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### Report of the Executive Director

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## I. INTRODUCTION

1. This Report of the Executive Director to the 8th meeting of the UNAIDS Programme Coordinating Board (PCB) is intended to inform the PCB of major developments concerning the epidemic and update the PCB on general progress made during 1998 and early 1999 in advancing the UNAIDS Strategic Plan and the biennial Workplan. The Report highlights the HIV/AIDS-related activities of the Cosponsors and the broader UN system. In addition, the Report specifically addresses the progress the Programme has made in response to the Recommendations of the PCB to the Secretariat; and advise the PCB of specific issues or opportunities that the PCB may wish to discuss or act upon.
2. The Report refers to additional reports that have been requested by the PCB and have been distributed in advance of this session. In particular, it is intended to preface the review by the PCB of the Proposed Unified Workplan and Budget (UNAIDS/UWB/2000-01). This is the third biennium workplan and budget submitted to the PCB for its consideration and the first ever to a United Nations system organization governing board on a multi-agency basis.
3. Though shorter than the Biennium Progress Report submitted to the PCB last year, this Report is somewhat longer than requested by the PCB. In the future, it is suggested that the Secretariat submit the more comprehensive Biennium Progress Report to the same session of the PCB that considers the proposed budget and workplan for the subsequent biennium. This will enable the Secretariat to harmonize its alternate year budget and workplan submissions to the PCB with the reporting requirements to the Economic and Social Council of the United Nations (ECOSOC). It is further suggested that these same alternate year reports be forwarded to the governing boards of the respective Cosponsors for their information.
4. This Report is submitted to the PCB at a time when the rate of new infections has yet to peak in Africa and is rapidly rising in Asia and Eastern Europe. It is at a time when the global response is still in its relative infancy. Within the UN System response, the Cosponsors are now reprogramming and rationalizing their priorities with regard to HIV/AIDS. Similarly, the UNAIDS Secretariat is progressing in its transition to a coordinating and catalytic role from that of primarily responding to urgent requests for direct assistance from national programmes. Cosponsors' regional bureaux and offices are increasingly addressing the epidemic in a serious fashion, but not yet at a level of intensity that could be considered proportionate to the magnitude of the problem. Within the broader international response, the bilateral and multilateral agencies that manage technical resources that can be mobilized against the epidemic are progressing in their dialogue on how to harmonize their efforts and work towards building common platforms for technical support in the most affected countries. Increasingly, those engaged directly in addressing the epidemic are gaining a fuller understanding of the challenges inherent within this complex emergency. Fortunately, we are also increasingly being challenged by success. In his remarks last month at the World Health Assembly, the Deputy Minister of Public Health of Thailand described the three new vaccines against HIV/AIDS which have "now become more effective and efficient, low cost and available to all their citizens free of charge". He went on to describe the three Thai social vaccines: *The first vaccine is the extensive education to all citizens from all walks of life focused on safer sexual behaviour, understanding of HIV and positive attitude towards those infected. The second vaccine is the one hundred per cent condom coverage. The third vaccine is the creation of life skills among all school children, a very potent multivalent social vaccine which prevents HIV and smoking, as well as substance abuse.*

5. The Report concludes by drawing the attention of the PCB to what a growing number of policy makers agree is the most significant development challenge of our time. The worsening HIV/AIDS epidemic in Africa has continued its relentless march. In its path, this unprecedented complex emergency has taken a devastating toll in human lives and is reversing much of the human development progress achieved on the continent during the last several decades. History is unlikely to be kind to us if the response of African nations and the international community continues at a level and pace a full order of magnitude less than that of which we are collectively capable.

## **II. STATUS OF THE EPIDEMIC**

### **A. Global figures**

6. With an estimated 5.8 million new infections in 1998 - nearly 16,000 every day or 11 persons every minute - the total number of people living with HIV/AIDS worldwide grew to 33.4 million by the end of 1998, a dramatic 10% increase over the same time in 1997. An estimated 2.5 million deaths due to HIV/AIDS-associated illnesses occurred during 1998, the highest number ever in a single year. According to the *World Health Report 1999* issued by WHO, AIDS is now the fourth leading cause of death in the world, and the leading cause of death in Africa. In the past three years, more than 30 countries have seen their HIV prevalence rates more than double. The overwhelming majority of people with HIV/AIDS - over ninety percent - live in the developing world, where AIDS has begun to erode achievements in child survival, shorten life expectancy and threaten development.

### **B. Regional overview**

7. With only one tenth of the world's population, sub-Saharan Africa accounts for nearly 70% of global infections and 95% of all AIDS orphans. Four-fifths of all AIDS deaths in 1998 occurred in this region. An estimated 34 million people living in sub-Saharan Africa have been infected with the virus and some 11.5 million have already died, a quarter of them children, since statistics began to be compiled. In 1998 AIDS was responsible for about 2 million African deaths - 5,500 funerals a day. The major focus of new infections continues to be in East and especially in southern Africa. In Botswana, Namibia, Swaziland and Zimbabwe, current estimates show that between 20% and 30% of people aged 15-49 are living with HIV.

8. In Asia, home to half the planet's population, more than 7 million people have been infected since its first HIV infections were identified in the late 1980s. The region already accounts for one out of five new infections. A doubling of infections has occurred in almost every country since 1994.

9. In Latin America and the Caribbean, HIV has taken its greatest toll on men who have sex with men and injecting drug users. In Mexico, studies suggest that up to 30% of men who have sex with men may be infected; among drug injectors in Argentina and Brazil, the proportion may be close to half. Heterosexual transmission is becoming more prominent. In Brazil, for example, the ratio of male/female AIDS cases has dropped from 16:1 in 1986 to 3:1. In the Caribbean, although the overall adult prevalence rate is less than 2%, individual countries such as Haiti and the Dominican Republic have the highest HIV rates in the world outside Africa.

10. HIV continues to race through drug-injecting communities in Eastern Europe and Central Asia. A region which, until mid-1990, appeared to have been spared the worst of the epidemic, now has an estimated 270,000 people living with HIV. In several countries in Eastern Europe, the increase has been six-fold and more in less than five years.

11. In North America, Western Europe and the industrialized nations of Asia, while new combinations of anti-HIV drugs continue to reduce AIDS deaths significantly, nearly 75,000 additional people became infected with HIV during 1998. This is roughly the same number of new infections as five years ago, signalling some complacency in prevention efforts as the profile of those newly infected becomes younger, less affluent, more female, more likely to be within a minority group and more likely drug use associated.

### **C. The most affected**

12. More children are contracting HIV than ever before and there is no sign that the infection rate is slowing. Over 4 million infants and children under 15 have been infected with HIV since the beginning of the pandemic and mortality of children under 5 years has increased two to four-fold in many countries. Ninety percent of these children acquired the virus from their HIV positive mothers during pregnancy, labour or delivery, or through breastfeeding. HIV and AIDS disproportionately affect young people (aged 15-24). In 1998, 2.7 million young people became infected with the virus, equivalent to more than five young men and women every minute, and representing approximately half of all new HIV infections. Women accounted for 43% of infected living worldwide at the end of 1998 and nearly half of all AIDS deaths last year.

13. Substance abuse, most importantly alcohol, increases unsafe sexual behaviour and vulnerability to HIV infection. Between 1996 and 1998, the number of countries reporting injecting drug use increased by 9%, while the number of countries reporting HIV infection among injecting drug users increased by 37%. Internal and international movements of populations - whether migrants, refugees or displaced persons - result in societal disruptions and a lessening of the usual norms of behaviour. There is increasing recognition that workers may be more vulnerable to acquiring HIV during migration, subsequently contributing to the further transmission of HIV upon return to their homes.

## **III. UNAIDS APPROACH TO THE EPIDEMIC**

### **A. Strategic approach**

14. Over the course of the past year, the Secretariat and Cosponsors have given increased attention to strengthening the budget and workplan, evaluation and monitoring, and strategic planning processes. In addition, work has been initiated on the development of the UNAIDS Strategic Plan for 2001-2006, as well as on institutional strategies within the individual Cosponsors which will constitute the foundation of this plan. It is expected that the UNAIDS Strategic Plan for 2001-2006 will be ready for discussion in the PCB in the year 2000.

15. The goal of the UN System organizations on HIV/AIDS continues to be to strengthen the capacities of governments and civil societies to expand national and international political commitment and action to address the HIV/AIDS epidemic and its impact on life and development, particularly in the developing world, and most importantly, in sub-Saharan Africa. It is well recognized that this goal will only be achieved through the combined efforts of many institutions and individuals: governments; the community of interested activists;

people living with HIV/AIDS; NGOs; community-based organizations; and religious, academic and the commercial sectors.

16. UNAIDS continues to advocate for a continuum of political processes, policy advocacy and programme development and implementation focussed primarily on young people and vulnerable populations. The Secretariat and Cosponsors provided assistance to Member States in their deliberations on HIV/AIDS and in the formulation of a Draft International Conference on Population and Development (ICPD+5) Goal for HIV/AIDS directly addressing young people<sup>1</sup>.

17. Follow-up actions will need to address, first, the individual, institutional and community behaviours or situations which contribute most significantly to HIV transmission and can be modified through targeted programmes; and secondly, the most significant social and economic factors contributing to individual and community vulnerability to HIV infection. Follow-up actions will also need to address the coping capacities of individuals, families, communities and of the health and social sectors to address the impact of the HIV/AIDS epidemic on morbidity, mortality, and on social and economic factors affecting the lives of individuals and families.

18. Experience from countries that have been successful in addressing the epidemic point to the primary importance of creating a **supportive political and policy environment**. This includes increasing the realization of the magnitude of the HIV/AIDS epidemic while simultaneously working to reduce the stigma associated with HIV/AIDS. Their success further points towards the need for increased commitment to directly address vulnerability to HIV/AIDS through social and economic policy reforms.

19. Particular priorities for **sectoral strategy development** include: the health sector, education, social welfare, local government, uniformed services and religious institutions. Particular priorities for **regional strategy development** include: Africa, South Asia and Eastern Europe.

20. Key **thematic priorities** that will require further operational strategy development and vigorous programming support in the coming year include:

- working with and for youth to slow HIV transmission and mitigate its impact;
- interrupting Mother to Child Transmission through a combination of efforts including primary prevention, voluntary counselling and testing, informed reproductive choice, anti-retroviral therapy, and providing safe alternatives to breastfeeding for HIV positive women;
- integrating prevention and care approaches, with particular attention to supporting the development of Community-Based Standards of Care, and to preventing and treating

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<sup>1</sup> *Draft ICPD+5 Goal for HIV/AIDS. Countries, with the assistance from the United Nations system and donors, should by the year 2005, ensure that at least 90 % of young men and women aged 15 - 24 have access to the information and the skills required to reduce their vulnerability to HIV infection. Countries should use as a benchmark indicator HIV infection rates in 15 - 24 year olds, with the goal of ensuring that by the year 2005, transmission of HIV in this age group is reduced (a) globally; and (b) by at least 25 per cent in the 25 most affected countries.*

opportunistic infections;

- reaching out to and involving highly vulnerable populations in targeted programmes;
- addressing cross-cutting issues of human rights, gender and the greater participation of people living with HIV/AIDS;
- intensifying international efforts in vaccine development.

21. Of most immediate relevance to the implementation of the current Proposed Budget and Workplan and to the development of the UNAIDS Strategic Plan for 2001-2006 are the institutional strategies of the UNAIDS Cosponsors. These institutional strategies serve to clarify institutional priorities and the resources and approaches being applied to achieve their objectives. They also serve to identify points of collaboration and overlap with other agencies, and provide necessary directional guidance within the respective organizations. Among the Cosponsors, WHO has recently completed the preparation of its institutional strategy addressing its role and priorities regarding HIV/AIDS. The World Bank has prepared its institutional strategy for Africa which places considerable emphasis on a partnership approach with the other UNAIDS Cosponsors. UNICEF has initiated an internal discussion on its strategy and a proposed action plan for its country programmes in East and southern Africa. UNFPA uses a combination of its *AIDS Annual Update* and its *Programme Guidelines on Reproductive Health* to communicate its institutional strategy. UNDP's Bureau for Africa is developing a regional strategy as part of the International Partnership against AIDS in Africa. In the development of their respective institutional strategies, UNAIDS Cosponsors are increasingly identifying areas in which they intend to make major investments in technical collaboration and assistance to countries, as compared with those areas in which they intend to invest primarily in important advocacy, analytic and normative efforts.

**B. Cross-cutting emphasis on human rights, young people, greater involvement of people living with HIV/AIDS (GIPA), and gender**

**(i) Human rights, ethics and law**

22. At the international level, the Secretariat and Cosponsors, along with other international organizations and NGOs, actively contributed statements, articles, briefings, training and technical support in the area of human rights, ethics and law in a variety of relevant forums. Coordinating with the Office of the High Commissioner for Human Rights (OHCHR), the Secretariat held briefings for States during the 54<sup>th</sup> session (1998) and provided technical input to a resolution on HIV/AIDS by the 55<sup>th</sup> session (1999) of the UN Commission on Human Rights. The latter resolution, cosponsored by an unprecedented 59 governments, called upon States to implement the main measures contained in the *International guidelines on HIV/AIDS and human rights (the Guidelines)*, issued by OHCHR and UNAIDS in 1998. The resolution also urged the promotion of equitable access to treatment for HIV/AIDS, directly addressing a priority identified by the PCB in recommendation 2.3 (UNAIDS(PCB(6)/98.12). The recently concluded agreement for UNAIDS to fund a staff member within OHCHR will help OHCHR to intensify its work on HIV/AIDS and bring it into the mainstream of its ongoing activities. UNICEF and the Secretariat also continued to provide technical assistance for the integration of HIV/AIDS concerns in the work of the Committee on the Rights of the Child. The subject of the Committee's general discussion day held in October last year, and attended by over 100 participants, was Children Living in a World with HIV/AIDS.

23. UNAIDS formed a new partnership with the Inter-Parliamentary Union (IPU) which led to the unanimous adoption by member legislators of a resolution on HIV/AIDS. The UNAIDS Secretariat and the IPU convened a workshop on HIV/AIDS and human rights for key legislators from around the world and are publishing a handbook for legislators on *the Guidelines*. In accordance with PCB recommendation 3.3 (UNAIDS/PCB(6)/98.12), the handbook includes a number of examples of model legislation, which the Secretariat has been actively promoting. A handbook on law, ethics and human rights for national managers and policy makers was published and the Secretariat, OHCHR and the International Council of AIDS Service Organizations (ICASO) identified concrete ways for NGOs to advance human rights in the context of HIV/AIDS.

24. The Secretariat widely disseminated a number of best practice documents detailing effective community responses in human rights and HIV/AIDS, legal and ethical issues, as well as two national case studies on stigma and discrimination. At the national and regional levels, the Secretariat and Cosponsors supported a number of capacity building activities. For example, UNDP in concert with the Secretariat conducted training workshops on HIV and law reform in China, Fiji, and Sri Lanka; supported a similar meeting in India organized by the Indian Law Institute; and supported numerous national consultations on ethics and human rights in Africa and Asia. The Secretariat also provided support to training workshops for government, NGO and community partners, including in Bangladesh, Bulgaria, Canada (ICASO), China, and the Russian Federation/Newly Independent States.

25. Through its meetings and interim reviews, the UNAIDS Ethical Review Committee advised the Secretariat on the ethical soundness of twelve HIV/AIDS-related research proposals for which UNAIDS funding was sought, as well as on broader ethical issues such as on ethics of HIV vaccine trials.

26. In the coming biennium, efforts will continue to mainstream HIV/AIDS concerns into the work of the UN human rights machinery and to integrate human rights perspectives into HIV/AIDS programming. Secretariat and Cosponsor activities will continue to centre on training, technical support, preparation and dissemination of best practice materials and mass media communications strategies aimed at combating discrimination against people living with HIV/AIDS and members of vulnerable groups at country level.

**(ii) Young people**

27. The UNAIDS Cosponsors and Secretariat have continued to emphasize young people as a priority and have made important progress in the past year in promoting HIV/AIDS programmes and services for young people. Together with Cosponsors, the Secretariat developed the elements of a global strategy for young people and HIV/AIDS and presented them at the December 1998 PCB meeting. In 1998, as in the two previous years, the World AIDS Campaign focused on the needs, concerns and roles of young people in reversing the course of the epidemic.

28. Consistent with PCB recommendation 6 (UNAIDS/PCB(7)/98.6), the Cosponsors and Secretariat consulted widely, in particular with young people themselves, in identifying specific areas for programming action. UNICEF, UNFPA, WHO, UNESCO and the UNAIDS Secretariat convened and provided technical assistance for a number of major international youth conferences and workshops. These included the first worldwide conference of government ministers responsible for youth, held in Lisbon last year; a major youth forum held

for the International Conference on Population and Development (ICPD+5) in the Hague; the UNDCP cosponsored conference focused on drug abuse prevention and harm reduction in Banff, Canada; and a regional meeting in Abidjan organized by UNICEF that focused on assisting NGOs in programme implementation. WHO and the Secretariat continued to participate in the UNICEF Inter-Regional Programming Group on Young People in Crisis, providing technical advice on the inclusion of HIV/AIDS in the youth health and development programmes.

29. The Secretariat developed and reproduced a number of best practice materials on HIV/AIDS and young people including case studies on peer education in Kenya, reports and video footage on prevention of trafficking of women and children for prostitution, the film *The Selling of Innocents*, as well as the well-known *Staying Alive!* video on young people affected by HIV, produced with MTV and the World Bank.

30. The UN system has strengthened its efforts through the Inter-Agency Working Group on integrating HIV/STD prevention in school settings to support school-based programmes for raising awareness among young people about HIV prevention and for reducing discrimination against people living with HIV/AIDS. WHO has coordinated the preparation of an evaluation framework for school-based interventions which includes quality standards, indicators and tools. A network linking educational programmes in nine countries in Africa, Asia, and Latin America and the Caribbean for sharing best practices and other information on school-based HIV/AIDS education is now functional. UNICEF and the Secretariat are currently documenting the “state-of-the art” of school-based HIV/AIDS education in South-East Asia.

**(iii) Greater Involvement of People Living with HIV/AIDS (GIPA)**

31. The greater involvement of people living with or affected by HIV/AIDS (PLWAs) is critical to the effectiveness of global, national and community responses to the epidemic. GIPA can be a positive force in reducing stigma and discrimination, while making use of the unique knowledge and talents of people who are highly motivated by direct personal experience. During the past year, UNDP, UNV and the Secretariat established innovative pilot projects, through which PLWAs have been recruited, trained and employed in government ministries and NGOs concerned with HIV/AIDS, as well as health and social support programmes. In collaboration with the Network of African People Living with HIV/AIDS (NAP+), PLWAs in Malawi and in Zambia have been placed in such institutions, where initial evaluation results have been very positive. For example, in a major Malawi hospital, the number of people requesting an HIV test and returning for the test results has more than doubled during the year of the project, with many people citing their encouragement to take the test after meeting a healthy person living with HIV who was working in the programme.

**(iv) Gender**

32. The Secretariat and Cosponsors have focused in the past year on advocacy for greater attention to the gender dimensions of HIV/AIDS, and to supporting policy and programme initiatives that would reduce gender-based vulnerability to HIV infection. Advocacy efforts included the production of a best practice material prepared by the International Council on Research for Women (ICRW), *Gender and HIV/AIDS: taking stock of research and programmes*, that consolidated the lessons learned from research and interventions by Cosponsors and NGOs in working on gender issues. With the support of the Secretariat, UNDP produced a series of issue papers on gender and HIV and is designing training tools on gender and HIV for NGO networks.

33. Other advocacy efforts were undertaken through the follow-up processes for the Cairo International Conference on Population and Development (ICPD+5) and the Beijing Fourth World Conference on Women. UNFPA, UNICEF, WHO and the Secretariat contributed to strengthening the provisions in the ICPD+5 Programme of Action addressing issues such as stigma and discrimination as barriers to women's reproductive and sexual health, gender-focused education, and services. The Secretariat also produced *AIDS 5 years since ICPD: Emerging issues and challenges for young people, women, and infants*. Collaboration with the UN Division on the Advancement of Women (UNDAW) led to more substantive gender-focused provisions on HIV/AIDS in the Beijing +5 Platform for Action.

34. In collaboration with UNAIDS, the Center for Health and Gender Equity (CHANGE) has begun mobilizing a wide range of community-based and international women's networks to advocate for increased awareness about microbicides and for greater research and development. A joint UNIFEM, UNFPA, and UNAIDS project, *Gender-focused Responses to Address the Challenges of HIV/AIDS*, focused on enhancing HIV/AIDS programming within the UNIFEM system and its partners. The UN Economic Commission of Africa, through the African Centre for Women, in Addis Ababa, has integrated gender and HIV/AIDS into its programme for economic empowerment of women in for the next biennium. The UNAIDS Secretariat has also developed and is field-testing a guide on how to ensure gender-sensitive programming at the national and local levels. Other efforts include WHO providing technical support to the International Community of Women Living with HIV/AIDS to develop model reproductive health services for HIV positive women; initiatives by WHO and the Secretariat to identify interventions to reduce unsafe sex among adolescent boys; development by UNICEF of materials for integrating gender awareness into adolescent sexual health programmes; and establishment by UNESCO of a project on empowerment of women against HIV/AIDS. A primary objective for the next biennium will be the continued mainstreaming of gender and AIDS consideration into the work of the UN system in the most affected countries.

### **C. Performance monitoring and evaluation**

35. In December 1998, the PCB endorsed the approach and priorities contained in the UNAIDS monitoring and evaluation plan. Consistent with PCB recommendation 12 (UNAIDS/PCB(7)/98.6), Cosponsors and other members of the Monitoring and Evaluation Reference Group (MERG) have contributed to the development and implementation of this plan. With the support of the Australian Government, indicators were defined to monitor the performance of the Secretariat. The Secretariat also carried out its second assessment of the UN Theme Groups on HIV/AIDS. In accordance with PCB recommendation 7 (UNAIDS/PCB(6)/98.12), a study commissioned by the Secretariat on the *Level and flow of national and international resources for the response to HIV/AIDS, 1996-1997* was completed and distributed.

36. The Cosponsors and Secretariat have also focused their efforts on improving monitoring and evaluation of country level responses. UNFPA conducted an evaluation of its support to HIV/AIDS prevention in seven countries. The Secretariat developed country profiles that compile information on the response to HIV/AIDS in each country.

37. In addition, a framework and a set of indicators for the monitoring and evaluation of the national response to HIV/AIDS have been developed by the Secretariat, WHO, USAID and other partners which includes a tool for measuring national and international efforts. With

support from the Secretariat, UNICEF reviewed its Multi Indicator Cluster Surveys to include HIV/AIDS-related indicators to measure the response at country level. UNDP, UNFPA and WHO, along with the Secretariat, played an important role in ensuring that HIV/AIDS-specific indicators were included in the guidelines for the Common Country Assessments (CCA) and the UN Development Assistance Framework (UNDAF) process.

38. Over the next two years, refinement of the Secretariat's performance monitoring system will continue. The Secretariat will also collaborate with UNFPA, the Netherlands Interdisciplinary Demographic Institute, and others to improve methods for tracking national expenditures, activities, and HIV/AIDS-related funds. Other activities will include: (a) implementation of the AIDS Programme Effort Index and the indicator framework for monitoring the national response to HIV/AIDS; (b) a desk review to monitor development of country level UN integrated workplans on HIV/AIDS; (c) evaluations of the UNAIDS Best Practice Collection and the UNAIDS/World Bank Regional Initiative for AIDS/STI Control in Latin America.

#### **IV. STATUS OF THE UN RESPONSE**

##### **A. Dynamics, determinants, surveillance and monitoring of the epidemic**

39. In the field of global surveillance, the reporting system implemented by the Secretariat and WHO for tracking the HIV/AIDS epidemic in all countries led to the production in June 1998 of 180 country-specific *Epidemiological fact sheets*. Working with national AIDS programmes and international partners, the Secretariat and WHO released in June 1998 country-specific estimates of HIV/AIDS and its impact as of the end of 1997. These estimates were utilized, in turn, by the UN Population Division and WHO to generate additional statistical estimates and projections. A second round of country-specific estimates will be produced and released next year in close consultation with the UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance.

40. Operating through the joint Working Group, WHO has primary responsibility for developing guidelines and providing training and technical support for the implementation of surveillance systems for HIV/AIDS and STIs. Working with UNDP, UNFPA, the World Bank and national partners such as USAID, WHO and the Secretariat have finalized the "Second Generation" surveillance guidelines. Promotion of these guidelines, which introduce key behavioural data necessary to monitor the epidemic, will begin in summer 1999 supported by a grant from the European Commission.

41. The Secretariat has held several workshops with national and international partners, produced and disseminated six best practice documents, and jointly sponsored research on the determinants and impact of HIV/AIDS. A protocol, entitled *Looking deeper into the HIV epidemic: a questionnaire for tracing sexual networks*, is already being implemented in eight countries with the support of UNFPA. With support from USAID, UNAIDS issued a guide, entitled *Meeting the behavioural data collection needs of national HIV/AIDS and STD programmes*, which is being utilized in six countries as part of the Second Generation surveillance system. In collaboration with the World Bank, results of studies on the demographic impact of HIV/AIDS in Africa have been published and presented to senior staff management of the World Bank. The results of studies on the factors affecting risk-related sexual behaviour among young people were published in collaboration with WHO under the title *Sex, youth, and vulnerability*.

42. The UNAIDS Secretariat has actively assisted the national strategic planning processes in Bolivia, Burkina Faso, China and Malawi to integrate sociocultural determinants into policy development and programme planning. A guide for planners and programme managers on how to incorporate sociocultural determinants in the national strategic planning process is also under development.

43. A number of activities have continued in the area of analysis and interpretation of epidemiological data from stable and declining, as well as emerging, HIV epidemics. The results of the first international study of the differential spread of the HIV epidemic in four African cities (Cotonou, Kisumu, Ndola and Yaoundé) were disseminated in the four countries involved through the participation of policy makers and managers in conferences and the publication of articles and reports. The key finding of this study was the very early age of infection in girls, with approximately one out of every five girls in the 15-19 age group in Kisumu and Ndola being HIV positive. As a result of this study, the United Nations Fund for International Partnerships (Turner Fund) awarded a major grant to coordinate interventions in Botswana and Zimbabwe to prevent HIV transmission around the time of first sexual relations. With support from the Secretariat and Cosponsors, studies on the role of male circumcision, sexual patterns among youth, and probability of HIV transmission per sexual act are ongoing at sites in Burkina Faso, Ethiopia, South Africa, and Zimbabwe. WHO has also begun multisite studies on vulnerable populations in South-East Asia.

## **B. Special regional initiatives**

### **(i) The International Partnership Against AIDS in Africa**

44. African leaders, policy makers and programme managers are working to shape an International Partnership against AIDS in Africa that will help assure that, within the next decade, African nations will be implementing larger and more effective national responses to HIV/AIDS that will substantially reduce new HIV infections, provide a continuum of care to people living with HIV and AIDS, mobilize communities to respond, counteract the negative effects of HIV/AIDS on individuals, communities, and societies, and support the human rights of those affected. The Secretariat and Cosponsors will undertake, beginning in June 1999, a series of country missions to identify with key national and international partners the opportunities to expand the response.

45. Cosponsors are moving forward to develop complementary strategies, reorient their programmes, and find ways to better coordinate plans and technical services. Consistent with PCB recommendation 5 (UNAIDS/PCB(7)/98.6), a detailed report – *The international partnership against AIDS in Africa: A progress report* – is being issued separately to the PCB prior to its June meeting, and a verbal update will be provided at the meeting.

### **(ii) The Caribbean**

46. In June 1998 UNAIDS, the Caribbean Community Secretariat (CARICOM), and the European Commission jointly organized a Caribbean Consultation on HIV/AIDS with the participation of 22 countries from the region. During the Consultation a regional Task Force on HIV/AIDS was established under the Chairmanship of CARICOM, which is now serving as the coordination mechanism on HIV/AIDS for the Caribbean. The UNAIDS Caribbean Cluster Team, based in Trinidad continues to work closely with CARICOM, the UNAIDS Cosponsors,

the Caribbean Epidemiology Centre (CAREC), and other partners in strengthening an integrated approach to HIV/AIDS in the Caribbean.

**(iii) South Asia**

47. The World Bank, working closely with the Secretariat and Cosponsors, has been taking the lead to intensify its efforts in several South Asian countries.

48. In India, the Prime Minister has made a national address specifically on AIDS, has personally raised the issue in the national parliament, and has challenged all State Ministers to take on HIV/AIDS in their state level plans. The UN system in India is providing support to mobilize and strengthen national technical resources addressing the HIV/AIDS epidemic through technical, financial, organizational and information systems support to the development of Technical Resource Groups (TRGs), which were constituted by the National AIDS Control Organization (NACO) in 1998. These TRGs bring together experts from various Indian private and public institutions, NGOs, and other agencies to advise and support NACO and the states in their planning and programming efforts in priority programmatic areas. In Bangladesh, WHO has supported the development of surveillance, including behavioural studies, based on priority need for generating more reliable information. In Nepal, drug use was identified as a major issue and a rapid assessment activity was supported, again to generate more reliable information for planning.

**(iv) Central and Eastern Europe**

49. In the last few months the UNAIDS Secretariat and Cosponsors have intensified their efforts towards developing a Regional Strategy for HIV/AIDS in Central and Eastern Europe. This process will provide an opportunity to harmonize individual institutional approaches and to reinforce responsibility and accountability among the different partners. A meeting of Cosponsors and bilateral agencies is planned for November 1999, out of which it is expected that an agreement will be reached on the elements of a more comprehensive strategy through which the international partners can provide better support to countries.

**C. Advocacy and public information**

50. UNAIDS advocacy efforts continue to focus on increasing the level of public awareness and raising the issue of HIV/AIDS higher on national and international political agendas. The urgency of mounting an effective response to the epidemic has been stressed in both public and private forums: global conferences, and meetings with Heads of State, Ministers and other senior officials, key religious and cultural figures, as well as at the highest levels of the United Nations system. The UN Secretary-General and Deputy Secretary-General have made HIV/AIDS a priority for the Organization and have conveyed this to all heads of organizations and specialized agencies within the United Nations system. Several UN leaders have already responded to this call. The Secretary-General himself has incorporated HIV-related messages within his public speeches and private advocacy with political leaders. Participation in conferences such as Summits of the Organization of African Unity, the Economic Commission for Africa, and follow-up to global conferences such as the Cairo Population Conference provide important opportunities to advance the understanding of those best placed to address the epidemic on the impact AIDS is having on population, life expectancy, and infant mortality. At the World Economic Forum in Davos, the Executive Director presented a session on AIDS and engaged the heads of major pharmaceutical companies on the critical issue of

increasing access to drugs in developing countries. Among other major advocacy opportunities was meetings with the Presidents of Brazil, Burundi, Ethiopia, Rwanda, Senegal, and South Africa, and the Prime Ministers of Cambodia, India and Thailand, as well as testimony before a hearing in the International Relations Committee of the US House of Representatives. A series of meetings with Roman Catholic church leaders in Buenos Aires, Dakar and Rome has brought an agreement with Caritas Internationalis, one of the largest religious NGOs in the world, as a concrete step towards greater understanding and support for AIDS prevention, treatment and support by church prelates all over the world.

51. Building on the momentum of the 1997 **World AIDS Campaign** on *Children living in a world with AIDS*, the theme selected for the 1998 campaign focused on the 10-25 year age group. Last year's campaign - *Force for Change: World AIDS Campaign with Young People* - was mounted with strong participation of young people themselves and the energy and initiative of a wide range of partners. In addition to the Cosponsors, key actors in the 1998 campaign were MTV International, Education International, the International Federation of Red Cross and Red Crescent Societies, Rotary International, the Association François-Xavier Bagnoud and the World Assembly of Youth. On World AIDS Day, literally thousands of events took place all over the world, and leaders issued messages of support and announced new measures to combat the epidemic. For example, in Mozambique, President Chissano addressed the nation calling upon young people to organize themselves in churches, residential areas and workplaces to prevent AIDS. The Executive Director accompanied President Mandela in a World AIDS Day event in KwaZulu Natal Province in South Africa during which the President made a statement on AIDS that was broadcast nationally and internationally. United States President Clinton announced a package of US\$ 360 million for vaccine and other cutting-edge AIDS research, as well as US\$ 10 million additional financial support for AIDS orphans worldwide. In Latin American and the Caribbean, Presidents Préval of Haiti, Zedillo of Mexico and Sanguinetti of Uruguay all issued public messages around World AIDS Day. The Prime Minister of the United Kingdom, Tony Blair, stressed his support for young people as a powerful force for change in fighting the spread of HIV and AIDS. A joint production by UNAIDS, the World Bank and Music Television Network (MTV) - *Staying Alive* - was broadcast around the world from morning to night on World AIDS Day and subsequently was widely acclaimed. Global media coverage of World AIDS Day reached a potential worldwide audience in the hundreds of millions. The 1999 World AIDS Campaign - *Listen, Learn, Live!* - continues the focus on young people and was launched in Brazil with President Cardoso. The special representative of the Campaign, Brazilian football player Ronaldo, also heads up the UNAIDS/UNICEF *Play Safe* initiative on HIV/AIDS.

52. The Secretariat and Cosponsors were also actively involved in the **12<sup>th</sup> World AIDS Conference**, held in Geneva from 28 June-3 July 1998. Just prior to the conference, the Secretariat and WHO issued the *Report on the global HIV/AIDS epidemic*, the first country-by-country analysis of the epidemic which resulted in front-page and headline media coverage worldwide. During the past months, the global AIDS epidemic has received prominent attention in the international media. In a survey conducted by Associated Press among editors in 39 countries worldwide, the continued spread of AIDS featured among the top 20 international news stories of the year. The Secretariat has sought to maximize the growing interest of the media by providing weekly live TV and radio opportunities and briefings for print journalists. A recent survey in Canada showed that the biggest event to drive media coverage of HIV/AIDS issues in that country was the release of the *Report on the global HIV/AIDS epidemic*.

53. The UNAIDS Information Centre continued to serve as an important gateway to the United Nations system public information activities on HIV/AIDS. Production of documents, mostly in the UNAIDS *Best Practice Collection*, more than doubled to 111 in 1998 compared with that in the previous year. More than 80,000 documents were dispatched from Geneva in 1998. In accord with PCB recommendation 3 (UNAIDS/PCB(6)/98.12), distribution efforts were more clearly focused to ensure that UN staff, Cosponsors, national AIDS programme managers, donors, key programme partners and decision makers had access to relevant documents. At least 200 Cosponsor offices are regularly sent UNAIDS information.

#### **D. Country level approaches**

##### **(i) Capacity building and support at the national level**

54. A major strategic assumption in the establishment of UNAIDS was that a stronger, more coherent UN system response in countries can make a substantial contribution to an improved national response. It was further assumed that such an improved UN system response would serve as the foundation for more consistent policy advocacy, and more strategically invested financial and technical assistance on the part of the entire international community. There are two cornerstones within this foundation. The first is the Integrated Workplans on HIV/AIDS for the UN system, which are developed through the UN Theme Groups on HIV/AIDS. The second is the National Strategic Plans, which are developed, by countries often with the assistance of UNAIDS Cosponsors, as a part of their planning efforts at national, regional and provincial level, as well as in thematic priority areas.

55. There are still weaknesses, of which the most important one is the slow progress in the development of integrated UN system workplans for HIV/AIDS. The UNAIDS Secretariat and Cosponsors are committed to have such workplans in all countries by the end of year 2000. This year's Theme Group assessment is focusing on the status of the development of integrated workplans.

56. UNAIDS Secretariat Country Programme Advisers (CPAs) are based at country level to support and facilitate the work of the Theme Group. As of March 1999, there were 41 internationally and nationally recruited CPAs, 10 of these covering more than one country, and over 30 focal points, mostly from UNDP and WHO. There are also Junior Professional Officers (JPOs) in 14 countries who work with the CPAs in support of Theme Group operations. The CPAs normally work out of the office of the Resident Coordinator or one of the Cosponsors. The principle that the Cosponsors gradually provide most of the administrative and logistics support to the CPAs has not been easily realized, although important progress has been made during the past year. During 1998-1999 many Theme Groups such as those in China, the Lao People's Democratic Republic, Nigeria and Sri Lanka, generously contributed towards administrative and logistical costs. However, overall Cosponsor support has remained below 20% of the total.

57. The Secretariat is strengthening its efforts to support UN staff in countries working in the area of HIV/AIDS by providing better guidance and technical support, as well as through appropriate and regular staff development activities. A training kit for CPAs and UNAIDS Focal Points in cosponsoring agencies is being developed in 1999. Staff development activities will increasingly focus on the relevant staff of all cosponsoring agencies at country level.

58. In accordance with PCB recommendation 7 (UNAIDS/PCB(6)/98.12), the Secretariat has further refined the model for prioritizing of its resources for country activities and the model is now being implemented. The application of the model resulted in countries being grouped into three categories, which in turn determine the allocation of the Secretariat's resources for activities at country level. The model and its application are described in Document UNAIDS/PCB/99.6. As a member in the United Nations Development Group (UNDG), the Secretariat has participated actively in the preparation of the new UNDAF and CCA guidelines, and has also assisted in other work undertaken by the UNDG Sub-Groups on Programme Policy, Programme Operations, and Personnel and Training, and the Working Groups on Indicators, Resident Coordinator Issues, and Relations between the United Nations and the World Bank. During the October 1998 meeting of the UNDG, the UNAIDS Executive Director shared the assessments that have been undertaken of Theme Group operations in 1996 and 1997, pointing out strengths and weaknesses and lessons learned.

**(ii) UN Theme Groups on HIV/AIDS**

59. The UN Theme Groups on HIV/AIDS are a major mechanism through which UNAIDS works at country level. Increasingly, the Theme Groups are including representatives of other key agencies of the United Nations system, national government representatives, and also to a lesser degree non-government partners and bilateral development agencies. There are now 132 Theme Groups covering some 155 countries. In the most recent UNAIDS In-Country Status Assessment, most Theme Groups reported that they were making significant progress on the key Theme Group actions intended to strengthen the United Nations response to HIV/AIDS at country level. Three-quarters of Theme Groups reported that they had established a coordinated approach for communicating with national governments and bilateral donors and half of the Theme Groups reported that they participated in the national strategic planning process in their country. Theme Groups also reported progress in the formulation of UN system integrated plans on HIV/AIDS. Three-fourths of the Theme Groups reported that they had conducted an inventory of UN system HIV/AIDS activities, a first step in the planning process, and almost half of the Theme Groups reported that they had formulated and approved an integrated plan on HIV/AIDS.

60. The Theme Group assessment also indicated that:

- the membership of the Theme Groups is expanding in many countries to include representatives of other UN agencies and governments and, in some cases, representatives of people living with HIV/AIDS, NGOs, and bilateral agencies; and
- there is broader agency representation in the role of Theme Group Chair: as of the end of March, 63 (47.7%) Theme Group Chairs were from WHO, 31 (23.5%) from UNDP, 19 (14.4%) from UNICEF, 13 (9.9%) from UNFPA, 1 (0.8%) from UNDCP, 2 (1.5%) from UNESCO, 1 (0.8%) from the World Bank, and 1 (0.8%) from FAO.

61. Consistent with PCB recommendation 13 (UNAIDS/PCB(7)/98.6), the Secretariat continued its support to Theme Groups in the development of integrated plans in 1998. Actions included the development of modules on integrated planning in Country Programme Adviser (CPA) training and distribution of best practice examples of integrated workplans from the Dominican Republic, the Lao People's Democratic Republic and Zambia. A *Resource Guide for Theme Groups* was prepared to help clarify the role, functions and

expected outputs of the UN Theme Groups on HIV/AIDS, and to facilitate planning and integrated programme implementation among the UN Theme Group members.

62. Consistent with PCB recommendation 4 (UNAIDS/PCB(6)/98.12), UNDP, UNFPA and UNICEF sent letters to all their field representatives encouraging stronger commitment to the United Nations system coordination efforts on HIV/AIDS at country level. The Executive Director was invited by WHO to address the first global assembly of WHO Representatives and by UNICEF to address their Representative in East and southern Africa. Secretariat senior staff participated in meetings of country representatives of UNFPA in Africa and of UNDP in Asia.

63. Increasingly, Theme Groups are more effectively supporting the government decision-making process. In Brazil, for example, the UN Theme Group supported the negotiation for a major new loan by the World Bank and individual UN agencies are now participating in the execution of the project. In countries such as Botswana, Burkina Faso, Lesotho, Malawi, Mozambique, Swaziland and the United Republic of Tanzania, there have been visible results from Theme Group advocacy efforts. The UN support to national strategic planning has increased Theme Group dialogue on HIV with national leaders, who are now increasingly speaking out publicly about their countries' serious HIV/AIDS situation.

**(iii) National strategic planning and review**

64. Consistent with PCB recommendation 5 (UNAIDS/PCB(6)/98.12), UNAIDS has continued to facilitate more strategic approaches to HIV/AIDS planning, with an emphasis on translating national level policies and programmes to district level and local action. The first three modules of the *Guides to the strategic planning process for a national response to HIV/AIDS* are now widely available in four languages. A working draft of a fourth module which addresses the resource mobilization aspects of strategic planning processes has also been completed. Additional tools, such as the UNDP 'HIV and Development workshop' have been used to advance a greater appreciation of the socioeconomic impact of HIV. Concurrently, the Secretariat is seeking to build subregional resource networks so as to strengthen the exchange and adaptation of best practices and the access to strategic planning expertise in general.

65. In 1998 and through early 1999, UNAIDS has supported the strategic planning processes in at least 12 of the worst-affected countries in Africa, and 11 countries in Asia. Similarly, in Latin America and the Caribbean national and/or provincial planning has been completed or is ongoing in seven countries while in Eastern Europe, eight countries have embarked on more strategic approaches to planning for HIV prevention among drug users and other vulnerable populations.

66. Also in Europe, Belarus has completed its strategic plan and developed a national programme on that basis. In addition, a process of strategic planning has been initiated in Armenia, Azerbaijan, Bulgaria, Kazakhstan, the Republic of Moldova, Romania, the Russian Federation, Turkmenistan, and Uzbekistan.

67. In Latin America and the Caribbean, 20 countries have been engaged in strategic planning at the national level. Some countries, like Brazil and Mexico have emphasized strategic planning at state and municipal levels. Brazil, El Salvador, Guyana, Honduras and Panama have completed the plan at national level and Brazil and Honduras have already mobilized additional resources based on the plan. Situation analysis has been completed in the Dominican Republic, Guatemala, Mexico, Nicaragua and Venezuela.

68. In Africa, the development of strategic plans has been completed in Burundi, the Democratic Republic of the Congo, Ethiopia, Rwanda, and Swaziland. The process is well advanced, with situation and response analyses completed, in Burkina Faso, Kenya, Malawi, Zambia and Zimbabwe. Situation analyses are under way in Côte d'Ivoire, Ghana, Mozambique and Sudan. In Mozambique, the Theme Group has helped to mobilize Cabinet Ministers to form a Ministerial Committee for strategic planning. The development of this plan and its subsequent implementation are now among the top priorities for key ministries. In Kenya, an active Technical Working Group has provided support to the completion of the situation and response analysis. UNICEF in Zambia has seconded a Programme Officer to the national HIV/AIDS programme, who has played the vital role of coordination of the process there. In Burundi, UNDP collaborated with the Secretariat in joint use of the HIV and Development Workshop and the strategic planning modules in the preparation of the national strategy which engaged the personal commitment of policy-makers, enabling them to develop innovative actions in the response.

69. A uniquely participatory approach to the development of the national strategic plan was adopted in Malawi. The Strategic Planning Unit of the National AIDS Control Programme, with the support of the UNAIDS CPA, UNDP, the UN Theme Group and other partners, conducted a series of community consultations to elicit the views of those most affected by the epidemic. These community groups reflected on their experience, and gave their input on factors which are driving the epidemic and on solutions to the problem. The process has mobilized the commitment of individuals and leaders of Malawi society and laid a solid foundation for a successful partnership in the implementation of the national plan.

70. In Asia, HIV/AIDS national plans have been completed in Cambodia, China, Laos, Nepal, Papua New Guinea and Viet Nam and provincial or state-level planning is ongoing in Cambodia, China, and in India. For the Lao People's Democratic Republic national HIV/AIDS/STD Plan (1997-2001), each sector produced its own strategic plan and budget, as have new partners, such the Lao Revolutionary Youth Union, which has developed strategic plans for 10 provinces and for the central level. In China, the Cosponsors and the Secretariat have provided technical and financial support for the assessment and analysis of the national HIV/AIDS situation and response with the resulting document, *China Responds to AIDS*, becoming an important advocacy and resource mobilization tool for the Chinese authorities.

**(iv) Strengthening resource mobilization capacities**

71. The UN system has, through the Theme Group mechanisms, continued to focus on mobilizing additional resources for HIV/AIDS programmes in countries, consistent with PCB recommendation 6.2 (UNAIDS/PCB(6)/98.12). In this regard, the strategy of an "expanded Theme Group" including major bilateral donors and international NGOs as well as governments has contributed in several countries to generate more interest and to mobilize funds for HIV/AIDS. Examples in Africa include Benin, where the Theme Group has been able to mobilize the private sector, Côte d'Ivoire, Ghana and Namibia. In the Dominican Republic, the Cosponsors have demonstrated their commitment to a coherent UN system effort and, in the process, have helped to mobilize additional support for the national HIV/AIDS programme from USAID and the EC. Similar efforts in China have resulted in greater donor interest and firm pledges, notably from Australia, Japan, Luxembourg, the United Kingdom and the EC. In the Lao People's Democratic Republic, the Theme Group has been

instrumental in the setting-up of an AIDS Trust Fund with the Government which serves to mobilize resources and coordinate donor support in line with the National Plan for HIV/AIDS.

**(v) Strategic Planning and Development Funds**

72. UNAIDS Cosponsors, through the UN Theme Groups on HIV/AIDS, provided technical support to the identification and formulation of catalytic projects to be funded by the Strategic Planning and Development Fund (SPDF) mechanism. These activities are subsequently implemented by national AIDS programmes and NGOs. The projects, identified through strategic planning processes in an increasing number of countries, address a range of priority areas for action. New partners have been mobilized and supported to act through this mechanism. WHO, UNDP, UNICEF and UNFPA are the executing agencies for projects in different countries and provide management oversight for them. An assessment of the SPDF process has been initiated with the aim of simplifying the process, ensuring the more timely review of projects and disbursement of funds. During the next two years, the focus will be on strengthening the system for monitoring progress in project implementation and improving the quality of projects being submitted.

73. In Europe, the SPDF mechanism supported catalytic activities in 18 countries, including support for national strategic planning in 9 countries, and programme strengthening focused on youth was addressed through SPDF proposals from Azerbaijan, Belarus, Bulgaria, the Republic of Moldova, the Russian Federation, Ukraine and Uzbekistan. In addition Belarus, the Republic of Moldova, Romania, the Russian Federation and Ukraine, targeted the issue of mobilizing civil society in providing care for vulnerable populations, while advocacy and political mobilization of government officials was addressed in the SPDF proposals from Lithuania and the Russian Federation. The HIV epidemic among injecting drug users was addressed through activities in Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Romania, Ukraine, and Uzbekistan.

74. All 29 Theme Groups in the Latin American and Caribbean region have submitted SPDF proposals with 19 countries having received funding. Within the region, the major areas of SPDF-funded proposals have been on strategic planning, intervention among youth, prevention of mother-to-child transmission and intervention among vulnerable groups.

75. In Africa, catalytic funding for projects at country level has enhanced collaboration among Theme Groups and supported key programmatic actions required to expand the response to HIV/AIDS. A total of 63 projects have been funded in 17 countries to date and it is expected that 140 projects in 46 countries in Africa and the Middle East will have been funded within the biennium.

76. In Asia, several of the Theme Groups are utilizing the funds to support an expansion of the national response to HIV/AIDS through the involvement of relevant new sectors and national partners. In China, the Theme Group is supporting strategic approaches to HIV/AIDS planning in at least four provinces and ensuring the participation of non-health sectors. In Cambodia, funds have been used to strengthen national institutional capacity for management and coordination and to develop capacity at the provincial level. Key non-health sectors and ministries such as the military and the women's affairs are among those involved. In Thailand, the funds are going towards supporting the development of 11 community projects, with each of the Cosponsors assuming responsibility for execution and monitoring of individual projects.

**E. Global and regional level mechanisms**

**(i) UNAIDS Coordinated Appeal and Unified Budget and Workplan for 2000-2001**

77. The development of the second Coordinated Appeal for Supplemental Funded Activities of the Cosponsors (1998-1999) has served as one of the major processes for harmonizing programme approaches and clarifying roles among the Cosponsors and the Secretariat, laying the groundwork for the preparation of the Unified Workplan and Budget for 2000-2001. As a result of stronger advocacy efforts on behalf of the Secretariat and as part of the Cosponsors' ongoing dialogue with donors, the 1998-1999 Appeal has been more successful than the first Coordinated Appeal prepared for 1996-1997. Total resources required amount to US\$ 21.9 million, of which some US\$ 10.3 million have been made available to date, including funds allocated from the 1996-1997 UNAIDS core budget, and grants from Japan, the Netherlands, Norway, Sweden, the United Kingdom and the United States of America.

78. The PCB, however, has consistently requested that the UNAIDS Cosponsors and Secretariat move beyond the Coordinated Appeal towards an integrated workplan and budget at the global and regional levels, most recently, at its thematic meeting in December 1998, where it requested an intensification of current efforts to develop the integrated workplan and budget (PCB recommendation 12 (UNAIDS/PCB(7)/98.6)).

79. The previous budgets and workplans of the UNAIDS Secretariat detailed information on activities implemented by the Secretariat and, as far as possible, those implemented by the Cosponsors. Separately, the Secretariat facilitated the preparation of the Coordinated Appeals (1996-1997 and 1998-1999). In addition, the PCB has consistently been requesting information on those Cosponsors HIV/AIDS-related activities which are funded from their core budgets.

80. The new Unified Budget and Workplan for 2000-2001 (UNAIDS Proposed Unified Budget and Workplan, 2000-2001, May 1999 [UNAIDS/UWB/2000-01]) combines these separate efforts and presents the information in a more integrated manner. It provides information on activities to be implemented by the Secretariat and the Cosponsors for which they are collectively seeking funds. It also brings together reported information, though still somewhat incomplete at this time, on the HIV/AIDS-related activities at the global and regional levels that the Cosponsors are funding from their regular budgets.

81. The scope of the Unified Budget and Workplan has been limited to activities which, while meeting country level needs, are managed at the global, regional and interregional levels. Its level has been set by the CCO at US\$ 140 million. Both the PCB and the CCO have acknowledged the vital link between the Unified Workplan and the global strategy on HIV/AIDS which the Secretariat is currently developing in consultation with the Cosponsors. An attempt has been made to link the programme component objectives to performance monitoring and evaluation. This is a logical progression on the path towards greater accountability and transparency, consistent with the UNAIDS Monitoring and Evaluation Plan approved by the PCB in December 1998.

**(ii) Inter-Agency Working Groups**

82. UNAIDS has continued to utilize Inter-Agency Working Groups (IAWGs) as a means of better coordinating HIV/AIDS-related activities, whether implemented through Cosponsors' own agencies and budgets, or implemented by the Secretariat.

83. The Inter-Agency Advisory Group on AIDS (IAAG) serves as an important forum for regular dialogue among UN agencies and organizations. Established in 1988, pursuant to a resolution of the United Nations General Assembly, the IAAG meets annually with the responsibility of the Chair rotating among participating agencies. During the past year, under the chair of the UN Secretariat, the IAAG focused on HIV/AIDS in emergency situations and the UN Staff Handbook on HIV/AIDS was revised. Among priorities for the coming year will be the revision of the current health insurance schemes within the UN system with the aim of ensuring equity of access to care for staff members.

84. Other IAWGs which have been operating during the past year include: the Inter-Agency Working Group on Especially Vulnerable Young People; the Inter-Agency Working Group on Gender and AIDS; the UNAIDS/WHO Working Group on Global HIV/AIDS and STD Surveillance and Reference Group on Estimates of HIV/AIDS and its Demographic Impact; the Inter-Agency Working Group on Communications; WHO/UNAIDS Inter-Agency Group on Female Condoms; and Inter-Agency Working Group on Reproductive Health in Refugee Situations. Last year, the Secretariat initiated with WHO, an Inter-Agency Task Team on HIV Reporting to review and recommend relevant policies to protect individuals while addressing community needs in the complex area of HIV reporting.

**(iii) Global and regional capacity-building and network development**

85. During the past year, the Secretariat and Cosponsors have focused increasingly on supporting the development of regional and sub-regional strategies in concert with national governments, regional intergovernmental bodies, bilateral donors and NGOs. The UNICEF Inter-regional programming group on Young People in Crisis, which includes projects in HIV/AIDS prevention, has made significant progress in its target countries. Consistent with PCB recommendation 4.4 (UNAIDS/PCB(6)/98.12), UNFPA and the Secretariat are organizing an HIV/AIDS workshop for UNFPA's sub-regional Country Support Teams based in eight locations around the world. In addition, an HIV/AIDS Technical Adviser recently joined the Bangkok-based team to assist UNFPA to intensify its efforts in that region. In addition, significant progress was achieved in strengthening the Inter-country Teams (ICTs) in their role of working with Cosponsors and others to build up information exchange and technical resource networks.

86. In Africa, the World Bank and Secretariat-supported West African Initiative continued to join with National AIDS Programme managers to support programme development, evaluation and research on HIV prevention in the areas of migration and sex work in West and Central Africa. During the past year, five projects were completed which will be used for best practice documentation of HIV and mobility and migration in the region. A guide was produced for analysing HIV/AIDS among sex workers in the region which will be used for developing programme interventions. In addition, workshops were convened to promote and enable network development among people living with HIV/AIDS, as well as with religious leaders. In the conflict-torn Great Lakes Region of Africa, WHO, UNDP and the Secretariat provided financial and technical support to an initiative with six countries in the region to address HIV/AIDS and population displacement, migration and mobility in their common prevention and care strategies. This initiative has already resulted in a situational analysis and the start-up

of a prevention programme along the main overland road axis between the Democratic Republic of Congo and Kenya and United Republic of Tanzania.

87. Together with UNFPA, UNDP, the World Bank, Canadian International Development Agency (CIDA), GTZ, USAID and Enda-Santé, the UNAIDS ICT for West and Central Africa analysed information needs and opportunities in Burkina Faso, Côte d'Ivoire, Ghana and Senegal, and developed a project to develop a regional electronic information system, and to reinforce the regional network of documentation centres. Working closely with UNICEF and the South Africa AIDS Information Dissemination Service, the ICT for East and southern Africa also supported electronic information sharing through UNICEF's HIV/AIDSnet and through quarterly publication of the UNAIDS Focus Page in the Southern African AIDS Newsletter. A technical network on HIV and migration was established in southern Africa with the support of the World Bank, the International Organization for Migration (IOM) and the ICT. The ICTs in Africa also provided extensive technical assistance to the strategic planning processes in Burkina Faso, Burundi, Malawi, South Africa, Swaziland, and Zambia, assisting regional programming for AIDS through the Great Lakes Initiative against AIDS, the Southern Africa Development Community (SADC) and NGO networks. Collaboration between UNDP and the ICTs resulted in the training of resource people in the area of HIV and development. UNICEF and the Secretariat worked together in developing a communication strategy on mother-to-child-transmission for southern Africa.

88. In the Asia-Pacific region, the World Bank and UNAIDS Asia-Pacific Inter-country Team (APICT) contributed to the development of electronic mail links for 120 HIV/AIDS organizations in Indonesia, Thailand and Viet Nam. In the coming year, the project will be extended to Laos, Malaysia, the Philippines and China. Through the active engagement of the World Bank, in the past year 20 new Information Support Centres were established throughout the region, with ongoing support ensured, and the ASEAN Inter-governmental Information Exchange Network on HIV/AIDS was created and linked to other networks in the region. Working with UNDP, UNICEF, UNDCP and a wide range of regional and local partners, the APICT also directed substantial efforts toward developing regional expertise on key thematic components. Technical assistance from the APICT contributed to the implementation of inter-country projects in HIV and migration and HIV and development in South-East Asia. Working with a regional Task Force with wide representation, UNAIDS supported a survey on drug use and HIV vulnerability in 16 countries and territories in east and South-East Asia, and also provided related assistance to information dissemination, capacity building and policy development. Technical resource networks covering seven countries (Cambodia, China, Lao People's Democratic Republic, Mongolia, Myanmar, Thailand and Viet Nam) in the areas of youth, media and communications were enhanced through training and other support. In collaboration with UNICEF, the inter-country network of Buddhist monks working on HIV/AIDS issues was extended to cover Cambodia, China, Lao People's Democratic Republic, Mongolia, Myanmar and Thailand.

89. In Latin America and the Caribbean, the World Bank and the Secretariat continued to support SIDALAC, a regional initiative based in the Mexican Health Foundation (FUNSALUD) for prevention and control of HIV/AIDS and other sexually transmitted diseases. Last year SIDALAC supported information exchange networks in the region, economic analysis studies on access to drugs in five countries, and facilitated the involvement of the private sector in HIV/AIDS activities in Argentina and Mexico. The Pan American Health Organization (PAHO)/WHO, the Secretariat and the HIV/AIDS technical collaboration network of Latin American and Caribbean countries, known as the Horizontal Technical

Cooperation Group, worked on the development of a revolving fund established by PAHO/WHO to purchase and make more affordable antiretrovirals in the region. Best practice examples in HIV/AIDS prevention, care and support from countries in the region were exchanged last year at the Group's first conference. A sub-regional collaboration for Central America and Mexico was recently initiated by governments and NGOs in the region, with support from the IOM, USAID and the Secretariat, to develop prevention interventions among displaced and migrant populations that are complementary with national efforts. Last year, the Secretariat also supported technical networks on strategic planning and epidemiological surveillance, as well as a collaborative effort in the southern cone sub-region to develop country-based intervention projects based on harm reduction among injection drug users. Discussions are underway to expand this sub-regional initiative together with UNDCP.

90. In the Newly Independent States, an inter-country task force on HIV prevention among injection drug users was created to share information on prevention of HIV among this highly vulnerable group in the region. The Secretariat and Cosponsors started during the past year eight sub-regional projects aimed at building the institutional and technical capacity of national partners, in areas which included: legal and ethical issues; voluntary counselling and testing; advanced schools of social science; advanced schools of health education; information support centres; self-help groups of female sex workers; HIV prevention among men who have sex with men; and mainstreaming HIV/AIDS into the activities of popular youth clubs. WHO and the Secretariat also supported the establishment of a Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Diseases in Eastern Europe and Central Asia which brings together UNDP, UNFPA, UNICEF, WHO, and other partners to accelerate national and international responses to sexually transmitted diseases as key to preventing HIV transmission.

91. On both the global and regional levels, UNAIDS has been building a base of Collaborating Centres to promote international and regional collaboration and coordination on HIV/AIDS activities, and to benefit from the experience accumulated by many institutions in different countries around the world. These partnerships are secured through a careful process of identification, nomination, and agreement upon the specific terms of the collaboration. During the past year, agreements have been finalized more than 40 UNAIDS Collaborating Centres working on a broad spectrum of HIV/AIDS issues. In the coming year, the Secretariat will focus on linking more closely with the Collaborating Centres and promoting their involvement as key actors in the technical resource networks which UNAIDS is supporting.

## **F. Best practice and research**

92. *Best Practice* is the term used to describe the process through which important lessons learned in the response to HIV/AIDS are identified, documented and exchanged. In 1998, the *Best Practice Collection* expanded to over 190 original publications and videos, including joint and Cosponsor publications. The *Collection* includes Technical Updates, Points of View, Case Studies, Key Materials and Presentation Graphics. In June 1999, the first issue of the UNAIDS *Summary Booklet of Best Practices*, compiled with the help of UN Theme Groups on HIV/AIDS, and additional publications including numerous case studies and key materials are expected in the rest of the year. Consistent with PCB recommendation 3 (UNAIDS/PCB(6)/98.12), both successful cases and lessons learned regarding weaknesses are illustrated in the *Summary Booklet*, best practice case studies, as well as in training on the best practice process.

### **(i) Social and economic policy affecting HIV/AIDS**

93. UNDP, the World Bank and FAO have continued to document the socioeconomic impact of HIV/AIDS and to formulate policy guidance to alleviate it. On World AIDS Day last year, UNDP and the UNAIDS Secretariat jointly released a *Human Development Report* in South Africa which is helping to increase awareness about the impact of HIV/AIDS on South African society. UNDP has issued a number of other publications on HIV and development, such as *Poverty and HIV/AIDS in sub-Saharan Africa, 1998*, and *The HIV epidemic and sustainable human development*. Collaboration between UNFPA and the Secretariat resulted in the inclusion of the developmental consequences of HIV/AIDS in the report of the Special Assembly of the ICPD+5. Following a workshop in Zimbabwe last year on *Responding to HIV/AIDS – The Needs of African Smallholder Agriculture*, a review was conducted of household responses to the socioeconomic impact of HIV/AIDS in rural areas of sub-Saharan Africa and will shortly be published.

94. The International AIDS Economics Network (IAEN), established by the World Bank and the Secretariat, produces a quarterly newsletter that is distributed to some 3000 persons, largely economists and planners, around the world. Work has also progressed in developing cost-effectiveness models for planning HIV/AIDS interventions, including the publication of a Technical Update on the cost-effectiveness of HIV/AIDS prevention and care services. To assist programme planners, the Secretariat also issued costing guidelines for six prevention strategies and made available models to calculate cost-effectiveness. As a part of strengthening efforts in this area in the coming year, the Secretariat will be working with the World Bank to incorporate the impact of HIV/AIDS on development in the *World Development Report 2000*.

**(ii) Community level approaches to impact mitigation**

**(a) Community responses**

95. In the past year, UNAIDS has continued to document the experiences of communities in responding to HIV/AIDS and to strengthen community care programmes, emphasizing creative programmes that can be adapted by others. In collaboration with UNICEF and UNDP, the Secretariat developed a tool for documenting lessons learned in the area of community mobilization which was used in workshops in the Asia/Pacific region, southern and East Africa, and West and Central Africa.

96. To document positive action on tuberculosis (TB) and HIV care at community level, the Secretariat worked with WHO to produce a 60-page booklet and a 30 minute video describing the home care programme being carried out by the Catholic diocese in Ndola, Zambia. The booklet and video -- *Under the Mupundu tree* -- highlight the potential of community volunteers, by featuring them caring for AIDS and TB patients, at the community level, and providing comfort to chronically ill patients. *AIDS education through Imams* and the accompanying video, *The long Jihad against AIDS*, were also produced to illustrate the use of community religious leaders as entry points for HIV/AIDS prevention and care in Uganda. In addition, an evaluation of the project of Traditional and Modern Health Practitioners Together Against AIDS (THETA) in Uganda confirmed the important role of traditional healers as community educators and counsellors in HIV/AIDS prevention and care in the settings involved.

97. Working in close coordination with WHO, the World Bank, UNICEF and bilateral partners such as the German Gesellschaft für Technische Zusammenarbeit (GTZ), in four countries the

Secretariat stimulated partnerships of government entities, NGOs and community-based organizations to enhance local responses to HIV/AIDS, including reforms of relevant sectors. Following a study in Phayao district, the Thai Health Care Reform Project and AIDS Division are focusing on reform of service delivery in the health and social sectors for individuals and families affected by HIV/AIDS. Similar projects are being carried out in Burkina Faso, Ghana and the United Republic of Tanzania, and preparatory work is under way in Côte d'Ivoire, Jamaica, Kazakhstan, Lesotho, Mali, Senegal, Uganda, and Zimbabwe. Tools developed and field tested include: a framework for assessing district capacity to respond to HIV/AIDS; the development of a monitoring framework for the health sector response to HIV/AIDS; and, guidelines for district implementation and monitoring and evaluation of mother-to-child transmission of HIV. These tools and other relevant information are available at the ReformHIV website.

**(b) Psychosocial impact alleviation**

98. Psychosocial impact alleviation activities concentrate on stigma reduction and empowerment and support of carers. The Secretariat's efforts, together with those of WHO and UNICEF, will focus primarily on facilitating greater understanding of the mechanisms of stigma and how it undermines voluntary counselling and testing (VCT), voluntary disclosure of HIV status, and access to care. In the area of carer support, a project has been developed to characterize systems of carer support, with particular emphasis on family carers in sub-Saharan Africa. This effort will lead directly to the development of tools for assessing the psychosocial needs of HIV/AIDS carers, strengthening the capacity for programmes of carer support at the country level, and on developing regional resource networks on carer support.

**(iii) Strengthening NGO involvement**

99. During the past year, consultations between the Secretariat and NGOs resulted in the production, in close collaboration in particular with the UK Consortium on AIDS, of a UNAIDS Position Paper on Collaboration with NGOs. Collaboration between the Secretariat and NGOs has been further strengthened through the development of an electronic mailing list that permits the Secretariat to inform NGOs of new developments and important information such as *The Action Brief*, press releases and vacancy notices. In turn, NGOs on the list pass on the information to their own constituencies and networks, allowing UNAIDS to reach virtually thousands of people connected to NGOs all over the world.

100. The Secretariat has also continued to provide direct technical assistance to NGOs. In Latin America, for example, the Secretariat assisted the first regional consultation of HIV positive women in the region in collaboration with Liga Colombiana de Lucha Contra el SIDA. The outcome of this consultation was that HIV positive women in Latin America now are better organized and better linked to each other through a functioning network, as well to the International Community of Women with AIDS (ICW). The traditional form of support provided to ICW, the Global Network of People Living with HIV/AIDS (GNP+) and the International Council of AIDS Service Organizations (ICASO) has changed. While the Secretariat has been phasing out its support of core costs for these organizations, collaboration through other forms has intensified. The Secretariat provides technical support to the Asia-Pacific Council of AIDS Service Organizations for its regional activities in Asia, to the African Council of AIDS Service Organizations for the elaboration of its workplan, and to GNP+ to support the biennial international conference for people living with HIV/AIDS which it convenes jointly with ICW.

101. Another important focus of the Secretariat has been to promote the involvement of global and regional NGOs that do not work on HIV/AIDS but which have the potential interest and ability to do so. Last year the Secretariat helped to bring together the World Association of Girl Guides and Girl Scouts (WAGGS) and ICASO, which assisted WAGGS to elaborate its new HIV/AIDS programme. The Secretariat has also collaborated with Caritas Internationalis in identifying Catholic youth organizations in Africa to work on advocacy, prevention, care and support with the UN Theme Groups on HIV/AIDS. Together with UNDP, the Secretariat is assisting the Salvation Army, a long-time partner, to prepare the first meeting on HIV/AIDS between church-based development NGOs that will be held in Botswana later this year. As part of the Africa Partnership, the Secretariat is promoting collaboration between NGOs in Mozambique and Brazil. The ongoing collaboration with AIDES Fédération France on capacity building for NGOs in care and support in West Africa will form an integral part of the partnership.

102. The involvement of NGOs is critical to the UNAIDS strategy for Greater Involvement of People Living with HIV/AIDS (GIPA). The Secretariat has supported the undertaking of a major study by the International HIV/AIDS Alliance and Horizon to determine the impact of involving people living with HIV/AIDS at all levels of policies and programmes. The Secretariat has elaborated a new concept paper on people living with HIV/AIDS to include a more comprehensive definition of persons affected. In concert with UNDP, the Secretariat has supported capacity building with the African Network of People with AIDS.

**(iv) Institutional settings and support to vulnerable populations**

**(a) Difficult-to-reach and vulnerable populations**

103. Within the past year, the Secretariat has strengthened partnerships with key UN agencies whose mandates centre on the needs of marginalized and especially vulnerable populations (men who have sex with men, sex workers, injecting drug users, refugees and migrants). For example, a formal cooperation protocol is being developed with the International Organization for Migration (IOM) that, together with the Secretariat, convened in Pretoria the first regional workshop on migration and HIV in Africa. The two organizations have jointly published a special edition on HIV/AIDS in the *International Migration Journal*. With WHO, the Secretariat has collaborated in undertaking joint rapid assessment and response initiatives on substance abuse and sexual risk behaviour. With the World Bank, ESCAP and the International Organization for Migration, the Secretariat is working to increase information on HIV transmission through cross-border migration and transportation in Africa and Asia.

104. In the area of men having sex with men (MSM), the Secretariat has provided technical and financial support to consultations on MSM and HIV/AIDS in India for South and South East Asia, and in Hong Kong for Asia and the Pacific. In partnership with USAID, the Secretariat is supporting capacity building efforts for NGOs working with MSM in Latin America and assisting government and NGO partners to ensure that issues related to MSM are better integrated in national AIDS plans. La Liga Colombiana de Lucha Contra el Sida, in collaboration with the Secretariat, has developed a manual on working with MSM-related issues in Latin America and the Caribbean. Initial work has started to form a Technical Resource Group on MSM in Latin America. WHO convened a consultation on MSM in Minsk, Belarus, and the Secretariat continues to support a project in Morocco in which male sex workers provide peer education for their colleagues and clients.

**(b) Workplace and uniformed services**

105. Efforts continued in the past year to promote the development and implementation of HIV/AIDS policies and programmes in the workplace. Partnerships were established with the Thailand Business Coalition on AIDS (TBCA) for Asia and the Organization on African Trade Union Unity (OATUU) for Africa. Both organizations now serve as regional technical resource networks for policy and programme development and focal points for information exchange. With the International Hotel and Restaurant Association, the Secretariat developed and disseminated a guide for HIV/AIDS policy and programming in the industry. The ILO, with technical assistance from the Secretariat, has begun a programme to build capacity for enterprise development, particularly among women, in Africa.

106. Efforts are continuing within the UN system and through the Civil-Military Alliance to Combat HIV/AIDS to build up the capacity of the uniformed forces, including peacekeeping forces, to develop and implement HIV/AIDS prevention and care programmes. Through the Civil-Military Alliance, in the past year regional military networks to address HIV/AIDS have been established in West Africa, Central America, and Eastern and Central Europe. The national AIDS committees in many countries now include representation from the Ministry of Defence. WHO and the Secretariat have been jointly assisting the authorities in the Russian Federation to assess the HIV/AIDS and TB situation in the prison system, and subsequently develop a national plan to enhance prevention and care for this vulnerable population.

**(c) Religious institutions**

107. The Secretariat is now actively collaborating with global, regional and country-level religious organizations to support their efforts to increase awareness of HIV/AIDS and expand prevention, care and support services in their various communities. The Secretariat has continued to assist the World Council of Churches (WCC) to build the capacities of their member churches to carry out values-based HIV/AIDS prevention, care and support. For example, a programme to build a core of national and community trainers on HIV/AIDS within the WCC membership on HIV/AIDS is being piloted in India and Zimbabwe. An inter-faith alliance in Africa, to act as a focal point for information exchange, resource sharing, and capacity building, is also being established. Case studies on the HIV/AIDS activities of religious communities in Africa and a survey and analysis of involvement of Buddhist, Christian and Hindu religious communities in Asia have been produced. In Dakar, the national AIDS programme of Senegal and two inter-faith NGOs, in close collaboration with the Secretariat and UN Theme Group, convened an inter-faith workshop for religious organizations and communities to lay the groundwork for a religious alliance on HIV/AIDS in Africa. In Latin America, the Bishops Conference of Argentina, with support from the UN Theme Group and Secretariat, convened a meeting in Buenos Aires in which representatives of the Catholic Church in eight Latin American countries, as well as a senior official of the Vatican, participated. In Argentina, for example, this collaboration has resulted in the inclusion of HIV/AIDS awareness messages in church publications that reach some 150,000 parishioners every week, as well as the broadcasting of messages concerning HIV/AIDS by some 35 Catholic radio stations. As noted previously, a Letter of Agreement was signed last year with Caritas Internationalis, a major church-based NGO with global operations.

**(v) Communications programming**

108. In an important policy shift during the past year, UNAIDS Cosponsors and the Secretariat have extended the scope of their efforts in HIV/AIDS communications programming beyond interventions aimed at changing individual behaviour. An important additional focus is on bringing about change in social and institutional factors that enhance prevention and care. In collaboration with practitioners and researchers, and with UNICEF, UNESCO, and the World Bank, the Secretariat has developed a new Framework for Communications in HIV/AIDS that defines the substantive areas that should be covered in communications strategies, namely, government policy, socioeconomic impact, cultural and spiritual influences, and gender.

109. Efforts continued to promote accurate coverage of HIV/AIDS issues by journalists. For example, PAHO, the Secretariat and USAID developed a CD-ROM for journalism students throughout Latin America to assist them in covering HIV/AIDS issues. Along with NGO partners and WHO, the Secretariat conducted three training seminars in Zimbabwe for mass media editors and journalists in southern and East Africa on HIV/AIDS policy and coverage. It also provided assistance to a UNESCO-supported NGO, the Zambia Institute of Mass Communications, to develop new curricula for HIV/AIDS in six schools of communications in southern and East Africa.

110. UNICEF and the Secretariat developed a communications strategy for the prevention of mother-to-child transmission which will be adapted for use in countries piloting these interventions. The Secretariat has published *Prevention in the context of new therapies*, which emphasizes the role of communications in successful prevention, care and support interventions, and is publishing a handbook for radio journalists, 20 case studies on communications, and with the involvement of UNESCO, the *Communications handbook for HIV/AIDS vaccine trials*.

**(vi) Development and promotion of prevention methods**

**(a) Vaccines**

111. In accordance with PCB recommendation 2.1 (UNAIDS/PCB(6)/98.12) the Secretariat has continued its advocacy to increase the global effort for the development of HIV vaccines. It provided regular support for the implementation of national AIDS vaccine plans in Brazil, Thailand and Uganda through training seminars, workshops, support to targeted research and other capacity building initiatives. With support from UNAIDS, Uganda initiated in February 1999 the first small-scale HIV vaccine trial in Africa. The first large-scale efficacy trial in developing countries was initiated in Thailand in March 1999. The World Bank initiated a process to develop strategies for the use and procurement of future HIV vaccines. Through a comprehensive consultation process in both industrialized and developing countries, the Secretariat developed ethical guidance for the conduct of HIV vaccine trials. In the coming year, efforts will focus on increasing the number of countries with national AIDS vaccine plans or strategies; creating regional AIDS vaccine networks for information exchange, training, research and capacity building; and developing specific proposals to make future vaccines available in developing countries. In 1999, the HIV vaccine activities in the Secretariat will move into a WHO/UNAIDS HIV vaccine team.

**(b) Microbicide development**

112. The Secretariat provided financial support to the advocacy organization Center for Health and Gender Equity to promote greater commitment to microbicide development, published a technical update on microbicides, and continued its secretariat role of the International Working Group on Microbicides which held three meetings last year to coordinate microbicide development. The Secretariat-supported microbicide efficacy study with nonoxynol-9 was expanded to include sites in four countries - Benin, Côte d'Ivoire, South Africa, and Thailand, and will likely be completed in the year 2000. Responsibility for microbicide development will shift to WHO over the course of the next two years.

**(c) Mother-to-child transmission**

113. The prevention of mother-to-child transmission of HIV (MTCT), including primary prevention for parents-to-be, strengthening of family planning programmes, introduction of short-course antiretroviral regimens and infant feeding counselling has become one of the major thematic priorities of UNAIDS. In order to define strategies to prevent MTCT, and to support countries to adapt and implement these strategies according to their local needs, UNICEF, UNFPA, WHO and the Secretariat formed a UN Steering Group on MTCT in March of last year. The Steering Group also provides technical assistance to pilot projects for reducing MTCT in 11 countries. Since November 1998, the Steering Group organized three sub-regional workshops in Africa where a total of 18 countries came together to refine prevention strategies and to develop further pilot project implementation and monitoring and evaluation plans.

114. Consistent with PCB recommendation 3.2 (UNAIDS/PCB(6)/98.12), another major emphasis of the Steering Committee has been the development of technical guidance materials for use by national and pilot programmes. WHO, UNICEF and the Secretariat issued recommendations on infant feeding for HIV-infected mothers and the use of short-course zidovudine (AZT), implementation of prenatal voluntary counselling and testing (VCT) services, rapid situation assessment tools, and monitoring and evaluation guidelines for MTCT programmes. The most recent of some 12 guidance publications issued by the Steering Group is *Prevention of HIV infection in infants and young children: Strategic options*, a 12-page summary designed to assist policy-makers and programme personnel in deciding which strategy is most appropriate to their country's situation. The UNAIDS-sponsored PETRA study continued to investigate – in South Africa, Uganda and the United Republic of Tanzania – the use of short to very short courses of combination antiretroviral therapy to decrease MTCT. The first efficacy data from the PETRA study, released in February 1999, showed that a combination of two drugs AZT and lamivudine (3TC), given as late as during labour and for one week postpartum, was able to significantly reduce the risk of transmission.

**(d) Condoms**

115. Within the UN system, UNFPA has increased its role in the area of bulk procurement to improve accessibility to quality, low-cost condoms at the country level. WHO continues to be responsible for issues relating to the production, quality control and testing of condoms. Both organizations have intensified their involvement in female condom programming and social marketing. UNFPA and WHO have been collaborating with the Secretariat in organizing a major conference on social marketing of condoms planned for later this year. The Secretariat provided support to Population Services International during the past year to stimulate interest and activities in social marketing which has resulted in increased availability of male and female condoms in several African and Asian countries, and in Eastern Europe.

116. The Secretariat has also developed new partnerships with key international NGOs such as Marie Stopes International, International Planned Parenthood Federation, The Futures Group, and others involved in condom programming, resulting, for example, in the production of a directory of social marketing projects and organizations and in studies on condom effectiveness and re-use of the female condom. The Secretariat published and disseminated at the country level, best practice materials providing guidance on condom production, testing and procurement, as well as an advocacy piece on social marketing.

**(e) Sexually transmitted diseases**

117. The importance of treating symptomatic sexually transmitted diseases (STDs) as one of the main strategies for HIV prevention was reaffirmed last year during a major consultation jointly organized by WHO and the Secretariat. The consultation also recommended action to improve the availability of STD services. The Secretariat is publishing case studies and examples of treatment strategies in the field. With WHO, UNFPA, UNICEF, the World Bank, the Secretariat, bilateral donors and other partners, STD Task Forces were established last year in Africa and Eastern Europe to enhance STD service delivery. The Secretariat with WHO trained 19 experts as a first step towards the creation of a core group of regional STD consultants in Africa, and provided assistance to the Regional AIDS Training Network of East and Southern Africa. The Secretariat has provided technical and financial assistance to the Regional AIDS Training Network of East and Southern Africa. WHO and the Secretariat also convened training workshops for STD programme managers and health workers in Africa, Asia and the Middle East, utilizing WHO's training modules on syndromic management of STD. UNFPA is increasing its funding for integrating STD care into reproductive health programmes.

**(vii) Care and counselling**

118. UNAIDS continued to draw attention to the lack of basic health and counselling services for people living with HIV/AIDS and their families in many of the countries most affected by HIV/AIDS. During the past year, UNAIDS efforts have been focused on improving the availability of, and access to, drugs for HIV infection, STDs and HIV-related illnesses, and voluntary counselling and testing (VCT).

119. In the area of access to drugs, and consistent with PCB recommendation 2.3 (UNAIDS/PCB(6)/98.12), the Secretariat formalized its collaboration with WHO and UNICEF through a letter of agreement with WHO outlining a joint workplan that includes collaboration with UNICEF's Supply Division. The Drugs Access Initiative works together with ministries of health, pharmaceutical companies and NGOs. It enrolled its first beneficiaries in Côte d'Ivoire and Uganda in August 1998, and it is anticipated that the project will be extended to Chile and Viet Nam before the end of the year. Also in the area of access to drugs, the Secretariat participated in an important conference in Geneva on AIDS, Essential Medicines and Compulsory Licensing which was organized by Médecins sans Frontières and other NGOs and included presentations on the relevant international trade law by a representative of the World Trade Organization. An assessment of NGO collaboration in access to care in Latin America resulted in the publication of a best practice key material.

120. WHO continued to provide technical guidance on treatment issues, and together with the Secretariat published nine modules on the use of antiretroviral therapy. It also published guidelines on treatments of choice for HIV-related opportunistic infections and an update on

essential drugs used in HIV infection and STDs. WHO and the Secretariat cosponsored a consultation to review and advance preventive therapy for tuberculosis in HIV-infected persons, and WHO started development of the Pro-test Initiative, which seeks to develop new approaches to deal with the dual epidemic of HIV and tuberculosis. WHO also continued operational research on community care for tuberculosis in HIV epidemic settings and organized a HIV and leishmaniasis surveillance network to respond to its increasing incidence as an opportunistic infection in HIV-infected people in several parts of the world.

121. As part of efforts to increase care and support for children and families affected by HIV/AIDS in sub-Saharan Africa, WHO and the Secretariat have supported a number of community-based care projects. In Malawi, for example, support in the form of home-based care for the chronically ill and medical treatment of opportunistic infections was provided for some 200 families directly affected by HIV/AIDS, along with other community support activities on behalf of the population at large.

122. The Secretariat participated in the curriculum development of Africa's first Regional Resource Network in HIV/AIDS based in Nairobi and completed the in-country mapping of voluntary counselling and testing (VCT) opportunities in Belarus, Kazakhstan, the Russian Federation and Ukraine. The UNAIDS cosponsored multisite VCT study in Kenya, the United Republic of Tanzania and Trinidad demonstrated that VCT is cost-effective and can contribute significantly to behavioural risk reduction in counselled couples. Guidelines on evaluating VCT have been developed and will be pilot tested in 1999. The budget discussions on voluntary counselling and testing and psychosocial care activities led to the creation of a WHO, UNICEF and Secretariat Technical Working Group on VCT and psychosocial care to serve as a vehicle to expand the VCT agenda. UNICEF has increased its activities on expanding VCT and psychosocial support for young people. Other priorities will include evaluation of VCT, support for expanded VCT and psychosocial care in Africa and Asia, and the provision of technical assistance on VCT and psychosocial care.

## **V. UNAIDS SECRETARIAT**

### **A. Management and administration**

123. With two years of experience in establishing UNAIDS administrative arrangements, including critical support from WHO and UNDP, the Secretariat during the past year sought to streamline administrative systems, and ensure adequate administrative controls and services following WHO's recent administrative restructuring. A major emphasis during the past year was to improve the administrative systems for field staff. Consistent with UNAIDS policy to use existing infrastructures wherever possible in order to benefit from economies of scale and closer collaboration with Cosponsors, the Secretariat again sought to take greater advantage of Cosponsor field structures. However, the Secretariat continues to experience difficulty in releasing funds to country level in a timely manner, in particular with regard to Strategic Planning and Development Funds (SPDF). With the aim of streamlining the administration of country staff, the Secretariat is also working with the UN Office for Project Services (UNOPS) to design procedures to reduce the number of financial transactions required between the Secretariat's Geneva and country offices.

#### **(i) Field support**

124. The Secretariat created a Field Support Team (FST) in its Programme Support Department to handle all administrative issues relating to over 100 UNAIDS field staff and 42

focal points located in some 100 field offices. During the past year, responsibility for the majority of the administration for national staff contracts, local procurement and field staff travel have devolved to UNDP. This resulted in simplified administration and enabled field colleagues to devote greater efforts to the expanded response at the country and subregional levels. During the next year, the FST will further devolve administrative support to the field, seeking to reduce the number of financial transactions handled by the Secretariat while maintaining appropriate financial controls through the establishment of automated tracking systems.

**(ii) Information systems**

125. Significant efforts were made during the past year to improve information systems and communication support activities. The Secretariat's capacity to plan and monitor activities was enhanced by the adoption of the WHO-developed Activity Management System (AMS). Several administrative support information systems were developed and implemented for integrated budget preparation, management information systems, administrative information, and financial monitoring. Significant improvements have also been made in enhancing electronic communication between the Secretariat, Cosponsors and field offices. The E-mail system was upgraded, and a new website was developed and launched.

**(iii) Budget and finance**

126. During the past year, administrative arrangements with Cosponsors in the area of budget and finance were further clarified. An operational framework for expanding the roles of Cosponsors in providing support to Country Programme Advisers and country operations of UN Theme Groups on HIV/AIDS is being finalized. Detailed financial reporting is provided to the PCB in two separate documents, the *Financial and budgetary update: Interim financial management information on 1998-1999 biennium*, and the *Financial and budgetary update: UNAIDS operating reserve fund*. With specific reference to the concerns expressed in PCB recommendations 20–22 (UNAIDS/PCB(6)/98.12) concerning the level of the Operating Reserve Fund, the Secretariat is proposing to adjust the level of the Operating Reserve Fund from US\$ 33 million to US\$ 25 million, taking into account the trends in funding since the beginning of the biennium.

**(iv) Human resources**

127. The main objectives in personnel management during the past year were to streamline the recruitment process while ensuring high qualifications standards, and to increase the number of occupied posts. A total of 8,500 applications were received and screened by the human resources office. The percentage of occupied fixed term posts increased to 88%. Eighteen Junior Professional Officers have also been appointed. UNICEF, UNDP, UNFPA, UNESCO and the World Bank, as well as the Governments of Australia, Belgium, Japan and Norway, have all seconded staff to UNAIDS. The Secretariat has out-posted Secretariat staff to the World Bank and UNICEF headquarters, the UNFPA Country Support Team and WHO regional offices. Special efforts will continue to be made to recruit qualified Cosponsor staff for UNAIDS Secretariat positions. Newly recruited staff are now systematically provided with orientation briefings shortly after induction. This activity will be strengthened in 1999 through the development of self-learning and interactive material that will also be accessible to country staff and UN Theme Groups on HIV/AIDS. Other training activities during the past year focused on staff performance appraisal, UNAIDS contractual modalities, media presentation

skills, meeting management, and information technology. In close collaboration with the Secretariat, the UN Staff College in Turin organized one of its major field coordination workshops for senior UN representatives on the theme of HIV/AIDS.

## **B. Resource mobilization**

128. The Secretariat's priorities for the past biennium centred on mobilizing resources for the programme budget and the US\$ 21.8 million Coordinated Appeal; developing new and innovative sources of funding to support priority activities; and expanding public/private sector partnerships in the response to AIDS.

129. The number of government donors increased by two over the previous biennium with the addition of Thailand and the Russian Federation. Despite this positive development, UNAIDS is still struggling to meet its overall budgetary requirements. At the end of April 1999, US\$ 89 million had been raised for the Secretariat's budget of which US\$ 56 million has been received for 1998. If this trend continues, the Secretariat will fall approximately US\$ 8 million short of the PCB-approved required budget for the current biennium. The Coordinated Appeal has been an important exercise for coordinating and harmonizing the Cosponsors' HIV/AIDS activities and has realized thus far US\$ 11.7 million in contributions of the US\$ 21.8 million target.

130. During the past year, the UNAIDS Secretariat concluded a multi-year funding agreement with the Government of Belgium. In accord with PCB recommendations 6.1 and 25.2 (UNAIDS/PCB(6)/98.12), other donors are being encouraged to adopt this approach to provide more predictable and sustainable funding to the Programme. The United Nations Fund for International Partnerships (UNFIP) (Turner Fund) is funding a youth project in Ukraine and a project on reproductive and sexual health education for young people in southern Africa, both implemented through UN Theme Groups on HIV/AIDS. In addition, UNFIP provided grant assistance to UNICEF in support of its activities in prevention of mother-to-child transmission.

131. The Secretariat has also continued its efforts to mobilize public/private partnerships. As a partner organization of the Global Business Council on HIV/AIDS, the Secretariat has assisted the Council to develop a plan of action to increase the private sector response to HIV/AIDS. The Secretariat has also actively supported the creation of national business councils on AIDS in Brazil and Mexico. Several major pharmaceutical companies, including Bristol Myers Squibb and Glaxo Wellcome, have both announced large-scale initiatives for prevention, training, community development, free medications or reductions in prices of drugs, and other interventions mobilized by UNAIDS.

132. Another important mechanism for expanding the global response is *The 20/20 Initiative* of UNDP, UNESCO, UNFPA, UNICEF and WHO, a broad development framework to achieve universal access to basic social services through specific contributions from both developing countries and donors. The Secretariat will continue to support the 20/20 framework as an organizing theme of its resource mobilization efforts.

## **VI. MAJOR CHALLENGES AND OPPORTUNITIES FOR THE FUTURE**

### **A. Supporting an expanded response to the epidemic**

133. If we are to be successful in our efforts to expand the response to the epidemic, we must continue to make progress in four major areas. First, we must apply the lessons learned from countries that have been successful in slowing the spread of HIV. Secondly, we must make further progress in harmonizing prevention, care and impact alleviation approaches. Thirdly, we must mobilize the untapped resources available to address the epidemic within all of our societies. Fourthly, we must pursue a research agenda to develop the new tools and insights required to address the epidemic more effectively.

134. The countries hard hit by AIDS that have successfully addressed it share a common experience: their responses to the epidemic mobilized government and community resources across the full spectrum of society. To do so, they first addressed essential preconditions for social mobilization, namely, increasing the visibility of the epidemic while simultaneously decreasing the stigma associated with AIDS.

135. Experience has shown that until the epidemic is made visible, the constituency for mobilizing political will and resources to address it will not be strong enough to overcome it. Communities are more likely to make HIV a priority when their own internal constituencies bring the consequences of inaction to public awareness.

136. Experience has also shown that decreasing the stigma associated with AIDS within a community is a major factor in being able to mobilize the human resources required to address the epidemic. Ultimately, families provide most of the care for those suffering from AIDS but they cannot do so alone. Families will require the solidarity and support of their neighbours and communities which will not come in an environment of stigmatization and discrimination.

137. In some countries, policy makers are again weighing the pros and cons of mandatory disclosure as a strategy to address the epidemic. Unfortunately, this recurring debate has too often been inappropriately positioned as a choice - a false choice - between the rights of individuals to privacy and the responsibilities of society to protect itself from the epidemic. HIV is an epidemic for which individual rights and community interests coincide.

138. The most important challenge senior policy makers face in addressing AIDS is not the choice between individuals and societies. Rather, it is how to create an environment of solidarity in which communities can be supported to undertake effective prevention measures while meeting the needs of those most affected by the epidemic. Our collective experience has demonstrated that the major factors contributing to people knowing and acting responsibly on their status have been their access to confidential counselling and testing, their understanding of the incentives to do so, and the level of support in the environment in which they live. For example, we have seen that in those settings where women know that the antiretroviral drug zidovudine (AZT) is available and can significantly reduce the risk of infection to their child, the vast majority wants to know and are prepared to act on their HIV status.

139. Political leaders have the means at their disposal to create a supportive environment where increasing numbers of individuals will want to know their status, will be able to act on that knowledge, and can do so without fear of discrimination and exploitation. There remains enormous scope for senior political leaders to invite religious organizations, the media and community leadership to join them in concerted action focused directly on reducing the stigma of AIDS. In the coming year, the UNAIDS Secretariat and Cosponsors will need to intensify their advocacy with the most senior policy makers and opinion leaders and provide them with

the positive examples they can use in explaining their commitment to make AIDS more visible.

140. The key to making further progress in harmonizing prevention, care and impact alleviation approaches can also be found in mobilizing action at the community level. Community level action is more directly people focused and is therefore less likely to be fragmented along the increasingly arbitrary distinctions of prevention, care, and impact alleviation. For example, distinctions between prevention and impact alleviation have little relevance as we look to the needs of the many young people who were orphaned in the last decade by HIV and are now highly vulnerable to becoming infected themselves. Community level action is also more likely to draw together the resources of multiple sectors. Our continued emphasis on community established standards of care is intended to reinforce community level partnership building between local government and the NGO sector. Standard setting provides an important focus around which to build these partnerships and serves as a basis for partners to monitor their progress against common objectives.

141. The advocacy of the UNAIDS Secretariat and the Cosponsors has consistently emphasized the need for a **multi-sectoral response** in order to mobilize the full spectrum of untapped resources available within societies to address the epidemic. As yet, few countries have been successful in moving to the point where there exist strong individual sector responses which reinforce one another in creating such a multi-sectoral response. The health sector will need to remain a major pillar in such a response, and strengthening health sector approaches and capacities will need to remain a high priority within national and international efforts. Much more needs to be done within other sectors, especially education, local government, social welfare, uniformed services and religious organizations. Increasingly, ministries of finance need to be seen as major partners in the national response as they are major actors in determining the level and distribution of funds available through the public sector to address the epidemic. To date, the resources allocated to the social sectors focussed on decreasing vulnerability to HIV have been grossly insufficient as have resource allocations for direct HIV prevention and care activities in general. The education sector, in particular, merits much greater attention and should be considered by the Secretariat and Cosponsors for a major mobilization initiative in the coming biennium. It is a major potential resource for sustaining prevention education and reducing social stigma through life skills approaches with students as well as through parent-teacher associations and other community forums. The school system also has an important role to play in impact mitigation in its interactions with children and families affected by AIDS. In addition, education is essential to reducing vulnerability to HIV infection. The education sector faces a major challenge in adapting its curriculum and teacher training to respond to HIV. In addition, in heavily affected countries, the alarming rate of HIV-related illness and death among teachers places further demands on teacher's colleges. In addition to increasing the rate at which new teachers are trained, a major emphasis should be placed on primary prevention among teachers themselves. The international community can and should play a major supportive role to government in the strengthening of their education sectors.

142. The **global research agendas** must place much higher priority on the development of affordable and effective HIV vaccines. Here again, we will need to see new partnerships among countries, agencies and the public and private sectors. Equally important, operations research is urgently required to support further programme efforts to advance life skills education for young people and to make available voluntary counselling and testing and other interventions required to stimulate and guide the societal response to the epidemic. Also in the

area of technology development, priority should be given to support for the development of microbicides effective against HIV and other sexually transmitted infections.

143. UNAIDS needs to pursue several important policy issues as research questions, but not at the expense of preventing us from taking action where it is clearly indicated. Quantifying the impact of the epidemic on national economies remains a methodological challenge. However, we know full well how the epidemic impacts on the economics of an affected family, including its major effects in increasing child labour and reducing school enrolment.

144. Similarly, while we have yet to quantify the social and economic policy effects on vulnerability to HIV infection, we know and can act on a number of “social policy adjustments” immediately. For example, there are ample economic rationales and social imperatives to increase the enrolment of girls in schools, even without taking AIDS into account.

## **B. Strengthening and expanding the UN response**

145. Increasingly, **UN system organizations** are starting to address HIV/AIDS issues in the context of their respective mandates. At the most recent meeting of the ACC held in April 1999, the UN Secretary-General asked all Executive Heads of UN organizations to speak up on the issue of HIV/AIDS. The UN International Drug Control Programme, which has been steadily intensifying its collaboration with the UNAIDS Cosponsors and Secretariat over the course of the last few years, has now formally joined as the seventh cosponsoring agency.

146. The collaboration with the Office of the High Commissioner for Human Rights (OHCHR) has resulted in a joint publication of *International Guidelines on HIV/AIDS and Human Rights*. The Office is also increasing its efforts to improve individual and societal protection in the area of HIV/AIDS, through national commissions. The UNAIDS Secretariat and the United Nations High Commissioner for Refugees (UNHCR) have entered into a Cooperation Framework which includes a provision to regularly review the jointly prepared annual workplan. Both UNHCR and OHCHR are fully committed to working with and through the UN Theme Groups on HIV/AIDS at country level as well as to providing their leadership in the development of HIV strategies in emergency and post-conflict situations.

147. A Cooperation Framework is also being developed with the UN Food and Agricultural Organization (FAO). This will build further on FAO work in East Africa and elsewhere which has demonstrated that farm output and rural household food security can be seriously affected by the HIV epidemic. The United Nations Secretariat engagement included the 1998 revision of the official United Nations world population estimates and projections undertaken by the Population Division. The analysis draws global attention to the fact that AIDS is now threatening the economic and social development gains achieved during the past 30 years.

148. The **UNAIDS Cosponsors** have continued to increase their commitment to addressing the epidemic, particularly over the course of the last year. HIV/AIDS has factored prominently within the **UNICEF** Medium-Term Plan. Half of all programme resources within the East and southern Africa are expected to be focused on HIV/AIDS by the end of the next biennium. In addition, UNICEF is taking the lead in the development of a UN Development Group initiative on girls education which is also expected to have a major component addressing HIV/AIDS. The **World Bank's** increased efforts in Africa have included the preparation of a regional strategy and the recent funding and establishment of an AIDS Campaign Team to support its

substantially increased efforts there. Country Directors are increasingly reviewing their portfolios to identify opportunities to address HIV as well as to assess the potential impact of their existing lending projects on the HIV/AIDS situation in countries.

149. In **WHO**, an institutional strategy on HIV/AIDS was prepared following which HIV/AIDS was made a Cabinet project and the subject of increased advocacy by the Director-General. **UNFPA** has undertaken an evaluation of the integration of HIV into its field programmes and is now organizing extensive technical orientations on HIV for the members of its Country Support teams. The **UNDP** Africa Bureau is increasing its resources and advocacy as part of the International Partnership Against AIDS in Africa. The Administrator-Designate of UNDP, who will take over his new responsibilities in July including a one year rotation as Chair of the CCO, has already been briefed by the Executive Director, and has committed to increase the HIV/AIDS-related efforts of UNDP in the coming biennium. **UNESCO** is continuing to strengthen its efforts to promote HIV/AIDS education through its network of collaborating institutions.

150. **The Proposed Unified Budget and Workplan** for the next biennium is an important step in translating the new commitments of the Cosponsors into action. Most importantly, it provides a stronger basis for programme level interactions and regular programme reviews among the Cosponsors and the Secretariat. As the Cosponsors continue to strengthen their capacities and their leadership on behalf of the UN System in specific areas of their comparative advantage, the Secretariat can increasingly focus on its more catalytic and coordinating role, particularly in such areas as policy analysis and advocacy, political and social mobilization, best practice documentation, technical resource development, evaluation and monitoring, and strategy development, in particular, in its work through the UN system at country level. The proposed Budget and Workplan places an increased emphasis on the strengthening of Cosponsor capacities at the intercountry and regional level. However, given the magnitude of the challenge, there will likely be need for further resource mobilization through regional level coordinated appeals, particularly in Africa, South Asia and Eastern Europe. It also provides for improved interagency management of the Strategic Planning and Development Funds at the country level and several key initiatives through Interagency Task teams. It continues to place major emphasis on strengthening UN response at the country level through support to the UN Theme Groups on HIV/AIDS through the Country Programme Advisers, the Intercountry Technical Teams, and the support work at regional and global level of the Cosponsors and the Secretariat.

151. In the coming biennium, major emphasis will be placed within the Secretariat on **strengthening and adapting staff capacities** consistent with the evolving priorities of the cosponsored programme. As the Cosponsors and other international partners move to strengthen their capacities and leadership in specific technical areas, the Secretariat will be working closely with them to place UNAIDS staff with relevant technical expertise on their programming platforms. Similarly, the Secretariat will continue to work with the Cosponsors to increase the number of their seconded management and programme staff on rotation within the Secretariat. In the highest priority countries, the position descriptions of Country Programme Advisers (CPAs) will be reviewed with an eye towards identifying more senior level staff from Cosponsors and other partners for two year rotations on secondment. Discussions are under way to link the recruitment and training process for “Senior CPAs” with the UN Development Group managed process for identifying UN Resident Coordinators. These steps can help to ensure that UNAIDS is in a better position to serve a prominent role within the Resident Coordinator system at country level. In concert with this effort, new emphasis will be placed on the development of an executive briefing programme for Theme

Group Chairs and other senior UN staff on secondment or working within their agencies on HIV/AIDS.

152. **Capacity building within the UN system at intercountry/regional level** was identified by the CCO in its April 1999 meeting as an area requiring special attention in the further refinement and implementation of the workplan. As Cosponsors have increased their commitment to the intensification of programme activities at the country level, they have sought assurances from the Secretariat that high quality technical resources will be effectively organized at the regional level in order to support their efforts. To date, the development of regional technical collaboration mechanisms has been most effective in the Caribbean, in Latin America, and in South-East Asia as described earlier. The UNAIDS Cosponsors and Secretariat have agreed to place increased attention in the next biennium on regional initiatives in Africa, South Asia and Eastern Europe. A major objective within these initiatives is the strengthening of regional platforms for the mobilization and coordination of technical resources in support of country programmes. In addition to the Cosponsors, it is envisaged that these efforts will include bilateral and multilateral agencies as well as other major partners who operate at the intercountry/regional level, including NGOs, the corporate sector, religious organizations, and the media. Efforts are under way to strengthen the capacity of the UNAIDS Intercountry Teams to support these efforts.

### **C. Strengthening governance and partnership**

153. The Member States of the United Nations made a significant statement about the priority they place on the HIV/AIDS epidemic when they established UNAIDS as a Cosponsored programme of six - and now seven - UN system organizations with its own governing board. The investment that Member States continue to make in the governance process of the Programme far exceeds what could be justified if the role envisaged for the PCB was simply that of management oversight of a Secretariat and budget the size of UNAIDS.

154. From the beginning, PCB members have made it clear that they intended to exercise a new role, a role that was more activist and more strategic, a role that was more determined to have a significant impact on UN reform as a means to having a significant impact on the epidemic. We are now at the point where the capacities, the political will, and the credibility of the PCB as representatives of the international community must be put to the test in confronting the AIDS epidemic in Africa. We have seen that HIV transmission can be substantially reduced when policy, political and financial resources are directed squarely at the epidemic. If we hope to view ourselves as a moral world, we simply cannot afford to stand as observers while the HIV/AIDS situation in Africa worsens.

155. Following broad consultations by the Executive Director with African political leadership at the Ministerial and Head of State level in various national and regional forums, the UNAIDS Cosponsors met together this past January in Annapolis, USA, and committed themselves to intensifying their efforts in sub-Saharan Africa on HIV/AIDS. Responding to the call to establish the International Partnership Against AIDS in Africa, the major donor countries met together in London this past April to begin to take the concrete steps required to make their part of this Partnership a reality. The Partnership will bring together national governments, international development agencies, NGOs and the private sector to work within a common strategic framework to support intensified national responses to the epidemic in

Africa. More work will be required to further shape the Partnership and to obtain the highest level political support that will be required to mobilize resources adequate to the scale needed to fight the epidemic in Africa. Notwithstanding the further preparatory work required, it is clear that the Partnership can and must succeed.

156. As partners in this enterprise, we will need to set some specific goals - and then be prepared to put our collective credibility on the line and hold each other accountable to achieving them. At the ICPD+5 Preparatory Conferences, Member States have taken important first steps in establishing those goals, but we will need to go further. In particular, we must now look to the PCB to take a leadership role in mobilizing the resources required to support this initiative. There is no way to win this battle without adequate political, financial and technical resources. The Finance Study requested by the PCB and described earlier in this Report clearly demonstrates that the level of resources currently addressing the epidemic in Africa is simply inadequate to the task by at least an order of magnitude.

157. Within UNAIDS, we remain committed in the view that with our continued and intensified collective efforts, that the spread of HIV can be slowed and eventually controlled, in Africa and throughout the world. The Secretariat looks forward to receiving the continued guidance of the PCB on the issues raised within this Report, and on how it can best serve to mobilize the expanded response of the UN system and the international community in addressing the HIV/AIDS epidemic.