORMANCE MONITORING AND EVALUATION

Progress towards global HIV/AIDS goals including:

Impact	Reduction in the transmission of HIV and STDs	Increased quality and accessibility of treatment, care and support for people with HIV/AIDS	Reduced individual and collective vulnerability	Reduced adverse impact of HIV/AIDS on individuals and communities

Outcomes

An expansion of the national response to HIV/AIDS leading to both risk and vulnerability reduction, including expanded and increased partnerships, coverage and quality of effective interventions, multi-sectoral involvement, resources mobilized, scope and diversity of programmes, sustainability and improved policy environment

Intermediate

Effective and expanded **United Nations system response** particularly that of Cosponsors

Outputs

Goods and services delivered by UNAIDS Secretariat through its roles:

1. A facilitating, catalytic, coordinating and advisory role, primarly directed towards the Cosponsors;
2. A role related to improving the access to – and content of – the body of knowledge required to advance the global response to the epidemic;
3. An advocacy role aimed at building an aware, committed and supportive international community of governments, the media and civil society.

UNAIDS brokers and facilitates technical collaboration to fulfil these roles.

Source: *Proposed Programme Budget & Workplan for 1998-1999*, UNAIDS 1997, p. 114

The framework recommends that the roles, responsibilities and accountability of relevant partners be clarified, including those of national governments, nongovernmental organizations, Cosponsors and donors. The framework also incorporates qualitative tools to ensure that monitoring and evaluation measure both UNAIDS' progress in stimulating an expanded response to AIDS at country level and its success as a coordinating and advisory body for the United Nations system response to the epidemic.

The country-specific epidemiological fact sheets, developed by UNAIDS and WHO, constitute one tool for measuring progress made in slowing the spread of the epidemic and, indirectly, UNAIDS' effectiveness in coordinating the worldwide response. A checklist is also being developed to monitor the performance of United Nations Theme Groups for HIV/AIDS. This tool is intended to help determine how well Theme Groups have been able to assist in strengthening national responses to the epidemic.

Another assessment has taken the form of user satisfaction surveys of the Theme Groups, two of which have taken place since 1996. The 1996 assessment revealed that Theme Groups had begun to function, with coordinated planning efforts for the response to HIV/AIDS having started in a limited number of countries. Some of the positive achievements highlighted by the assessment include strong commitment to coordination and good working relationships among Theme Group members, in addition to the support and involvement of the Cosponsoring organizations' country representatives, including the United Nations Resident Coordinators. Problems reported in the assessment include the difficulties experienced by the United Nations system at country level in handling its new role of coordinating the response to AIDS and a perceived lack of support from the headquarters of the organizations involved.

The 1997 assessment included questionnaires designed to monitor Theme Group functioning, the progress of joint planning and coordinated action, and progress made in strengthening national responses. Participants in the 1997 Theme Group assessment include national governments, nongovernmental organizations, donors present in each country, and United Nations agencies. The results of the 1997 assessment are currently being analysed and collated.

With the aim of enhancing exchange and learning among different organizations and contributing to best practices in the response to HIV/AIDS, a Monitoring and Evaluation Reference Group (MERG) is being formed to advise UNAIDS on technical aspects of performance monitoring and evaluation, at both national and global level. The group will consist of representatives of national governments, universities, research institutions, programmers and policy-makers, donors and UNAIDS Cosponsors. Members of the group will also assist in technical resource mobilization for UNAIDS monitoring and evaluation activities and the dissemination of the findings of evaluation.

Based on lessons learnt from the fairly limited monitoring and evaluation activities which have taken place thus far, future strategies will aim to strengthen HIV-transmission surveillance systems. In cooperation with the Programme's partners, the monitoring and evaluation framework will include indicators and analyses for monitoring the impact of programmes which address vulnerability and risk behaviour. At the level of national responses to the epidemic, in-depth qualitative assessments will help to measure impact and progress. At the level of the UNAIDS Secretariat, the performance monitoring and evaluation plan will assist in evaluating processes stimulated through dissemination of the *Best Practices* Collection.

• Administration and support

The Programme's first biennium was clearly its most critical period for administrative areas such as staff recruitment, development of human resources and

management, and the establishment of appropriate information systems. One of the key priorities in 1996 and 1997 was to strengthen management capacity within UNAIDS. Balancing sound administrative and management principles with the inherent difficulties and often daunting workload associated with establishing a new programme has been an enormous challenge.

Financial planning and management

In November 1995, the Programme Coordinating Board approved UNAIDS' first Biennial Programme Budget at a level of US$ 120 million. As at 31 December 1997, the Programme had received US$ 100.3 million for the 1996-1997 budget, with approximately US$ 23 million in pledges for 1997 still expected. A portion of the outstanding pledges arrived in the first quarter of 1998. Obligations incurred for the first biennium amounted to US$ 101.7 million, resulting in a shortfall of US$ 1.4 million between income received specifically for the 1996/1997 core budget and expenditure. Fortunately, UNAIDS had a sufficient carryover of funds from the WHO Global Programme on AIDS, from which it was authorized to commit funds against written outstanding pledges. Nevertheless, the Programme will clearly need to ensure that pledged contributions for the calendar year are deposited in the Trust Fund by donors as soon as possible. UNAIDS acknowledges with gratitude the constant support received from donors to ensure that the 1996-1997 budget would be funded. The audited financial report on the 1996-1997 biennium, supplying details of all contributions, was released in April 1998, with information on income and obligations presented in annexes B and C of this report.

The Programme also made efforts to align the UNAIDS financial reporting formats with those being used by its Cosponsors and other United Nations system organizations, with respect to harmonizing budget presentations. This exercise also informed the process of preparing the format of the UNAIDS Proposed Budget and Workplan for 1998-1999, approved by the PCB in April 1997 at a level of US$ 120 million.

Total funds received as at 31 December 1997 against the estimated US$ 45 million (undesignated) carried over from the WHO Global Programme on AIDS amounted to US$ 32.6 million. As recommended by the PCB, the Programme set aside an initial provisional amount of US$ 20 million, derived from the remaining income of the WHO Global Programme on AIDS, to establish an interim UNAIDS operational reserve fund. This enabled the Programme to operate on funding advanced against written pledges in case of income deficit problems, as mentioned above.

Staff management

The approved Budget for 1996–1997 provided for a total of 127 professional and 43 general-service posts worldwide. As at 1 January 1996, 34 professional and 32 general service posts had been filled. By 31 December 1997, UNAIDS had completed recruitment for 77. 6% of approved posts, including 47 professional and 33 general-service posts at headquarters, as well as 37 Country Programme Advisers and 15 Intercountry Technical Advisers in the field. Out of a total of 99 professional staff, 41% were female, 54% were from countries outside of the Organisation for Economic Co-operation and Development, with 55 nationalities represented. As of 17 March 1998, 107 professional posts and 42 general-service posts were filled.

In addition to staff recruited by UNAIDS, Cosponsors and governments have entered into a number of collaborative staffing arrangements with the Programme. These included secondments from UNICEF, UNDP, UNFPA, UNESCO and the World Bank, as well as from the Governments of Australia, Belgium**,** Japan and Norway. In addition, Belgium, Canada, Germany, the United Kingdom and the United States have provided consultant assistance as a contribution to the Programme. The UNAIDS Secretariat seconded staff to UNICEF headquarters and WHO regional offices, in addition to initiating staff cost-sharing arrangements with a

number of Cosponsors including WHO, UNICEF and UNDP. At the end of 1997, the Programme established a system for working with Junior Professional Officers (JPO). The JPO scheme is designed to provide young professionals, usually financed by their own government, to work in development activities of the United Nations system organizations for a period of one to two years.

Administrative arrangements

During its start-up period, particularly the first year, the Programme devoted considerable effort to establishing administrative arrangements with WHO and UNDP, necessary for programme support. In constituting these arrangements, UNAIDS sought to use existing infrastructures and systems wherever possible, benefiting from economies of scale and closer integration of its operations with its Cosponsors. The Programme revised its administrative agreement with WHO for the then-current biennium to take into account an agreed reduction in the rental of premises. This reduced rent has been paid by the Canton de Genève, which the Programme would like to gratefully acknowledges.

As more UNAIDS staff were appointed to country-level posts, and operations of the United Nations Theme Groups on HIV/AIDS expanded, the Programme began to take advantage of the 'Working Arrangement' with UNDP in an increasing number of countries. Implementing new procedures created initial difficulties in some countries, but the system was generally effective in channeling funds from UNAIDS to various countries. UNDP country offices also provided valuable assistance for travel, mail and general administrative services. According to a survey conducted by UNDP among its staff on time allocation for tasks, 8% of UNDP staff time at country level was reported to be allocated in support of HIV-related activities in 1996.[22]

The Programme's Cosponsors have not, as hoped, been able to absorb a significant proportion of administrative costs associated with UNAIDS' country-based staff and Theme Group operations. However, Theme Groups in some countries managed to find innovative ways of providing administrative support, supplementing the direct financing supplied by UNAIDS. Thus, in Tanzania, the Theme Group contributed to a common fund for its operations. In Laos and Viet Nam, the Theme Groups received funds from projects for which UNAIDS Country Programme Advisers provided technical support. In Botswana, the Dominican Republic and Zimbabwe, the Theme Groups accessed United Nations Resident Coordinator funds to support coordination efforts.

Information technology support

The UNAIDS Secretariat is currently initiating several new efforts to benefit from information technology developments for better access to and effective use of information, with the aim of achieving objectives with increasing administrative efficiency. These include:

- implementation of the WHO-developed 'Activity-Management System' for effective monitoring of workplan activities;
- web-based Intranet and UNAIDS 'Virtual Office' systems to enable Programme staff to operate from any part of the world using telephone communication links and laptop computers;
- document imaging and record-management systems to improve administrative efficiency;
- informatics support to regional, technical resource networks.

(22) UNDP, Information paper on UNDP support for and collaboration with UNAIDS, Executive Board of UNDP

• Resource mobilization

The objectives of UNAIDS' resource mobilization efforts are threefold:

- to finance the core budget of the Secretariat and the Coordinated Appeal for extra-budgetary funding to augment Cosponsors' core resources for HIV/AIDS-related programming;
- to promote/ensure funding for country-level responses to the epidemic; and
- to mobilize expertise and in-kind resources by expanding the response from the nongovernmental sector at global and country levels.

Twenty-five countries have made financial contributions to UNAIDS' core budget. Countries donated a further US$ 14 million for additional specific projects conducted in collaboration with bilateral donor agencies and for the Coordinated Appeal. UNAIDS' resource mobilization efforts have also expanded the donor base for its operations, including such non-traditional donors as Andorra, China, Monaco, Russia, South Africa and Thailand. The PCB Working Group on Resource Mobilization, a group of country representatives from the UNAIDS Programme Coordinating Board, advises the Programme on its resource-mobilization strategy and supports its efforts. Created at the specific request of the PCB, the working group examines options for ensuring the sustainability and stability of funding for the Programme's administration and activities, and reviews UNAIDS' resource-mobilization strategies.

The UNAIDS resource-mobilization strategy to promote and ensure funding for country-level responses to the epidemic consists of several elements. One component is building alliances and involving all partners working on HIV/AIDS in resource-mobilization processes. A second component is national capacity-building for mobilizing resources which is part of the national strategic planning support provided by UNAIDS.

UNAIDS has also helped to expand national capacities through training workshops held in different regions of the world, such as Eastern Europe (Riga, Latvia) and South-East Asia (Chiang Mai, Thailand) as well as through integrating resource mobilization into all aspects of the national strategic planning so as to ensure that this process will be sustainable. UNAIDS is cooperating with the International Fund Raising Group, London, a nongovernmental organization specialized in training other NGOs in resource mobilization. This partnership has resulted in the creation of a series of ten training workshops in effective resource-mobilization techniques.

Mobilizing resources from the nongovernmental sector, particularly the private sector, is an important part of UNAIDS' resource mobilization effort. Current partners include Rotary International, Calvin Klein, MTV International, Levi Strauss, The Prince of Wales Business Leaders Forum, the Inter-Parliamentary Union, and Glaxo Wellcome. These partners have worked with UNAIDS on increasing AIDS-related advocacy, as well as specific awareness initiatives. During the past biennium, the Programme has mobilized funds for country and global activities from nongovernmental sources such as the Rockefeller Foundation, Toshiba, Inc., the Sasakawa Foundation, and the Swiss Bank Corporation.

• Strengthening governance

During the Programme's first biennium, the Programme Coordinating Board (PCB) met three times, including two regular meetings and one ad hoc thematic meeting. Prior to the 1996-1997 biennium, the Board also met twice in 1995.

The Board held its ad hoc thematic meeting in November 1997, in response to requests from PCB members that meetings be more substantive and provide them with an opportunity to interact with the Programme's management team on issues of mutual concern. The topics of discussion

for the ad hoc meeting were: access to drugs and treatment; UNAIDS at country level; and national strategic planning. In addition to Board members, participants included representatives of some national governments, local non-governmental organizations, and country-level United Nations system Cosponsor representatives. The participants felt that such thematic meetings helped them to better understand the strategic approach of UNAIDS and its Cosponsors, as well as their approach to collaborating on the most important priorities in the fight against AIDS.

At this thematic meeting, the PCB called on UNAIDS and the Cosponsors to develop a strategy to facilitate greater access to various drugs to treat sexually transmitted diseases and opportunistic infections, and to prevent the transmission of HIV from mother to child. They also encouraged the elaboration of a strategy to facilitate a step-by-step approach for increasing the accessibility of antiretroviral drugs, with full consideration of the need for local and sustainable solutions. The PCB, in referring to the operations of UNAIDS at country level, called for better collaboration between all the Cosponsors and for the strengthening of Theme Groups in resource-mobilization efforts.

Additional informal fora of the PCB consist of quarterly meetings for Geneva-based diplomatic missions. Subjects have included monitoring and evaluation, global statistics on the HIV epidemic and the Programme's financial situation. The schedule for the four meetings is established at the beginning of the year. Different diplomatic missions in Geneva host each meeting. Attendance is high, and includes representation from the host missions' capitals.

The PCB also established two working groups, one on indicators and evaluation and the other on resource mobilization. Chaired by the United States, the PCB Working Group on Indicators and Evaluation gave overall guidance for the establishment of a system which is now being implemented. Although the Working Group has been formally disbanded, the monitoring and evaluation plan continues to receive frequent input from a number of sources, including PCB members. The PCB Working Group on Resource Mobilization was initially chaired by Sweden, and more recently by Denmark. It has played an active role in working on a more predictable system of contributions to UNAIDS, helping to ensure that the income and budget are adequate. Recently, the Working Group on Resource Mobilization has undertaken to identify an optimal level for an operating reserve fund for UNAIDS.

The Committee of Cosponsoring Organizations (CCO) has also refined its operations over the course of the biennium, during which it met four times. At its October 1997 meeting, the Committee agreed to hold two meetings per year from that point onward, including one annual meeting of organization heads, and one annual meeting of cosponsoring-organization focal points. A pre-CCO meeting will precede the heads-of-agency meeting by approximately one month, so that agency heads may be in a position to take decisions by the time their own meeting takes place.

With the objective of identifying better ways to work together in addressing the growing challenges of the epidemic in developing countries, UNAIDS Cosponsors met in a three-day retreat session in March 1998 (SEE PANEL 40). The Programme's management team and its Cosponsors agreed on priorities for the coming year, including the development of a joint strategic plan and an integrated workplan at global and country level, and resource mobilization efforts at global and regional levels to subsume the Coordinated Appeal in the future. Participants in the Cosponsor retreat also recommended that their respective organizations, together with the other Cosponsors, complete joint planning exercises for HIV/AIDS programming in all countries by the year 2000. The April 1998 CCO meeting of organization heads endorsed these and other recommendations of the retreat group. A timetable for action is now being prepared.

PANEL 40

UNAIDS Cosponsor retreat in 1998

A UNAIDS Cosponsor retreat was held in March 1998 with the overall aim of strengthening the response of the United Nations system to HIV/AIDS. All Cosponsors participated actively, with representation from both the respective headquarters and country offices. Recommendations from the retreat were presented to the Committee of Cosponsoring Organizations in April 1998. There was unanimous agreement to move forward on the following action points as soon as possible:

- *a comprehensive HIV/AIDS strategy by UNAIDS with its Cosponsors, delineating respective responsibilities;*
- *an integrated workplan of the UN system on HIV in all countries by the year 2000;*
- *a coordinated workplan for 2000-2001 for global and regional activities, reflecting resources available and those to be mobilized;*
- *a framework for timely policy development and technical guidance;*
- *a plan for ensuring more effective multisectoral action at the country level; and*
- *a heightened focus on particular regions, especially in sub-Saharan Africa and Asia.*

In an attempt to increase the active participation of the nongovernmental organization members of the Programme Coordinating Board, and in consideration of their importance as pioneers within the United Nations system, a consultation was held in Geneva in April 1998 to examine their roles and responsibilities. Representatives of the United Nations Non-governmental Organization Liaison Office took part in the consultation and expressed the view that the conclusions reached were a significant step toward enhancing the participation of NGOs throughout the United Nations system, with the UNAIDS experience serving as a useful model.

Challenges, opportunities and strategic options

• New opportunities for mobilizing an expanded response to the epidemic

Moving from assessment and analysis to action

In his report to the Programme Coordinating Board in April 1997, the UNAIDS Executive Director cautioned that we must not allow ourselves to be trapped within the conceptual space he referred to as the triangle of inaction. This triangle was defined, first, by the continuing denial of the epidemic, even in heavily affected countries; second, by a new complacency eroding the urgency of our response, fueled in part by media reports of potentially successful – but still experimental – treatments; and third, by continued widespread ignorance of the evidence that HIV prevention works and that the knowledge, tools and strategies required to prevent HIV infections are available and affordable.

Collectively, we have made progress in escaping from this triangle's strong gravitational pull, but not completely. We cannot yet describe the global response as one of galvanized support for concerted action on a common set of priorities. We need to constantly remind ourselves that we are not simply observers and analysts of the determinants of this epidemic, but actors capable of fundamentally changing its course. We need to constantly remind ourselves that those most affected by the epidemic are also our potential partners; they are best placed to affect the epidemic's course. And we need to remind ourselves that we are still very much at the beginning of what must be a significantly more intensive and sustainable response to the epidemic.

As devastating as the impact of the HIV epidemic has been thus far, its future impact will be even more devastating, if we choose to wait for better solutions rather than to collectively make the best use of the successful approaches available to us today. Nowhere is this more the case than in Africa, where, despite the experience accumulated through successful approaches in a number of countries, there is a worsening epidemic over much of the continent. Too many countries have yet to apply the lessons painfully learned by their neighbours. In other cases, the international community has yet to sufficiently support countries in their efforts to accelerate their response to the epidemic. These two factors have combined with economic stagnation, a general deterioration in public health infrastructure, and declining official development assistance in general, to create a genuine AIDS emergency of almost unimaginable proportions in a growing number of African countries.

Notwithstanding this emergency, the elements for success are as much in evidence in Africa as in every other region of the globe.

- Increasingly, we see that where the most senior political leadership comes to understand the determinants of the epidemic in a country, along with its current magnitude and potential impact, a stronger national response inevitably follows.

- Increasingly, we can see greater success in national programmes which have broadened their focus from one of short-term risk reduction in limited population groups to one which encompasses general awareness, targeted programmes and longer-term vulnerability reduction.

- Increasingly, we can see examples of successful programmes which incorporate synergistic approaches to primary prevention, access to essential care, and impact alleviation.

- Increasingly, we can see more and more examples of country responses that have successfully expanded beyond the health sector, particularly those that include vigorous programming in the communication, education and social service sectors.

Certainly, there is much more to learn about how countries can best intensify, strengthen and strategically focus their responses to the epidemic. While HIV/AIDS is not unique among public health or social development problems in requiring a multi-sectoral approach, it is unique with respect to the rate at which the epidemic is expanding, in some cases virtually unchecked by public health measures of proven effectiveness. In contrast to almost all other fatal health problems, it is also unique in that it affects adults during the most economically productive years of their lives. As such, there is an urgent need to translate successful experience and best practices in addressing the epidemic from one setting to another. Collectively, we are now poised to do this, provided that we are prepared to build a broad consensus on priorities and approach and to mobilize the political will necessary to confront the epidemic on the scale required.

Global strategy process

Perhaps the most significant of the recommendations of the Cosponsor retreat recently endorsed by the Committee of Cosponsoring Organizations is that the UNAIDS Secretariat should take responsibility over the coming months to engage the Cosponsoring Organizations and other partners in the process of updating the global strategy for addressing the epidemic. The lack of a common understanding among the various agencies on the core issues of the epidemic has been increasingly recognized by the Cosponsors as a significant impediment to accelerating the global response to the epidemic. A more common understanding of the key technical, ethical and policy issues surrounding the epidemic is a necessary precondition for developing a common strategy including explicit HIV-related goals to which the United Nations system can hold itself accountable. This common understanding will also be required if the United Nations system is to be in an effective position to offer support, in turn, to countries as they undertake the development of realistic national goals in their response to the epidemic.

There is both urgency and opportunity in undertaking a global strategy process. It serves both as a means to advance common priorities for action and to clarify more common language through which to discuss and communicate those priorities. Such a process also provides an opportunity to harmonize individual institutional approaches and to reinforce responsibility and accountability among the partners. Recognizing the challenge in making such a process inclusive while still being bound by time, decisive without being divisive, this effort will be given the highest priority by the Executive Director and the Secretariat over the second half of 1998.

Several of the major priorities likely to emerge from the dialogue can be anticipated and will be a major focus of the UNAIDS Secretariat's efforts in the interim:

- Epidemiology system strengthening will be a continuing priority, serving as the basis for the strategic planning process; the design, implementation and evaluation of targeted interventions; and 'data-based' advocacy efforts of the Secretariat and the Cosponsors.

- The World AIDS Campaign theme, 'Youth: a force for change', will continue to focus attention on the section of the general population where behaviour patterns are being established, the majority of new HIV cases are occurring, and whose pivotal role in the epidemic is yet to be acknowledged in many countries.

- New breakthroughs in reducing mother-to-child transmission of HIV challenge UNAIDS to rapidly build the partnerships required to introduce voluntary counselling and testing services on a broad scale within antenatal care services. It also challenges UNAIDS and its Cosponsors to join the partnership of efforts to help expand and strengthen antenatal care services where they do not yet exist. The corporate partnerships which will be forged as a part of this initiative are likely to serve as examples

of the type of innovative partnerships possible in addressing other aspects of the epidemic.

- The Secretariat will also continue to prioritize the identification of more effective strategies to expand access to essential care. Particular focus will be on people who live in developing countries, the vast majority of those affected by the epidemic. This will include as a core element efforts to strengthen partnerships between the health and social sectors and nongovernmental organizations, the most likely partners in extending basic services to the home. An additional core element will be continuing work with the corporate sector in order to make access to essential drugs and commodities more affordable.

• Further development of the United Nations response to AIDS and strengthening Cosponsorship

United Nations system organizations represent a unique and potentially powerful resource in the global response to the HIV epidemic. Together, they are capable of facilitating policy dialogue and advocacy, providing normative guidance, and leveraging both innovation and development funding. The effectiveness of UNAIDS in mobilizing the United Nations system to respond to the epidemic cannot be viewed in isolation from the broader and more systemic reform efforts under way within the United Nations system. UNAIDS' dependence on the reform process for its own effectiveness is probably greater than that of any other programme currently operating within the system. In addition to being the youngest cosponsored programme, UNAIDS is unique in that it was designed to work through its Cosponsors in the area of country programmes, and designed to work on behalf of its Cosponsors in the area of global advocacy and technical development. UNAIDS assists its Cosponsors to strengthen their capacities to work together and as individual agencies. Its success is predicated on the assumption that its Cosponsors are willing and able to integrate their efforts effectively with one another, each emphasizing their institutional comparative advantage.

The greater the confidence of the global community in the United Nations reform process and in the capacity of the United Nations to undertake external partnerships, the more likely UNAIDS will be to forge the external partnerships required for concerted action in response to the epidemic, on the basis of this confidence. Within the United Nations system, the greater the commitment to a more integrated approach among the Cosponsors, and the more clear the understanding of the implications such an approach would have, the more likely UNAIDS will be to accomplish its primary mission.

Though the effort has at times been criticized for promoting collaboration for the sake of collaboration, a review of the experience of UNAIDS and its Cosponsors during the 1996-1997 biennium suggests that the concept is indeed working. While there are many obstacles and exceptions to address, most observers would agree that:

- the Cosponsors are taking the epidemic and the collaboration increasingly seriously, compared to three years ago;

- the Cosponsors are doing more of greater relevance to the epidemic, and of higher quality, than three years ago; and

- the clear direction of efforts over the next three years is towards greater integration of larger portfolios of programming to address the HIV epidemic.

At country level, there are tensions between the urgency of the public health agenda established by an expanding epidemic, and the timeline of the United Nations reform process. In countries with a broad sense of ownership by Cosponsors

within the United Nations Resident Coordinator system, and where members of United Nations Theme Groups on HIV/AIDS easily reach consensus, the work of Theme Groups and Country Programme Advisers is greatly facilitated. However, in countries where consensus is not easily reached, UNAIDS is faced with a difficult choice. Choosing to operate at the pace of consensus is likely be at the expense of credibility with host governments and Cosponsors most active in addressing the epidemic. Alternatively, operating in the absence of consensus requires the UNAIDS Secretariat to choose between the differing views of Cosponsors, a choice which inevitably has consequences in terms of institutional relations.

Making United Nations Theme Groups on HIV/AIDS truly functional is a major responsibility that will continue to challenge the Cosponsors and the Secretariat, requiring long-term political, managerial, and financial commitment. The principal measure of effectiveness for Theme Groups and the UNAIDS Secretariat at country level must be whether there is an integrated workplan for the United Nations country team, the quality of that workplan, and the workplan implementation.

UNAIDS will benefit substantially from the strengthening of the United Nations Resident Coordinator system and can be expected to make a contribution to this effort. However, the Programme is insufficiently leveraged to drive the process where there is not a strong interest in more integrated approaches, and it should not be held captive to inaction where consensus does not exist. The first biennium has witnessed good examples of where Theme Groups have been successful because one or more of the agency representatives have been determined to make them successful; where host countries have insisted that they be successful; and where bilateral agencies have assisted to make them successful. The effective functioning of a United Nations Theme Group on HIV/AIDS requires not only commitment by the Cosponsors, but also resources. In only a limited number of countries have Cosponsor country offices provided administrative and financial support to Theme Groups and Country Programme Advisers. During the next biennium, the Secretariat will need to re-evaluate its policy with regard to the placement of Country Programme Advisers in countries where Theme Group members have not provided a minimum of office space and administrative support.

Integrated workplan

A second conclusion of the Cosponsor retreat was that Cosponsors and the UNAIDS Secretariat should prepare a fully integrated workplan at global and regional level for the next biennium. This effort will build on existing agreements on each Cosponsor's area of responsibility and comparative advantage, as established through the Coordinated Appeal process, interagency working groups and ongoing discussions among Cosponsor headquarters, regional offices and teams, and the Secretariat. Though some disagreements persist within the CCO working group on the division of responsibility in certain areas, they are fairly minor. The time for preparing an integrated workplan by early 1999 is short, particularly because part of the preparation will need to be completed in parallel with the global strategy exercise. Nevertheless, prospects are good for achieving this objective, provided that cooperation is forthcoming from all sides.

Once the integrated workplan is in place, the emphasis can shift from 'who is doing what?' to 'how can we all do more and do it better?'. Participants in the Cosponsor retreat identified collaboration on improving the flow of programme and technical information as a continuing priority. Improving communication with and among the numerous programmes, offices, regional offices and teams of the Cosponsors is a formidable challenge. While there has been some progress in this area, overall progress has been slow and will require a more intensive effort in the coming biennium. Implementation of the monitoring and evaluation framework will help to guide the flow of technical and financial information intended to strengthen Cosponsors' internal programmes.

• Strengthening partnerships

Beyond the strengthening of partnerships within the United Nations system lies the objective of strengthening partnerships with the scientific, political, business, labour, religious, sports, and entertainment communities, required to support an expanded response to the epidemic.

At the conceptual level, we must forge a partnership between prevention and care efforts. There is ample experience to demonstrate the synergism between these efforts, and we can ill afford a polarized division between proponents of either approach, especially when there is such great potential for complementarity between prevention and care strategies. The Programme will need to continue to promote a combination of approaches focused on reducing individual risk, while simultaneously advocating for policy changes to modify the social environments that foster the transmission of HIV and the neglect of those affected by the virus. UNAIDS will also continue to seek opportunities to broaden the collective focus from the urgency of encouraging individual behaviour change, to include the urgency of addressing how societies behave towards the vulnerable and towards infected and affected individuals and families.

The Programme needs to help strengthen government partnerships with the NGO community, particularly in the areas of protecting human rights and promoting care. The HIV epidemic has challenged us with numerous controversial social and programmatic issues. The United Nations system, with its historic basis in protecting and promoting human rights and long history of partnership with nongovernmental organizations, is uniquely placed to provide assistance to governments interested in addressing these issues on a partnership basis with these communities.

Stronger partnerships between the programming and research communities will be required, particularly to influence the overall research agenda and include topics of greater relevance to the epidemic in the developing world. The development of a vaccine against HIV infection must remain a global priority of the first order. Research and development efforts in scientific institutions and within industry should be intensified to develop an effective vaccine, as well as other essential technological tools needed to control the epidemic. UNAIDS has an important role to play in helping to assure that vaccine efficacy trials on humans are conducted under the highest scientific and ethical standards. The Programme and its Cosponsors will also need to continue to promote the critical principle of equity in developing the international research agenda, in addition to the testing of, and timely access to, its products.

At the programme level, it will be important over the next biennium to forge more functional partnerships between programme planners with the epidemiology and evaluation communities. In many settings, the response to the epidemic remains insufficiently evidence-based. We have yet to fully apply the power of modern monitoring and evaluation approaches to accelerate our learning about what works in which situations. Insufficient documentation of positive experiences has handicapped our efforts to prevent the rejection of effective programmes and to redirect investments from ineffective programmes. Stronger partnership across thematic lines – for example, between tuberculosis and reproductive health programmes, or between youth-health promotion and substance-abuse prevention programmes – are likely to improve programme efforts in both domains.

Within the private sector, a more regular dialogue with the pharmaceutical, communications, and entertainment industries can be anticipated and is likely to be intensified as a part of new initiatives, such as those related to mother-to-child transmission of HIV. Religious institutions are major care providers in the poorest parts of the developing world and can be expected to serve as major providers of confidential counselling and testing as a part of forthcoming initiatives to reduce mother-to-child transmission.

Finally, the partnership between and among countries merits some reflection, in light of the growing disparity in both HIV prevalence and access to care in different parts of the world. We can no longer justify doing little on the basis that there is little that can be done. The successes of the last few years in confronting AIDS demand that we rethink our approach to the epidemic – and reconsider whether or not we are doing what history will demand from us. In light of recent breakthroughs, the issues of technical collaboration and development assistance must be faced squarely. To begin with, there must be a renewed commitment to acting more promptly on research findings from studies performed in poorer countries. To do otherwise would be unethical and unwise. Such inaction would both threaten the prospects for future international research collaborations, and polarize broader relationships between people at a time when genuine partnership is required to control this epidemic.

Strengthening the United Nations response to epidemic will be possible only if Cosponsors increase their resources at country, regional and global levels. While several Cosponsors have increased their budgets for HIV/AIDS-related activities, this has not been the case in all instances or at all levels. Continued support from the Cosponsoring Organizations' senior management, as well as from their governing bodies and donor agencies, will be required to achieve appropriate funding levels. The Secretariat can advocate for and provide analysis to support increased and more effective AIDS-related expenditures on behalf of Cosponsors. However, it is the members of the UNAIDS Programme Coordinating Board, who also serve on the governing boards of the United Nations system organizations and in decision-making roles within donor agencies, who are best placed to advocate for making investments in AIDS prevention and care a high priority.

UNAIDS Secretariat and Cosponsor Publications on HIV/AIDS

I. UNAIDS Secretariat and UNAIDS/Cosponsor Joint Publications:

1. *AIDS and Men who have Sex with Men.* Technical Update. UNAIDS, 1997.
2. *Blood Safety and AIDS.* Point of View. UNAIDS. 1997.
3. *Blood Safety and HIV.* Technical Update. UNAIDS, 1997.
4. *Blood transfusions in Africa: situation in 1997*. UNAIDS West and Central Africa Intercountry Team. UNAIDS, 1997.
5. *The Business Response To HIV/AIDS : Innovation & Partnership. Edinburgh, 23 October 1997.* UNAIDS. 1997.
6. *Community Mobilization and AIDS.* Technical Update. UNAIDS, 1997.
7. *Compilation of intercountry HIV/AIDS projects of Cosponsors and key partners in the Asia-Pacific region during the period 1995-2000, and documentation of their experiences on priority issues*. UNAIDS Asia-Pacific Intercountry Team. UNAIDS, 1996-1997.
8. *Compilation of intercountry modes of sharing of experiences on HIV/AIDS in the Asia-Pacific region*. UNAIDS Asia-Pacific Intercountry Team. UNAIDS, 1996-1997.
9. *Condom promotion for AIDS prevention: a guide for policy-makers, managers, and communicators*. WHO/UNAIDS, 1996 (French version).
10. *Confronting AIDS: public priorities in a global epidemic*. World Bank/UNAIDS, 1997.
11 *Counselling and HIV/AIDS.* Technical Update. UNAIDS, 1997.
12. *Counselling for HIV/AIDS: a key to caring*. WHO/UNAIDS, 1996 (French version).
13. *A deadly partnership: tuberculosis in the era of HIV*. WHO/UNAIDS, 1996.
14. *Effective approaches for prevention of HIV/AIDS in women: report of a meeting*. WHO/UNAIDS, 1996 (French version).
15. *Facts about UNAIDS. UNAIDS in individual countries*. UNAIDS, 1996.
16. *Facts about UNAIDS. UNAIDS : an overview*. UNAIDS, 1996.
17. *The female condom kit: an information pack*. WHO/UNAIDS, 1997.
18. *Final report: the status and trends of the global HIV/AIDS pandemic*. UNAIDS/AIDSCAP/The François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health, 1996.
19. *A guide on situational analysis of sex work in West Africa: a working document* (1st draft). UNAIDS West and Central Africa Intercountry Team. UNAIDS, 1997.
20. *The Global Business Council on HIV/AIDS Statement from the launch of the GBC, Edinburgh, 23 October 1997.* UNAIDS, 1997.
21. *Guidelines for HIV interventions in emergency settings*. WHO/UNAIDS, 1996.
22. *Guidelines for organizing national external quality assessment schemes for HIV serological testing*. WHO/UNAIDS, 1996.
23. *HIV and infant feeding: a policy statement developed collaboratively by UNICEF/WHO/UNAIDS.* UNAIDS, 1997.
24. *HIV prevention works reports*. Produced in collaboration with the Canadian Public Health Association's AIDS Program, National AIDS Strategy, Health Canada, United States Centers for Disease Control and Prevention, United States National Institutes of Health. UNAIDS, 1996.
25. *HIV Testing methods.* Technical Update. UNAIDS, 1997.
26. *Impact of HIV and sexual health education on the sexual behaviour of young people: a review update.* UNAIDS, 1997.
27. *Inventory of HIV/AIDS information sources in the Asia-Pacific region*. *UNAIDS Asia-Pacific Intercountry Team, in association with the Asia-Pacific Network of People Living with*

HIV/AIDS and the Asia-Pacific Council of AIDS Service Organizations. UNAIDS, 1997.
28. *Integrating HIV/STD prevention in the school setting: a position paper.* UNAIDS, 1997.
29. *Learning and Teaching about AIDS at School***.**Technical Update. UNAIDS, 1997.
30. *Management of sexually transmitted diseases*. WHO/UNAIDS, 1996.
31. *Methodology of research-action projects on migration and HIV/AIDS: Burkina Faso, Côte d'Ivoire, Mali, Niger, and Senegal*. UNAIDS West and Central Africa Intercountry Team, UNAIDS, 1997.
32. *Mother-to-child transmission of HIV.* Technical Update. UNAIDS, 1997.
33. *My experience with: a document describing people's experiences and perceptions about HIV/AIDS epidemic from Thailand, Philippines and Vietnam*. UNAIDS Asia-Pacific Intercountry Team. UNAIDS, 1996.
34. *Preventing HIV transmission in health care facilities*. WHO/UNAIDS, 1996 (French version).
35. *Prisons and AIDS.* Point of View. UNAIDS, 1997.
36**.** *Prisons and AIDS.* Technical Update. UNAIDS, 1997.
37. *Refugees and AIDS***.** Point of View. UNAIDS, 1997.
38. *Refugees and AIDS.* Technical Update. UNAIDS, 1997.
39. *Report from a consultation on the socio-economic impact of HIV/AIDS on households.* UNAIDS, 1997.
40. *Report of the second workshop of persons living with HIV in West Africa* (Yamoussoukro, Côte d'Ivoire, 21-24 October 1997). UNAIDS West and Central Africa Intercountry Team, 1997.
41. *Report of the workshop on strategies of donor recruitment*. UNAIDS West and Central Africa Intercountry Team, 1997.
42. *Report of the workshop on the use of distance training material for blood safety measures*. UNAIDS West and Central Africa Intercountry Team. UNAIDS, 1997.
43. *Report on the global HIV/AIDS epidemic*. UNAIDS, December 1997.
44. *Revised recommendations for the selection and use of HIV antibody tests*. WHO/UNAIDS, 1996.
45. *Sexually Transmitted Diseases : policies and principles for prevention and care.* UNAIDS, 1997.
46. *Tuberculosis and AIDS***.** Point of View. UNAIDS, 1997.
47. *The UNAIDS Guide to the UN Human Rights Machinery***.** UNAIDS, 1997.
48. *UNAIDS policy on HIV testing and counselling***.** UNAIDS, 1997.
49. *Women and AIDS.* Point of View. UNAIDS, 1997.
50. *Working together towards a safer world. Brochure.* UNAIDS, 1996.

II. Other Cosponsor Publications:

UNICEF

1. *Gender perspectives in school-based HIV/AIDS education resources in the Asia-Pacific region*. UNICEF/EAPRO and UNAIDS, 1997.
2. *Mr Ugly AIDS: children writing for children series, level 3 A*. UNICEF-Zambia, 1996.
3. *Regional HIV/AIDS Communications and Media, Assessment and Recommendations, Report for Cambodia*. UNICEF/EAPRO, 1997
4. *Sara: Sara saves her friend*. UNICEF/ESARO, 1997
5. *Regional HIV/AIDS communications & media: assessment & recommendations* (report for Cambodia). UNICEF/EAPRO, 1997.
6. *Regional HIV/AIDS communications & media: assessment & recommendations* (report for Lao PDR). UNICEF/EAPRO, 1997.
7. *Regional HIV/AIDS communications & media: assessment & recommendations* (report for Yunnan Province, People's Republic of China). UNICEF/EAPRO, 1997.

8. *Regional HIV/AIDS communications & media: assessment & recommendations* (report for Myanmar). UNICEF/EAPRO, 1997.
9. *Regional HIV/AIDS communications & media: assessment & recommendations* report for Viet Nam). UNICEF/EAPRO, 1997.
10. *Regional HIV/AIDS communications & media: assessment & recommendations* report for Thailand). UNICEF/EAPRO, 1997.

UNDP

1. *Development for health: selected articles from 'development in practice'*. UNDP, 1997.
2. *Development and the HIV epidemic: a forward looking evaluation of the approach of the UNDP HIV Development Programme*. UNDP, 1996.
3. *The economics of HIV and AIDS: the case of south and southeast Asia*. UNDP, 1997.
4. *Governance and HIV: report of a joint planning meeting.* UNDP, 1997.
5. *HIV counselling and testing: its evolving role in HIV prevention*. UNDP, 1997.
6. *Impact of HIV and AIDS on families and children*. UNDP, 1997.
7. *Making things happen – getting it done: 1996 project achievement reports, Europe and the CIS*. UNDP, 1996.
8. *NGOs working with sex workers: a personal perspective. A report of NGO projects in four countries*. UNDP, 1996.
9. *Research on behavioral interventions to reduce STD/HIV risk*. UNDP,1997.
10. *Research on behavioral interventions to reduce STD/HIV risk: null findings, replications efforts, and recommendations*. UNDP, 1997.
11. *UNDP in Africa: supporting the processes of change*. UNDP, 1996.
12. *Tackling the impact of the HIV epidemic.* UNDP, 1997.

UNFPA

1. *AIDS update 1996*. UNFPA, 1996.
2. *AIDS update 1997*. UNFPA, 1997.
3. *Expert consultation on operationalizing reproductive health programmes: technical report no. 37*. UNFPA, 1997.

UNESCO

1. *Prévenir le VIH/SIDA en milieu scolaire : un défi pour l'Afrique francophone*. (séminaire régional sur l'éducation et le SIDA dans le système scolaire). UNESCO, 1997.
2. *Prevention of HIV/AIDS and drug abuse through quality improvement of curriculum and teaching/learning materials in Asia and the Pacific. Final report of the regional workshop, Beijing, 25-29 August 1997.* UNESCO, 1997.
3. *Resource package on school health education to prevent AIDS and STD.* UNESCO, 1997 (French version).
4. *Rapport final: séminaire régional sur l'éducation et le SIDA dans le système scolaire (21-25 avril 1997, Dakar).* UNESCO, 1997.
5. *Seminario-taller sobre formulación de políticas y toma de decisiones para potenciar el aporte de la enseñanza formal a la prevención del VIH/SIDA en America Latina y el Caribe (Informe final, Santiago de Chili, 1 al 5 de septiembre de 1997).* UNESCO, 1997.
6. *Trilingual Internet website on education for the prevention of HIV/AIDS.* UNESCO, 1997.

WHO

1. *Acquired immunodeficiency syndrome report on the intercountry workshop on the logistics management of AIDS supplies and condom social marketing* (Rabat, Morocco, 13-17 November 1995). WHO Regional Office for the Eastern Mediterranean, 1996.
2. *AIDS: no time for complacency*. WHO Regional Office for South-East Asia, 1997.

3. *Capacity-building in secondary prevention of sexually transmitted diseases in countries of eastern Europe and central Asia: report on a WHO meeting* (Copenhagen, Denmark, 30 June- 1 July 1997). WHO, 1997.
4. *Control of communicable diseases in border areas: report*. WHO South-East Asia and Western Pacific Region, 1996.
5. Epidemic of sexually transmitted diseases in eastern Europe: report on a WHO meeting *(Copenhagen, Denmark, 13-15 May 1996). WHO, 1996.*
6. *Epidemiological analysis of 692 retrospective cases of leishmania/HIV co-infections*. WHO, 1996.
7. *Health legislation and human rights: the AIDS experience report of three WHO workshops*. WHO Regional Office for Europe, 1996.
8. *HIV/AIDS and sexually transmitted diseases: meeting of headquarters and regional HIV/AIDS and STD focal points/advisers* (Geneva, 18 October, 1996).WHO 1886
9. *HIV/AIDS and sexually transmitted diseases: meeting of headquarters and regional HIV/AIDS and STD focal points/advisers* (Geneva, 6 may 1996). WHO, 1996.
10. *HIV/AIDS and sexually transmitted diseases: report of the second WHO strategic planning meeting on HIV/AIDS and STD* (Geneva, 15-17 October 1996). WHO, 1996.
11. *HIV/AIDS and sexually transmitted diseases: WHO policy and strategic orientations*. WHO, 1996.
12. *HIV/AIDS and sexually transmitted diseases: WHO strategic plan for HIV/AIDS and STD, 1997-2001*. WHO, 1996.
13. *HIV/AIDS and STD surveillance data management and use: report of an intercountry meeting* (Bangkok, Thailand, 6-9 December 1995). WHO Regional Office for South-East Asia, 1996.
14. *Informal consultation on the implications of antiretroviral treatments* (29-30 April 1997). WHO, 1997.
15. *Meeting report on fourth regional workshop on HIV/STD surveillance* (Cairo, Egypt, 7-10 October 1996). WHO Regional Office for the Eastern Mediterranean, 1997.
16. *National AIDS control programmes in countries of South-East Asia region: report of the twelfth meeting of national AIDS programme managers* (Dhaka, Bangladesh, 25-28 November 1996). WHO, 1997.
17. *Progress towards prevention and control of AIDS in South-East Asia: report of the eleventh meeting of national AIDS programme managers* (Jakarta, Indonesia, 22-24 November 1995). WHO Regional Office for South-East Asia, 1996.
18. *Shared rights- shared responsibilities: European consultation on collaboration between government sectors, non-governmental organizations and ethnic minority organizations in AIDS prevention, support and care* (report on a WHO meeting, London, 5-9 October 1995). WHO Regional Office for Europe, 1996.
19. *The sixth annual report on the work of the AIDS Information Exchange Centre (AIEC) of the WHO Regional Office for the Eastern Mediterranean*. WHO, 1997.
20. *STD/HIV/AIDS surveillance report: special edition*. WHO Regional Office for the Western Pacific, 1997.
21. *TB/HIV: a clinical manual*. WHO, 1996.
22. *Young people and sexually transmitted diseases*. WHO, 1997.

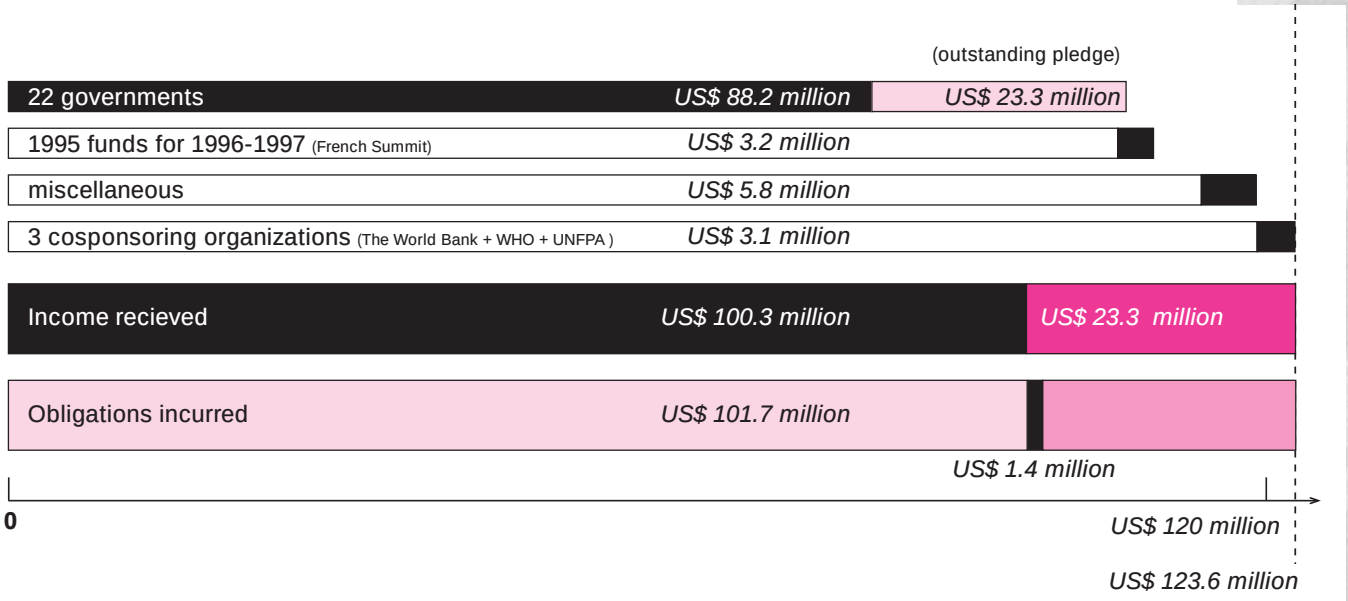
The World Bank

1. *AIDS prevention and mitigation in sub-Saharan Africa: an updated World Bank strategy*. World Bank, 1996.
2. *Indonesia: HIV/AIDS and STD prevention and management project*. (staff appraisal report). Population and Human Resources Division, East Asia and Pacific Regional Office, World Bank, 1996.

ANNEXE B

1996–1997 Core Budget: Income and obligations (in US$ million)

As at 31 December 1997 (excluding carried-over funds)



ANNEX C

INCOME FOR 1996-1997 (EXPRESSED IN US DOLLARS)*

	Source of funds	1996	1997	1996-1997
I.	***Governments***			
	Andorra	5,000	8,000	13,000
	Australia	1,132,650	1,248,320	2,380,970
	Austria	63,416		63,416
	Belgium	1,889,610	1,565,128	3,454,738
	Canada	2,564,635	2,432,989	4,997,624
	China	99,985	99,985	199,970
	Denmark	6,760,183	3,762,587	10,522,770
	Finland	228,378	582,702	811,080
	France	1,139,223		1,139,223
	Germany	2,291,057	1,398,844	3,689,901
	Italy	132,013	175,953	307,966
	Japan	3,300,000		3,300,000
	Luxembourg	272,436	370,802	643,238
	Monaco		5,103	5,103
	Netherlands	5,847,953	5,118,162	10,966,115
	Norway	2,822,682	2,315,046	5,137,728
	South Africa	100,000		100,000
	Spain	520,855	167,586	688,441
	Sweden	6,749,142	3,270,730	10,019,872
	Switzerland	1,705,426	1,549,296	3,254,722
	Switzerland (Canton de Genève)	368,000	326,241	694,241
	United Kingdom	5,630,432	3,529,570	9,160,002
	United States of America	16,569,500		16,569,500
		60,192,576	27,927,044	88,119,620
II.	***Cosponsoring Organizations***			
	UNFPA		107,500	107,500
	WHO	360,000	360,000	720,000
	The World Bank	1,000,000	1,230,000	2,230,000
		1,360,000	1,697,500	3,057,500
III.	***Other Income***			
	Other contributors	126,539	347,444	473,983
	Miscellaneous	14,921	5,355	20,276
	Share of administrative costs		158,789	158,789
		141,460	511,588	653,048
IV.	***Interest received***			
	Interest	1,818,490	3,382,380	5,200,870
		1,818,490	3,382,380	5,200,870
	Total income	**63,512,526**	**33,518,512**	**97,031,038**

** excluding WHO/GPA carried-over funds*

ANNEX D (1)

UNAIDS POSTS WITHIN THE 1996-1997 CORE BUDGET AND STAFFING SITUATION AS AT 31 DECEMBER 1997

I. BUDGET AND STAFFING

GENEVA AND NEW YORK	POSTS IN 1996-97 BUDGET P	POSTS IN 1996-97 BUDGET G	POSTS IN STAFFING TABLE P	POSTS IN STAFFING TABLE G
Office of Executive Director (OED) – *a*	3	3	2	3
External Relations Department (EXR) – *b*	6	5	7	5
Policy, Strategy and Research Department (PSR) – *a & c*	21	12	24	12
Programme Administration Department (PAD)	8	9	8	9
Country Support Department (COS) – *b & c*	16	8	13	8
GENEVA TOTAL	**54**	**37**	**54**	**37**
FIELD				
Country Programme Advisers – *d*	45 (70)	*N/A*	45 (70)	N/A
International Country Programme Advisers		*N/A*	40	N/A
National Country Programme Advisers		*N/A*	12	N/A
Intercountry Technical Advisers	28	*N/A*	28	N/A
General Service	*N/A*	6	*N/A*	6
FIELD TOTAL	**73**	**6**	**80**	**6**
GENEVA AND FIELD TOTAL	**127**	**43**	**134**	**43**
OVERALL TOTAL – e	**170**		**177**	

I. BUDGET AND STAFFING (continued)

GENEVA AND NEW YORK	N° OF OCCUPIED POSTS P	N° OF OCCUPIED POSTS G	N° OF VACANT POSTS P	N° OF VACANT POSTS G
Office of Executive Director (OED) – *a*	2	3	0	0
External Relations Department (EXR) – *b*	7	4	0	1
Policy, Strategy and Research Department (PSR) – *a & c*	18	9	6	3
Programme Administration Department (PAD)	8	9	0	0
Country Support Department (COS) – *b & c*	12	8	1	0
GENEVA TOTAL	**47**	**33**	**7**	**4**
FIELD				
Country Programme Advisers – *d*				
International Country Programme Advisers	*32*	*N/A*	8	N/A
National Country Programme Advisers	*5*	*N/A*	7	N/A
Intercountry Technical Advisers	15	*N/A*	13	N/A
General Service	*N/A*	0	*N/A*	6
FIELD TOTAL	**52**	**0**	**28**	**6**
GENEVA AND FIELD TOTAL	**99**	**33**	**35**	**10**
OVERALL TOTAL – e	**132**		**45**	

KEY

a *= One Monitoring & Evaluation post moved from OED to PSR -* ***b*** *= One NGO Liaison post reassigned from COS to EXR -* ***c*** *= Two Epidemiologist posts transferred from COS to PSR -* ***d*** *=For budgetary purposes a ceiling has been established on the basis of 45 posts. However, a provision for up to 70 International and National Country Programme Advisers has been made. -* ***e =*** *Difference between 96-97 Budget and Staffing Table due to NCPAs -* ***f*** *= Included under the Intercountry Technical Advisers total in Table I*

ANNEX D (2)

UNAIDS POSTS WITHIN THE 1996-1997 CORE BUDGET AND STAFFING SITUATION

AS AT 31 DECEMBER 1997 (EXCLUDING CARRIED-OVER FUNDS)

II. SECONDMENTS

DONOR	NUMBER OF STAFF
UNDP	1
UNFPA	1
UNICEF	1
World Bank	1
Norway	1
Japan	2
Belgium	1
TOTAL	**8**

III. UNAIDS OUTPOSTED

STAFF — *f*

AGENCY	NUMBER OF STAFF
UNICEF	1
WHO	4
WORLD BANK	1
UNDP/OUNS	1
TOTAL	**7**

IV. PROJECT POSTS

Department	NUMBER OF STAFF
PSR	1

V. PROFESSIONAL STAFF

Breakdown by gender

and OECD/non OECD countries

	Total appointments	Male	Female	OECD	Non OECD
GENEVA	**47**	**28**	**19**	**26**	**21**
FIELD					
Country Programme Advisers					
International Country Programme Advisers	**32**	**18**	**14**	**13**	**19**
National Country Programme Advisers	**5**	**2**	**3**	**0**	**5**
Intercountry Technical Advisers	**15**	**10**	**5**	**7**	**8**
TOTAL	**99**	**58**	**41**	**46**	**53**
		59%	**41%**	**46%**	**54%**

Artwork: SERVICES CONCEPT, Geneva