



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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### **Report of the Executive Director**

#### **EXECUTIVE SUMMARY**

This Report of the Executive Director is to inform the PCB of major developments concerning the epidemic and to provide an update on the general progress of the Programme during 1999 and early 2000 in advancing the UNAIDS Strategic Plan and biennial Workplan. The Report highlights the AIDS-related activities of the Cosponsors and the broader UN system and discusses the progress of the Programme in relation to the recommendations of the PCB to the Secretariat. It documents the enormous range and diversity of activities carried out during the year and shows that, although considerable challenges remain, important progress has been made, for example in the International Partnership against AIDS in Africa. A more in-depth report of progress in Monitoring and Evaluation and Access to Care is also provided in the attached annexes.

The report indicates that overall a remarkable change is occurring in the response to the epidemic at the national and international level. The evidence for this is found in the increasing number of national leaders speaking out about the epidemic, and the mobilisation of opinion at the international level, as seen at the recent meeting of the Security Council in January 2000. The resources allocated to AIDS programmes however still remain below what is required; at the same time, the impact of AIDS continues to grow rapidly around the world. These changes in the environment bring with them new challenges and opportunities. The Programme must be prepared to adapt, and respond to the increasing demands imposed by the international response to the epidemic. The Report concludes by pointing to the major challenges and priorities identified during the course of the year, which the PCB may wish to consider and give strategic guidance on.

#### **ACTION REQUIRED**

The PCB is asked to endorse the report, and to provide strategic guidance to the Programme on the challenges and priority actions identified for the coming year.

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**Annex B: Update on Monitoring and Evaluation**

**List of Abbreviations**

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



## I. INTRODUCTION

1. This Report of the Executive Director to the 9<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board (PCB) is intended to inform the PCB of major developments concerning the epidemic and provide an update on the general progress of the Programme during 1999 and early 2000 in advancing the UNAIDS Strategic Plan and biennial Workplan. The Report highlights the AIDS-related activities of the Cosponsors and the broader UN system. In addition, the Report discusses the progress the Programme has made in response to the Recommendations of the PCB to the Secretariat, and advises on specific challenges and opportunities the PCB may wish to consider or act upon. The Report includes two annexes, which provide an update on activities in Monitoring and Evaluation and Access to Care. Reference is also made throughout the Report to additional reports submitted to the PCB for the current meeting.

2. The Report illustrates that while Cosponsors and the Secretariat have increased the range and quality of their services and programmes to respond to the epidemic, the impact of AIDS in Africa, Asia and the Pacific, Europe, Latin America and the Caribbean continues to grow rapidly and to present tremendous and complex challenges. The year has witnessed an accelerated response on behalf of national leaders and the international community, but clearly far more still needs to be done. Significant progress has been made at the country level. The Report documents the wide range of distinct although complementary activities undertaken by Cosponsors and the Secretariat to support national responses, and significant achievements have been noted in all areas. To mention a few: a) Theme Groups on HIV/AIDS have been expanded and are proving more effective in strategic planning and resource mobilisation; b) UN interagency working groups and national and regional technical resource networks are being developed and expanded; c) new Cooperation Frameworks have been signed with UN agencies; d) country level projects to address such critical issues as mother-to-child transmission are being scaled-up; e) new programmes to improve voluntary counselling and testing have been implemented; g) UNICEF in East and Southern Africa has committed itself to spend 50% of its resources on AIDS; and finally, f) the World Bank has created an Act Africa team. However, in spite of these achievements, significant obstacles remain and as documented in the report, UNAIDS is continuously striving to learn from experience at every level of the response, from the community to the national and global level. Some of the issues that have been recognised through this experience as being critical are also discussed in the Report.

3. The conditions we have learned to associate with success have not changed substantially. Where prevention has worked, the epidemic has been approached on multiple levels and programmes have included multisectoral strategies that mobilize all sections of the population. Other essential conditions have been: strong and outspoken political leadership; a single powerful national strategic plan; open public discussions and visibility to counter stigma; community participation; the integration of prevention and care; and policies to address vulnerability, including young people as a vital segment of the population. Conditions in developing countries have also increasingly shown that Cosponsors and the Secretariat must address the growing and still unmet needs for access to care. The WHO Director-General's speech at the Executive Board in February 2000, and the resolution adopted by the Board, recognized the importance and urgency of addressing access to care, including palliative care and access to drugs. Companies in the private sector are increasingly responding to these needs, which are important opportunities that should be further explored.

4. The Report concludes by drawing the attention of the PCB to the challenges and opportunities that have arisen, and points to areas in which the Programme should respond in the

coming biennium. As has been mentioned, greater political commitment at the national and international level has occurred, and at the country level significant achievements have been made. A key challenge for the Programme will be to maintain this momentum and to respond to the increasing need for assistance and support which it requires. An essential part of this effort will be to strengthen the partnerships already created as well as bring in new partners from all sectors of the society. The International Partnership against AIDS in Africa has shown that this can be accomplished. The Framework for Action was developed with a cross-section of African governments, civil society, donors and the private sector. New opportunities to secure resources for AIDS programmes through such mechanisms as the debt relief and Poverty Reduction Strategy Papers must also be explored. The International Partnership against AIDS in Africa will continue to be the Programme's number one priority. However, greater attention will also be drawn to other areas where the impact of the epidemic is growing increasingly severe such as in parts of Asia, Central America, the Caribbean and Eastern Europe. Recent experience has shown that while the demands to respond are considerable, organizations and communities do have the capacity and the talent to effectively arrest the spread of AIDS.

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

### **A. Global figures**

5. As the 20<sup>th</sup> century draws to a close, some 33.6 million men, women and children face a future dominated by a disease unknown just a few decades ago. According to estimates from UNAIDS and WHO, there were 32.4 million adults and 1.2 million children living with HIV by the end of 1999.<sup>1</sup> Over the course of 1999, some 5.6 million people became infected with the human immunodeficiency virus (HIV), which causes AIDS. The year alone saw 2.6 million deaths from AIDS – a higher global total than in any year since the beginning of the epidemic, despite antiretroviral therapy which staved off AIDS and AIDS deaths in the richer countries. With the HIV-positive population still expanding, the annual number of AIDS deaths can be expected to increase for many years before peaking.

6. The impact of AIDS continues to be felt mostly in the developing world – with about 95% of the global total of people living with HIV. That proportion is set to grow even further as infection rates continue to rise in countries where poverty, poor health systems and limited resources for prevention and care fuel the spread of the virus. Yet, even in industrialized countries where the spread of HIV has been halted, the issue remains a challenge. There is evidence that safe sexual behavior is being eroded among some gay men in Western countries, perhaps because of complacency now that life-prolonging therapy is available. If this is the case, the complacency is misplaced. The disease remains fatal, and information from North America and Europe suggests that the decline in number of deaths due to antiretroviral therapy is tapering off.

### **B. Regional overview**

7. Sub-Saharan Africa continues to bear the brunt of HIV and AIDS, with close to 70% of the global total of HIV-positive people. In 1999 in sub-Saharan Africa, some 3.8 million adults and children were newly infected with HIV, bringing the total number of infections in the region

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<sup>1</sup> This appears to be a relatively small rise over the global HIV totals at the end of 1998. The real rise is larger, however. Improved surveillance now suggests that national infections in a few populous countries of Latin America and Asia were overestimated in 1998.

to 23.3 million. Since the epidemic began, 13.7 million Africans are believed to have died from AIDS. Altogether, there are now 15 countries where over one adult in ten is infected with HIV. In seven countries, all in the southern cone of the continent, at least one adult in five is living with the virus. While West Africa is relatively less affected by HIV, prevalence rates in some large countries are creeping up. Cote D'Ivoire is already among the 15 worst-affected countries in the world, and in Nigeria, by far the most populous country in sub-Saharan Africa, over 5% of adults aged between 15 and 49 are now living with HIV. It must also be noted however that some countries, such as Uganda, Zambia, and Senegal, have actually recorded declines in the prevalence of HIV infection, a signal that prevention programmes have worked. Uganda has brought its estimated prevalence down to around 8% from a peak close to 14% in the early 1990s, and recent surveillance data from Zambia suggests that it is following a similar course. In Senegal, the prevalence of HIV has remained very low and stable.

8. HIV infections in the former Soviet Union have doubled in just two years. In the larger region comprising the former USSR as well as the remainder of Central and Eastern Europe, UNAIDS/WHO estimate that the number of infected people rose by a third over the course of 1999, reaching a total of 360 000. The world's steepest HIV curve in 1999 was recorded in the newly independent states of the former Soviet Union, where the proportion of the population living with HIV doubled between end-1997 and end-1999. The bulk of new HIV infections were caused by unsafe injection of drugs and occurred in two countries, the Russian Federation and Ukraine.

9. Some Latin American countries, most notably Brazil, have expanded efforts to provide treatment to those infected. However, there is evidence that infections are on the rise in Central America and in the Caribbean basin, which has some of the worst HIV epidemics outside Africa. In Guatemala in 1999, some 2-4% of pregnant women tested at antenatal clinics in major urban areas were found to have HIV. In Guyana, HIV prevalence was recorded at 3.2% in blood donors - who are generally thought to represent a population at low risk of infection - while surveillance among urban sex workers in 1997 showed 46% were infected. The last time Haiti carried out HIV surveillance among pregnant women, in 1996, close to 6% tested positive for the virus. Altogether, UNAIDS/WHO estimate that some 1.7 million people in Latin America and the Caribbean will enter the 21<sup>st</sup> century with HIV infection - almost 30 000 of them children.

10. In Asia, the pattern of HIV infection is lower relative to Africa. However, because of the large population sizes that exist for example in China and India, prevalence rates translate into large absolute numbers. Across the continent as a whole, UNAIDS/WHO estimate that 6.5 million people were living with HIV by the end of 1999, over five times as many as have already died of AIDS in the region. In some countries such as Thailand and the Philippines, strong prevention programmes have reduced HIV risk and lowered or stabilized HIV rates. Other countries have raised warning flags after collecting new information showing that injecting drug use is spreading and that condom use is uncommon, including among clients of sex workers and men who have sex with men. India has recently made a major effort to improve its understanding of the HIV epidemic and new results of surveillance reveal a very varied picture. In some states, principally in the south and west of the country, HIV has a significant grip on the urban population, with more than 2% of pregnant women testing positive for HIV. In the northeast, HIV infection has moved rapidly through networks of men who inject drugs and has spread to their wives. Other states of India detected their very first HIV infections only in the last year or two.

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

11. Around half of all people who acquire HIV become infected before they turn 25, and typically die of HIV-related illnesses before their 35<sup>th</sup> birthday. This age factor makes AIDS uniquely threatening to children. By the end of 1999, the epidemic had left behind a cumulative total of 11.2 million AIDS orphans, defined as those having lost their mother before reaching the age of 15. Many of these maternal orphans have also lost their father.

12. In 1999, an estimated 570 000 children aged 14 or younger became infected with HIV. Over 90% were babies born to HIV-positive women, who acquired the virus at birth or through their mother's breastmilk. Of these, almost nine-tenths were in sub-Saharan Africa. Africa's burden in mother-to-child transmission of HIV was greater than ever despite new evidence that HIV ultimately impairs women's fertility: once infected, a woman can be expected to bear 20% fewer children than she would otherwise have done.

13. New information indicates that rates of HIV infection among African women are significantly higher than among men. Estimates suggest that between 12 and 13 African women are currently infected for every 10 African men. A particularly worrying trend is the finding that, among adolescent girls, HIV infection is 5 times higher than among boys of the same age, and among young people in their early 20s, infection rates are three times higher in women. A combination of biological and cultural factors is responsible for this enormous gap in infection rates between the sexes.

14. Injecting drug users continue to represent one of the population groups most at risk of HIV infection. In Eastern European and Central Asia region, injecting drug use gave the region the world's steepest HIV curve in 1999. Concerns have been raised that injecting drug use may also touch off a wave of HIV in the Eastern Mediterranean region. Recent studies by the United Nations International Drug Control Programme in Egypt, Iran and Lebanon indicate that the magnitude of the problem should not be underestimated. By most conservative estimates, the numbers of addicts are counted in the millions in this part of the world. A relatively high proportion of them inject drugs, and needle-sharing is common.

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

### **A. Strategic approach**

15. During the past year, the UNAIDS Cosponsors and the Secretariat have given increased attention to strengthening strategic planning processes, evaluation and monitoring, and the budget and workplan. Significant progress has been made in the institutional, thematic, sectoral and regional strategy development work and towards putting in place the mechanisms required to maintain and expand this strategy dialogue on an ongoing basis among the many partners who are key stakeholders in the response to the epidemic.

16. A Global Strategy Framework is in preparation which is intended to provide a common basis for the many independent actors addressing the AIDS epidemic to formulate and re-evaluate their strategies. The Global Strategy Framework will be comprised of a set of common goals, common objectives, common principles, explicit strategic assumptions, and a common operational framework. The Global Strategy Framework is intended to influence the development of the many thematic, sectoral, geographic and institutional strategies which, taken together, constitute a global strategy process. The Secretariat has developed a working draft of the

Framework to serve as the basis for a strategy retreat for Cosponsors planned for June 2000. The Framework, to be revised through the Cosponsor strategy retreat, will then serve to structure and guide the further development of inputs from the Cosponsors and other UN System partners into the UN System Strategic Plan for 2001-2005.

17. The Secretariat has begun working with the UN System organizations on a further elaboration of their contributions that will form the basis of the UN System Strategic Plan for 2001-2005. In advance of the Administrative Committee on Coordination (ACC) Head of Agency level meeting in April 2000, the UN System organizations prepared summaries of their inputs into the UN System Plan. These summaries included current global level institutional priorities addressing AIDS, governing board actions, priority regions for AIDS efforts, and their priority actions to strengthen country level action. Cosponsors are refining their institutional priorities through a variety of processes, including internal dialogue and debate, development of regional strategies, development of thematic strategies, institutional reviews, governing body directives, and interagency meetings. A separate report has been prepared to update the PCB on efforts underway to provide the basis for a more relevant and strengthened UN System Strategic Plan for HIV/AIDS for the years 2001-2005 as well as the UNAIDS Unified Workplan and Budget for 2002-2003 (in preparation).

18. The UNAIDS Secretariat has undertaken a series of Partner Programme Reviews with key partners, as inputs to the Global Strategy Framework and the UN System Strategic Plan 2001-2005. The purpose of the reviews is to further improve planning and collaboration across the UNAIDS partnership based on periodic structured dialogue between the individual Cosponsors and other partners and to document and share the contributions of major UNAIDS partners in the response to the AIDS epidemic. Reviews have already been completed with UNDCP and UNFPA and initiated with a number of major foundations supporting international work. They are also under active preparation with UNICEF, UNDP and the World Bank.

19. Providing support to partners in the area of thematic strategy development remains the mainstay of the work of the UNAIDS Secretariat Department of Policy, Strategy and Research (PSR). As a step towards making thematic strategy development more inclusive, the Secretariat has recently undertaken to intensify its support to Interagency Task Teams in priority areas including access to drugs, education, mother-to-child transmission and voluntary counselling and testing. It is anticipated that these Teams will form a primary vehicle for the harmonization of thematic priorities and strategies of UNAIDS Cosponsors, Secretariat and other partners.

20. UNAIDS Cosponsors, the Secretariat and other UN partners have also initiated sectoral strategy development work in several key areas. These include the education sector, which is described further in the current PCB submission (UNAIDS/PCB/(9)/00.3), the Health Sector, and the "Emergencies Sector", following the United Nations Security Council Meeting in January 2000 on AIDS in Africa. Further strategy development work is in the preparatory stage in the corporate and labour sectors, emphasizing workplace area and community outreach strategies, and in the finance sector, focusing on debt relief strategies as they relate to AIDS.

21. The UNAIDS Secretariat Department of Country Planning and Programme Development (CPP) has taken the lead together with the Cosponsors in mobilizing other partners through regional strategy development processes. A series of regional meetings has been undertaken to identify strategic priorities for concerted regional or inter-country action, identify regional actions and support country-level approaches, and encourage a better definition of the role, function and responsibilities of Cosponsors and other partners with respect to thematic and cross-cutting

priorities. Major efforts have been undertaken in Africa, South Asia, South-East Asia, Latin America and the Caribbean, and Eastern Europe.

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

**(i) Human rights**

22. The UNAIDS Cosponsors and Secretariat, along with other international organizations and NGOs, continued to actively advocate for the promotion of HIV-related human rights by contributing statements, articles, briefings and technical support in the area of human rights, ethics and law, frequently at the executive levels.

23. The Secretariat collaborated with UN agencies on several projects to enhance the mainstreaming of AIDS issues into programming. The position established within the Office of the High Commissioner for Human Rights (OHCHR) to promote the integration of HIV-related rights into the UN human rights machinery, was filled in October 1999. The Secretariat gave technical support to UNDP for a series of regional training workshops for Resident Coordinators and partners on human rights and development, and to UNESCO, for a project titled '*HIV/AIDS and Youth: Human Rights for Social Development*', to engage youth in activities to combat HIV-related discrimination.

24. In an effort to promote action on HIV-related human rights at national levels, the Secretariat provided technical support to national human rights commissions, including in India, South Africa and Uganda, and to UN Theme Groups on HIV/AIDS. It assisted NGO advocates in the preparation of legal memoranda and prepared briefing notes on a wide range of issues such as employment discrimination, the right to marry, HIV testing, international trade and intellectual property law, mandatory testing for UN peacekeepers, and human rights and HIV in general. In collaboration with regional and national partners, the Secretariat also provided technical and financial support for human rights sessions at major international conferences on AIDS. A number of these sessions included the promotion of model legislation (UNAIDS/PCB(6)/98.12, Annex 3, paragraph 3.3).

25. The Inter-Parliamentary Union (IPU), a new UNAIDS partner, became more actively engaged in HIV-related activities, including in the areas of advocacy and legislative reform. Secretariat support to the IPU contributed to the unanimous adoption of IPU resolutions supporting the integration of human rights in the response to AIDS and highlighting the role of parliamentarians. In November 1999, the UNAIDS/IPU "*Handbook for Legislators on HIV/AIDS, Law and Human Rights*" was launched globally in the United Kingdom by the All Party Parliamentary Group on AIDS and the parliaments of Northern Ireland, Scotland and Wales. A separate launch was held in India by parliamentarians of that country, including the President of the Council of the IPU.

26. The "*International Guidelines on HIV/AIDS and Human Rights*", issued jointly by UNAIDS and OHCHR, continue to provide important international policy guidance for States to promote, protect and respect HIV-related human rights. With technical input from the Secretariat, the human rights commission in South Africa, for example, has developed a detailed action plan to implement the Guidelines. Technical support was also provided by the Secretariat and OHCHR during the United Nations Commission on Human Rights in support of the Resolution issued at its 55<sup>th</sup> session calling upon States to implement the main measures contained in the Guidelines.

27. Through its semi-annual meetings and interim reviews, the UNAIDS Ethical Review Committee (ERC) continued to advise the Executive Director on the ethical soundness of AIDS-related research proposals for which UNAIDS funding was sought, as well as on broader issues relevant to AIDS, such as ethical, social and economic considerations on antiretroviral interventions to reduce mother-to-child transmission. The Secretariat will continue to support the Committee and promote ethical standards in research and in professional conduct, particularly for the health professions.

28. In the coming year, the focus will continue to be on integrating HIV concerns into the UN human rights machinery and mainstreaming a perspective on human rights and ethics into AIDS programming at national level. UNESCO, WHO and UNDP have planned to conduct training for staff and partners on human rights and HIV. The Secretariat will also build on past efforts to provide training, technical support, disseminate best practices and carry out mass media campaigns to promote the human rights of people who are vulnerable to or living with HIV.

**(ii) Gender**

29. It is now more widely recognised that gender-based discrimination is an important factor in determining vulnerability to AIDS. Increasingly more attention is being given to the mainstreaming of AIDS and gender into policy and programmes. Among Cosponsors and the UNAIDS Secretariat, the goal has been to increase attention to gender in AIDS programmes, and conversely, to promote the integration of AIDS into programming on gender. WHO has integrated an AIDS component into a multi-country research project on the health consequences of violence against women, and in Rwanda is incorporating into its “service delivery improvement project for women affected by armed conflict,” counselling modules that will help service providers discuss the issues that make women especially vulnerable to contracting AIDS. UNFPA projects have also emphasized the gender aspect of AIDS in their country activities in the area of advocacy, training, sensitization, counselling, mass media, and education. UNIFEM, with support from the UNAIDS Secretariat, is working with its regional networks in Africa, Latin America, and Asia to build the capacity of NGOs in six countries to develop and carry out gender-focused AIDS activities.

30. The Inter-Agency Working Group on Gender and AIDS (IAWG), which includes Cosponsors in addition to the United Nations Division for the Advancement of Women (UNDAW), ILO, UNHCR, and UNIFEM, will be leading an effort to develop a resource pack on gender and AIDS, which will provide UN agencies with a more uniform approach to the issues. The UNAIDS Secretariat is also finalizing a strategic planning guide to help national AIDS programmers to plan with a gender perspective.

31. In addition, the Secretariat is providing direct support to enhance the mainstreaming of AIDS into organizations whose mandates centre on related development issues. This includes support for the African Centre for Women of the United Nations Economic Commission for Africa (UNECA), which is involved in promoting the economic empowerment of women, and Femme Africaine Solidarité, an NGO concerned with raising the participation of women in the peace-building process in Africa. Through a process of institutional development that includes strategic planning and capacity-building, this mainstreaming approach is expected to significantly enrich the programmes of these two institutions.

32. The Secretariat, in collaboration with Cosponsors, has also participated in global conferences to strengthen international legislation in support of gender and AIDS. In collaboration with UNFPA, the Secretariat contributed to strengthening the Key Actions for the Further Implementation of the ICPD+5 Programme of Action (POA). Key actions passed by the UN General Assembly Special Session in 1999, now articulate specific goals for the reduction in prevalence of HIV and include sections on gender and AIDS that were not previously addressed. In the Beijing+5 regional follow-up conferences, the Secretariat worked cooperatively with selected NGOs to advocate recognition of the important ways in which AIDS is linked to the Platform's strategic areas of action. Specifically, in the African conference organized by the Economic Commission for Africa, the impact of AIDS was highlighted in the final regional platform in the areas of poverty, economic empowerment, violence including armed conflict, and the family. The European regional platform likewise cited AIDS as a significant factor compelling national action against trafficking of women and girls.

33. In the coming year, efforts will be directed at sustaining the increased awareness of the relationship of gender to AIDS, and special events and publications will be prepared to ensure that gender-focused AIDS responses are visible on both the AIDS and development agendas. The Secretariat will continue to provide support for mainstreaming activities, and will direct greater attention to structural responses, including programmes to provide women and girls with greater economic opportunities and to protect them from sexual exploitation and trafficking.

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

34. The greater involvement of people living with or affected by HIV/AIDS (GIPA) is critical to the effectiveness of global, national and community responses to the epidemic. In order to improve the Secretariat's attention to this issue, a Focal Point on GIPA was created in October 1999. A concept paper on GIPA, titled "*From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS*". The concept paper, published in the UNAIDS Best Practice Collection, includes a broadened definition of 'persons affected' and provides practical advice for organizations on ways to promote GIPA. The Secretariat is also in the process of producing two training manuals for GIPA volunteers. One of the manuals is designed to equip volunteers with such skills as public speaking and report writing, and another focuses on 'self-reflection', to help volunteers as well as organizations interested in involving PLHAs to analyze the implications of public disclosure. Both curricula will be completed in the coming year.

35. During the year, the Secretariat has also attempted to raise attention to GIPA at the international level by holding workshops and sessions in various global conferences. UNAIDS held two separate workshops on GIPA at the XI ICASA Conference in Lusaka, Zambia. The large number of participants in the workshops - estimated at 600 people - demonstrated a growing interest in GIPA.

36. To further develop knowledge of GIPA, the Secretariat organized a technical consultation on GIPA which was held recently in February 2000 in Nairobi, Kenya. The consultation brought together NGOs and activists from around the world to explore case studies of successful or innovative programmes and outline recommendations for organizations. Results of the consultation are being documented and will be used to guide the Secretariat as it formulates its own plans for the coming year.

37. The Secretariat and UNDP have also continued their support for projects to increase the representation of PLHA in government ministries and NGOs concerned with AIDS, as well as in

health and social support programmes. In collaboration with the Network of African People Living with HIV/AIDS (NAP+) and United Nations Volunteers (UNV), forty-six PLHA have been recruited, trained and placed in various institutions in Malawi and Zambia where they serve as UNV volunteers. Initial reports of the projects have been very positive, but a formal evaluation of the projects in Zambia and Malawi will be conducted this year. Lessons learned will go into the planning of projects for other countries in Africa and Asia, including Burundi, Cote d'Ivoire, India and Cambodia.

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

38. During the last year, the focus has been on further developing frameworks and methods for the monitoring and evaluation of activities of the Secretariat, Cosponsors and partners at the global, regional and national level. UNESCO, WHO, UNFPA, UNICEF, and UNDP, in addition to representatives from bilateral development agencies and academic institutions, were actively involved in the UNAIDS Monitoring and Evaluation Reference Group and in developing indicators and a common format for monitoring the unified workplan and budget. The preliminary indicators included in the budget and workplan document are primarily quantitative in order to give a global overview of how the programme is performing. However, additional, more specific, qualitative and quantitative indicators are currently being developed to provide more in-depth information on the performance of the programme.

39. As part of the effort to assess the internal functioning of the Secretariat, indicators were developed to monitor progress in individual workplans over 1998-1999. Frameworks for evaluating the major functions of the UNAIDS Secretariat were also developed and reviewed, and a process was initiated to operationalize and internalize these frameworks as a basis for planning and carrying out continuous monitoring and evaluation of the Secretariat.

40. During the last year, the Secretariat has conducted specific evaluations to assess some of the key functions of UNAIDS. An evaluation of the Best Practices Collection was carried out, in addition to an assessment of the UNAIDS/World Bank regional initiative for Latin America and the Caribbean and a review of the functioning of UN Theme Groups for 1998. A desk review of country-level UN system integrated plans on AIDS was also conducted and guidelines were developed to better support UN agencies in the development of these plans.

41. Furthermore, UNAIDS has continued to support the further development of indicators and data collection methods for monitoring and evaluation of national AIDS programmes. These include HIV sentinel surveillance, sexual behaviour surveys, monitoring of policy and programme effort, as well as surveys in which HIV/AIDS-related data collection is a secondary issue. The AIDS Programme Effort Index, developed in collaboration with USAID and the Futures Group to improve assessment of the national and international response to AIDS, was field tested in 6 countries. Surveys using the Programme Effort Index are now underway in 40 countries across Africa, Asia, Latin America and the Caribbean Region. Monitoring of the national response also continued through the updating of country profiles in selected countries, which describe the state of the epidemic and the response to it.

42. Finally, the Secretariat continues to focus on monitoring international and national resource flows. A study on national and international resources for the response to AIDS conducted in collaboration with the Harvard School of Public Health was completed and results were published in April 1999. In order to continue to monitor AIDS financial flows in a more sustainable way, UNAIDS recently joined an ongoing collaboration between UNFPA and the

Netherlands Demographic Institute (NIDI) to monitor the national and international financing of population activities on a yearly basis in the context of the ICPD follow-up. The results of the survey on resource flows in 1998 will be available for the current meeting of the PCB.

43. In the coming year, the Secretariat will carry out assessments of the different functions that shape the work of the Programme and the activities undertaken by UNAIDS as a whole. It is anticipated that the further development of the UNAIDS monitoring and evaluation frameworks and the improved evaluation approaches, including the evaluation of key functions and themes during 2000, will provide the basis for an overall evaluation of the UNAIDS Programme planned for 2001.

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

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

###### **(i) Dynamics and determinants**

44. A primary objective of the Secretariat and Cosponsors in this area has been to improve the collection of data on the impact and determinants of HIV and to integrate these findings into policy and programmes. Cosponsors have undertaken steps to address factors associated with vulnerability to HIV in programming. UNFPA has given special attention to the behavioural aspect of HIV/AIDS and, in countries such as Burkina-Faso, Uganda, South Africa, has supported situation assessments to improve understanding of the determinants of risk behaviour. The efforts of UNICEF in this area have focused on youth and AIDS and increasing awareness of the importance of vulnerability factors in Africa and Asia. The World Bank has provided strategic guidance for AIDS programmes, for example through its publication, *"Intensifying Action against HIV/AIDS in Africa: Responding to a Development Crisis"*. UNESCO has been active in regional workshops in Africa addressing the cultural perception of AIDS. Finally, UNDP has held workshops at the regional and national level in which representatives of civil society have come together to discuss and plan responses to AIDS.

45. The emphasis has also been on improving the capacity to document the spread of HIV and its dynamics, by among other things, disseminating best practices and tools. Tools such as *"Meeting the Behavioural Data Collection Needs of National HIV/AIDS and STD programmes"* were disseminated and are currently being applied in a series of countries. With support from the Secretariat, the International Organization for Migration (IOM) is playing an important advocacy role and has organized workshops at the regional and national level to improve the recognition of migration as a key factor in HIV dynamics. Finally, the Secretariat, in collaboration with the World Bank and FAO, has assisted countries in carrying out assessments of HIV dynamics in rural areas.

46. In supporting national programmes to document the impact of HIV, the concern has also been to increase attention to the socio-cultural determinants of AIDS. The Secretariat has worked with countries in the strategic planning process to examine the obstacles to incorporating socio-cultural determinants and to document best practice, such as in Tanzania, Malawi, Burkina-Faso, China, and Guatemala. Currently, the Secretariat is in the process of collecting case studies for a best practice guide on integrating socio-cultural determinants into national strategic plans.

47. In 1998, UNAIDS completed the first international study of the differential spread of HIV in four cities in Africa (Cotonou, Yaounde, Ndola and Kisumu), and results have been disseminated at the national and international level. With the collaboration of the Wellcome Trust

and UNFPA, similar studies are now being implemented in Burkina Faso, Zimbabwe and South Africa. The findings of the previous study have raised some critical issues about the vulnerability of young people that need further investigation, such as the high risk posed by STIs, and in particular HSV-2 (Herpes Simplex Virus-2), and male circumcision. Results of the current research will be available in the coming year and should shed further light on the factors that contribute to vulnerability.

## **(ii) Epidemiology**

48. The Secretariat and Cosponsors have concentrated efforts in this area on improving the collection of data, and in particular on improving systems for surveillance to support national strategic planning. The Secretariat, together with WHO and national and international institutions, has developed a global database on country specific AIDS estimates and results of surveillance of biological and behavioural markers of HIV spread and risks. The database is currently being pilot tested in the European Regional Office of WHO. Once finalised, it should be possible for planners and programme managers, at national, regional and international levels, to download as well as enter data on AIDS.

49. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance established a Reference Group on HIV/AIDS Estimates, Modelling and Projections. The reference group was instrumental in the process of updating the country-specific estimates and has guided specific research activities in areas where gaps were identified. Input from the reference group has also helped to set clearer international standards for the assessment of AIDS and its impact, and should ensure the production of further improved estimates.

50. WHO has published guidelines on STI surveillance in different cultural and epidemiological settings as part of the “second generation surveillance” efforts. The Secretariat together with WHO and with the support of major donors (EC, USAID, GTZ and others) have promoted the development and implementation of second generation surveillance principles at national level and the development of strategic plans on HIV surveillance at national, regional and global levels. Second generation HIV surveillance is promoted as one of the major modules of the broader guide and package on monitoring national AIDS Programmes. This initiative is coordinated by the Secretariat in collaboration with a group of national and international partners (WHO, Measure Evaluation/USAID and others), and supported through a special grant from the European Commission. The effort will also benefit from the support of UNAIDS’ technical resource networks, particularly the Monitoring the AIDS Pandemic Network, and the network of UNAIDS reference centres in all regions of the world.

51. The Secretariat has been involved in research projects to improve understanding of the dynamics and impact of HIV, including a study on the demographic effects of AIDS with the World Bank, and research highlighting the effect of HIV infection on fertility. Results of the research on fertility have permitted more accurate national HIV estimates, since adjustments for reduced fertility among HIV-infected women have been made.

52. In the coming year, the Secretariat and WHO will continue to collect and disseminate epidemiological data on AIDS, in addition to providing technical assistance to improve surveillance and monitoring at the national level. The database that contains epidemiological data will be further developed and made available to the public. It is expected that this system will greatly enhance the flow of information and introduce more efficiency into the monitoring of AIDS in countries. The Secretariat, with WHO and other partners such as the US Bureau of the

Census and the European Centre for Epidemiological Monitoring of AIDS, will publish updated epidemiological fact sheets for countries for 2000 and 2001. Guidelines to improve national capacity for monitoring and surveillance will also be published and distributed.

## **B. Advocacy and public information**

53. Towards the end of 1999 and through the first few months of 2000, it appears that a significant shift is taking place in the global response to the epidemic. The momentum is apparent at the country level, where in many countries, national recognition and commitment to the epidemic is gathering speed. It is apparent in the international arena, witnessed for example, by the debate in the Security Council on AIDS in Africa in January 2000; in the inclusion of HIV/AIDS in the G77 South Summit in April 2000 in Havana and in the Spring Meetings of the Development Committee of the World Bank and the International Monetary Fund in Washington. International concern is now matched by country level responses, as national leaders, particularly in Africa and in some Asian countries, speak out about the epidemic. Announcing the launching of the National Strategic Plan to combat STDs/HIV/AIDS in September 1999, for example, the Mozambican President observed that the epidemic was an emergency, the 'priority of priorities' facing the nation. Many other national leaders have spoken out. The International Partnership against AIDS in Africa (IPAA) has been endorsed by Africa's Finance and Planning Ministers at the annual meeting of the Economic Commission for Africa (ECA) in Addis Ababa in May 1999 and the ECA will focus the African Development Forum this year on the development impact of AIDS. In July 1999, the Council of Ministers of the Organization of African Unity (OAU) in Algiers approved a resolution endorsing the International Partnership and three months later the OAU signed an official cooperation agreement with UNAIDS. In addition, most donor countries are now increasing their investments in AIDS-related activities in the developing world. The UN Secretary-General has been a very active advocate on AIDS, and in his report to the Millennium Assembly of the United Nations has called for a more vigorous response to the AIDS epidemic.

54. For the Caribbean and Latin American region, a "Presidents' Initiative" has been developed to gather official presidential statements or declarations on AIDS from countries in the Region. Other achievements include the Ibero-American Summit of Heads of State in Cuba, which was held in November 1999, where leaders declared their political commitment in support of the implementation of national plans on AIDS. In 1999, UNAIDS also appointed a new Goodwill Ambassador, Mr. Mechai Viravaidya, a well-known personality in the fight against AIDS, who is also a Thai senator and founder of the largest non-profit development organizations.

55. At the request of countries around the world, eager to consolidate efforts to reach the age group at highest risk, the 1999 World AIDS Campaign "*Listen, Learn, Live!*" continued to focus on people under 25 years old. At the world launch in Brasilia in the presence of President Cardoso, UNAIDS called on adults to listen to the concerns of young people and help them to tackle the forces in society, such as violence and machismo, that make them particularly vulnerable to HIV. Thousands of events were held around the world, including candlelight walks, art presentations, lectures, and concerts. Several partner agencies played a key role in the success of the campaign, including Education International, Red Cross, Save the Children, MTV International, the World Association of Girl Guides and Girl Scouts and the World Organization of the Scouts Movement. The Campaign again provided a strong framework within which UN Theme Groups and other partners can work together to increase awareness on AIDS issues and strengthen the involvement of key players in the response. For both the 1998 and 1999 Campaigns, the Brazilian football player Ronaldo acted as a spokesperson.

56. UNAIDS has continued to receive major media coverage, with increasing attention focused on the AIDS epidemic in African countries. Advocacy and public information support was provided to the new International Partnership against AIDS in Africa. Activities included: i) briefing and training for international and African journalists; ii) media and advocacy training of UNAIDS staff including the production of a training manual on advocacy skills and strategy; iii) the development of a framework strategy paper for the Partnership in the advocacy area; iv) a number of special media projects and visits of journalists to African countries; v) the development of media outreach and media monitoring in African countries; vi) publications and materials focusing on priority issues on the continent.

57. In the coming year, efforts will continue to focus on building and maintaining the political momentum around AIDS, in both the North and the South. Public information activities in support of this include the formation of a regional network of media consultants which has begun to operate in major media centres around the world. This network will help to ensure that all key regional and national media outlets are briefed on UNAIDS priorities and improve monitoring of media coverage in key regions. Particular priority will be given to the International Partnership against AIDS in Africa. A number of major international conferences will provide high-level platforms for AIDS in Africa, including the International AIDS Conference in Durban in July 2000 and the African Development Forum. This year's World AIDS Campaign '*Men make a Difference*' will also bring about much needed attention to the role in men in responding to the epidemic and in challenging harmful concepts of masculinity.

### **C. Country level approaches**

#### **(i) UN Theme Groups on HIV/AIDS**

58. The role of the UN Theme Group on HIV/AIDS as a mechanism to ensure a cohesive and more active UN system response to AIDS continues to demonstrate its relevance and importance. This is particularly evident in countries that have embarked on the United Nations Development Assistance Framework (UNDAF) process. Thus in many countries including China, Vietnam and Namibia, the UN Theme Group facilitated the UNDAF process since it shares the same objectives of bringing greater coherence to the different UN programmes of assistance at country level.

59. Increasingly, the Theme Group mechanism is being expanded to bring together, at a technical and/or policy level, national governments, non-governmental organizations, international donors and development agencies, in addition to UNAIDS Cosponsors and other UN agencies. 'Expanded' Theme Groups facilitate dialogue and networking between partners thereby strengthening support to the national response.

60. There are now 129 UN Theme Groups on HIV/AIDS. The rotation of Theme Group chairs has been widely accepted which has resulted in a much broader representation of agencies in this role, as well as greater ownership of UNAIDS. As of February 2000, 40% of Theme Group chairs were from WHO, 25% from UNDP, 19% from UNICEF, 12% from UNFPA, 2% from UNESCO, 1% from the World Bank and 1% from UNDCP.

61. The Secretariat has conducted yearly assessments of the performance of UNAIDS in countries. This year's assessment consisted of a desk review on the status of the Theme Groups in 86 of the 88 priority 1 and 2 countries. The review confirms the trend found in previous

assessments that Theme Groups fulfil three core functions: advocacy, providing support to national strategic planning on AIDS and mobilizing resources for these plans.

62. Almost all of the Theme Groups are involved in advocacy and mobilizing political commitment for a broad-based response to AIDS. For example, in Vietnam, the UN Theme Group spoke in unison against plans to discriminate against people living with HIV in the workplace; in the Philippines, the UN system had significant input into legislation that guides the multisectoral national response. They have also been instrumental in bringing new partners into the fight against AIDS. In Argentina, for example, the Theme Group has facilitated cooperation with the Catholic Church and a sectoral strategic plan developed by the Argentinian Episcopal Conference.

63. Many Theme Groups have been instrumental in urging and assisting national authorities to decentralize the AIDS prevention activities to provincial, district and sub-district levels. In such countries as Kenya, Zimbabwe, Botswana and Swaziland, Theme Groups have supported different activities to implement strategies and/or strengthen capacities at the regional and district level.

64. Consistent with PCB(7)/98.6 recommendation 13, the UNAIDS Secretariat has been promoting the development by UN Theme Groups of integrated UN system workplans on HIV/AIDS. Secretariat support has included the preparation of a Guide, "*United Nations System Integrated Planning in support of the National Response to HIV/AIDS*", which is a complement to the Resource Guide for Theme Groups prepared in 1998. A desk review of UN integrated plans conducted in 1999 revealed that 60 out of a total of 86 Theme Groups had formulated plans for 1999. Many of those plans (57%) included joint activities only, while 11 (13%) of Theme Groups had developed integrated workplans. The review also revealed, however, that further progress is being made. As of February 2000, 48 of the 86 Theme Groups had begun the process of integrated planning for this year and seven of these had already completed integrated plans on AIDS. It is clear that not all Theme Groups are working to their full potential. Priorities for the coming year will be to analyze and understand the factors that influence success and a well-coordinated UN response to HIV/AIDS, and to further increase the number of highly effective and expanded Theme Groups.

#### **(ii) National strategic planning and review**

65. Support to national AIDS strategies has remained a key area of activity as part of the UNAIDS objective to build the capacity of countries to develop and implement relevant and sustainable multisectoral responses to AIDS. In line with PCB recommendations (UNAIDS/PCB(6)/98.12), the Secretariat has also stressed the importance and potential for adopting strategic approaches to planning at decentralized levels, including district or community, as well as at central or national level. This is reflected in the adaptation and translation of the UNAIDS modules on national strategic planning processes in several countries, including the Russian Federation, China, Indonesia and in Central America.

66. In Africa, 11 countries have to-date completed national strategic plans and a further 13 are in the process of doing so. UNAIDS Cosponsors and the Secretariat have provided technical and financial assistance both for the national processes and, in the case of Burkina Faso and Tanzania, for district level planning as well. As the International Partnership on AIDS in Africa gathers momentum over this coming biennium these plans are pivotal to the intensification of action in the Region in a way that addresses specific national needs and priorities.

67. In Eastern Europe, UNAIDS Cosponsors and the Secretariat have provided financial and technical support to strategic planning processes in several countries, including Armenia, Azerbaijan and Georgia. In Belarus and the Ukraine, UNDP and the Secretariat initiated the process with advocacy workshops, and in Moldova, national technical teams were trained. In the Russian Federation, situation and response analyses have been conducted at the level of 12 administrative territories.

68. In Latin America and the Caribbean, Guatemala, Nicaragua, Colombia and the Dominican Republic have completed their national process, and in the Caribbean strategic planning has proceeded on a sub-regional level.

69. In Asia, besides supporting financially and technically the development of national plans in several countries including Cambodia, Myanmar, Vietnam, Lao PDR, Nepal and Papua New Guinea, UNAIDS Cosponsors and the Secretariat have promoted and collaborated with national authorities' efforts to plan strategically at provincial and/or state level in China, India, Cambodia and Indonesia. The emphasis throughout has been and continues to be on ensuring national ownership and leadership of the process, be it in Asia or in the Pacific Islands (where UNAIDS has collaborated with AusAID on a project to build national strategic planning capacity).

**(iii) Strengthening resource mobilization capacities**

70. Theme Groups in Africa, Asia, Europe and Latin America served as the primary mechanism through which additional resources for AIDS programmes were mobilized in countries. In Africa, Theme Groups in Tanzania, Ghana and Namibia succeeded in bringing together country-level actors, including governments, partners within the UN system, bilateral donors, NGOs and the private sector in support of national action on AIDS. In Swaziland, the Theme Group was instrumental in supporting heightened political commitment, including the King's declaration that AIDS constituted a national disaster and the creation of a national AIDS crisis management committee. In March 2000, the Theme Group in Malawi supported and facilitated a Roundtable to mobilize funds for the national plan. It resulted in pledges covering 80 percent of the US\$ 121 million required.

71. Theme Groups in Central America and the Caribbean, including Honduras and the Dominican Republic, gave support to resource mobilization through the elaboration of National Strategic Plans which serve as the main platform for these efforts. The Theme Group in Brazil helped push forward an agenda for greater private sector involvement through the creation of a National Business Council. In Jamaica, with support from the Secretariat, the Theme Group was engaged in a concerted review of resource mobilization at the country level to look into opportunities for expanding support for national action.

72. In Asia and the Pacific, Theme Groups were instrumental in leveraging funds, in addition to the Strategic Planning Development Funds (SPDF) provided by the UNAIDS Secretariat. For example, the Theme Group in Sri Lanka helped mobilize such resources through capacity-building efforts at national level. Expanded Theme Groups in Kazakhstan, Kyrgyzstan and Azerbaijan, through intensified resource mobilization, managed to double UNAIDS core support to those countries by attracting additional contributions from bilateral donors and the private sector. The importance of resource mobilization within the framework of the on-going national strategic planning processes in eleven countries of Central and Eastern Europe and Central Asia was emphasized through technical support from the Theme Groups and the Secretariat.

**(iv) Secretariat financial support to the national response**

73. Over the 1998-99 period, the Secretariat channelled Strategic Planning Development Funds totalling close to US\$ 22.9 million (US\$ 15.7 from the core budget and US\$ 7.2 from multilateral sources) through Theme Groups in support of countries' responses to AIDS. Around 260 projects in 117 countries were funded through this mechanism. The funds were also catalytic to a large extent as they complemented existing funding or directly leveraged additional funding for a reported amount of US\$ 14.7 million.

74. The projects were prepared by national partners together with the Theme Groups. Their overall objectives were to support expanded national responses while at the same time stimulating and strengthening UN system collaboration through the Theme Group mechanism. The responsibility for supporting the preparation and monitoring of the implementation of the projects mostly rested with one of the cosponsoring agencies (here called the executing agency), while the projects were implemented by NGOs, national AIDS programmes and community-based organizations. UNDP was the executing agency for 40% of the projects, WHO for 29%, UNICEF for 14%, UNFPA and UNESCO for 4%, and the Government for 9%. Funds were primarily allocated to country-specific projects, but a proportion of the funds was also allocated to country or inter-country projects within the framework of the Africa Partnership, the Great Lake Initiative and other inter-country projects.

75. In Africa, close to US\$12 million, including funds from the core budget and from multilateral contributions, was provided through the SPDF mechanism to support 151 projects in 44 countries in sub-Saharan Africa. Priority programmatic areas such as human rights, Greater Involvement for People Living with HIV/AIDS (GIPA), youth, and access to drugs, were well represented among the projects supported under the 1998-1999 SPDF. Post-conflict countries across Africa received support in the implementation of catalytic activities, particularly with respect to Strategic Planning.

76. In Asia, the SPDF mechanism has been ably utilized by the UN system to support and promote a true expansion of the national response in China at a critical juncture in the country's AIDS situation. As China's authorities have acknowledged the importance of adopting strategic approaches to AIDS planning, one key component of the project has been to support in timely fashion strategic AIDS planning in several provinces as well as prefectures. At the same time, another component has included support to priority activities identified by provincial and district authorities. In so doing, an overarching concern has been to mobilize local political commitment and rely on local/regional technical capacity.

77. During 1998-99, all 29 Theme Groups in the Americas have approved projects against SPDFs and have received the funds. The bulk of the SPDFs were to be used for strategic planning, intervention among youth, prevention of MTCT and intervention among vulnerable groups.

78. In Europe, 29 catalytic projects were approved for funding through the SPDF mechanism. The focus of the projects was mainly on strategic planning and/or support to priority areas identified through strategic planning. Reflecting the current epidemiological situation, AIDS prevention among vulnerable groups, especially injecting drug users, was given high priority.

79. Overall, the SPDF procedures appeared to have worked well as an incentive to mobilize and consolidate the work of the Theme Groups. An analysis of the SPDF was undertaken in 1999 to assess the handling of funds and to identify obstacles and opportunities for improving the

process. While a number of constraints were identified, such as the length of the approval process and complexities in the management of funds, a number of recommendations were also made that will help streamline the process and render it more effective.

**(v) Capacity-building and support at the national level**

80. There is still a need to encourage a more even participation of the Cosponsors in the Theme Groups on HIV/AIDS and efforts are being made by the Secretariat to encourage their greater involvement. The letter sent by the UNDP Administrator in September 1999 to all Resident Coordinators sought to ensure that the CPAs are getting the necessary logistic support. UNAIDS Secretariat Country Programme Advisers (CPAs) are based at country level to support and facilitate the Theme Group work. As of March 2000, there were 41 internationally and nationally recruited CPAs, and over 40 focal points, mostly from UNDP and WHO. There are also Junior Professional Officers (JPOs) in 16 countries who work with the CPAs in support of Theme Group operations.

81. As of March 2000, there were 41 internationally and nationally recruited CPAs, and over 40 focal points, mostly from UNDP and WHO. There are also JPOs in 16 countries who work with the CPAs in support of Theme Group operations. The CPAs generally work out of the office of the Resident Coordinator or one of the Cosponsors. It has also been the principle that the Cosponsors gradually provide most of the administrative and logistics support to the CPAs. This has proven difficult to realize. There are many Theme Groups, like those in Nigeria, Mozambique and Laos, which generously contributed towards these costs but the UNAIDS Secretariat's share is still much higher. The estimated contributions in kind for this type of support from UNAIDS Cosponsors and other UN agencies during 1998-1999 amounted to US\$ 773,465 while the estimated total for 1996-1997 was US\$ 820,702.

82. The Secretariat has made major efforts to strengthen its support to the CPAs, JPOs and focal points by providing better guidance and management support on a continuous basis and also regular staff development activities. A workshop on the Development of the International Partnership against AIDS in Africa was held in Geneva at the beginning of 1999 for all Country Programme Advisers in Africa and the Inter-country teams in Abidjan and Pretoria. Two additional workshops for country-based Secretariat staff were held in 1999, one in Lusaka and one in Geneva. In both instances, a strong emphasis was placed on achieving a greater mobilization of the Cosponsors and other key partners to support the national response to AIDS through the UN Theme Groups on HIV/AIDS.

83. Workshops were organized by the Secretariat in different regions of Africa, Asia, Latin America and the Caribbean to provide opportunities for networking and information-sharing between Theme Group Chairs, other Cosponsor representatives, National Programme Managers, bilateral donor agencies, UNAIDS Secretariat staff and other stakeholders. The meetings also served to define concrete steps for strengthening Theme Group operations in support of national responses and contributed to the process of developing regional programmes and strategies.

84. A number of steps have also been taken to strengthen Cosponsor capacity at the country level. UNICEF is in the process of recruiting twelve new staff members to assist its country offices in working with governments and non-governmental organizations in Africa. UNFPA organised a workshop in Dakar in July 1999 with support from the Secretariat, to brief its advisers from the three Country Support Teams (CSTs) for Africa on HIV/AIDS/STDs. The UNAIDS Secretariat and Cosponsors participated in a workshop at a regional AIDS conference

organized by the World Bank in Lusaka in August 1999 in connection with its initiative on “*Intensification Action against HIV/AIDS in Africa*”. For the last two years UNAIDS intercountry teams have participated in the annual regional meetings of the Cosponsors, especially those of WHO, UNICEF and UNFPA.

85. In addition to the above, the Secretariat is producing a web-based and CD-ROM training package entitled: “*The Essentials Kit*”. With this package, incoming and existing staff will be able to quickly learn about the Programme, its functions and priorities. This kit, designed to be an accessible, user-friendly and interactive tool in a format lending itself to regular updating, will be available by mid-2000. The Secretariat also participated in the undg Technical Task Group on HIV/AIDS which developed an orientation package for staff of all UN system organizations illustrating the major points on the issue of AIDS.

**(vi) Capacity-building and support at the regional and international level**

86. The Cosponsors and Secretariat worked together with key bilateral and non-governmental partners to develop sub-regional initiatives in all regions. Such sub-regional initiatives have been developed for the Caribbean and Latin America, the Baltic States, South-East Asia and in Africa under the umbrella of the International Partnership on AIDS in Africa. In some cases, Cosponsors also prepared their own institutional AIDS strategies which complement the Programme’s initiatives, such as UNICEF’s strategies for Africa and Eastern and Central Europe, the World Bank in its Africa AIDS Strategy, the UNFPA Policy and Training Workshop in Africa, UNDP’s Strategies for Latin America and the Caribbean, and UNDCP’s Strategies for Africa and South Asia.

87. The UNAIDS Secretariat, Cosponsors and CARICOM are supporting a sub-regional initiative for the Caribbean based on the identification of priorities and coordination by sub-regional players. This is in line with a recent decision of the Regional Offices/Bureaus of the UN Agencies to focus their development activities on the Caribbean. A Sub-Regional Task Force is in place and a Sub-Regional Strategic Plan has been developed through intensive consultation with member states. The European Commission has committed special support to this initiative. A sub-regional initiative has also been recently developed for Central America. Priority areas for concerted action at sub-regional level include mobile populations and political mobilization. These emerged as priorities from an analysis of National Strategic Plans in five of the seven Central American countries.

88. A sub-regional initiative supported by UNAIDS is also in place in the Southern American Cone to address AIDS epidemics related to IDU in Argentina, Uruguay, Paraguay and Chile. A sub-regional project was developed through the collaborative efforts of national governments, NGOs and the UN Theme Groups of these countries and is now being implemented with support from the Spanish government, UNDCP and the UNAIDS Secretariat. The UNAIDS Secretariat has also supported the Catholic Church’s efforts to coordinate its AIDS activities across the region. As a result, projects prepared by the Catholic Church in eight Latin American countries were shared during a workshop in Buenos Aires in March 99.

89. A Strategy Meeting to “*Better Coordinate Regional Support for National Responses to HIV/AIDS in Eastern and Central Europe*” was organized by the UNAIDS Secretariat and UNICEF and held in Geneva in November 1999. The meeting brought together representatives of UNAIDS Cosponsors, bilateral agencies and international non-governmental organizations working on AIDS in the region. Participants agreed to undertake urgent joint action to support national responses to AIDS and identified three regional strategic priorities: (i) expanded

coverage of HIV prevention among injecting drug users, (ii) prevention and control of STDs, and (iii) needs of vulnerable young people. As a follow-up, a sub-regional initiative, focusing on a wide area stretching from Kaliningrad through the Baltic states to the St Petersburg region, was launched in December 1999 by the governments of the United States and Finland with assistance from the Secretariat.

90. In South Asia a first consultation was organized to improve coordination and joint action at regional level in support of national programmes in Katmandu, in October 1999. It brought together regional and country representatives of Cosponsors, the UNAIDS Secretariat, Theme Groups on HIV/AIDS, national programme staff, bilateral agencies and international NGOs. A set of issues requiring collaborative action was agreed on: advocacy, drug use and human trafficking. A follow-up meeting was held in New Delhi in March 2000, which further consolidated the collaboration and led to the development of action plans, in particular on information and advocacy. Since 1996, the Secretariat has, through the Inter-country Team in Bangkok, been facilitating programme development in South-East Asia in the areas of drug use and migrant populations, and strengthening capacity for information exchange among countries in the sub-region. The first series of consultations at the sub-regional level between Theme Groups and Cosponsors was convened in May 1999 in Hanoi and in August 1999 in Hua Hin. The purpose was to strengthen Theme Group operations in support of national responses and examine ways of improving collaboration at the regional level. As a result, the regional Cosponsors requested the Secretariat to facilitate a consultation between Cosponsors and other national and international partners in Thailand in April 2000. Regional support to national programmes is also being consolidated.

#### **(vii) The International Partnership against AIDS in Africa**

91. Within the International Partnership against AIDS in Africa, considerable progress is being made in gaining political commitment and intensified action at country level. Few international health initiatives have been given such a mandate and such a high level of endorsement as has the Partnership. In December 1999, the UN Secretary-General brought together, for the first time, the five constituencies of the Partnership (African governments, the UN, bilateral development agencies, NGOs and the private sector) and charged them with preparing an unprecedented response commensurate with the scale of AIDS in Africa. The partners committed themselves to working together under a commonly negotiated Framework for Action, focusing on actions in countries.

92. Since December 1999, activities have been accelerated at country level with plans being developed to support up to 12 Roundtables or similar events in 2000. The jointly owned and negotiated Framework for Action, which is the outcome of an intensive process of consultation, is being presented to the May 2000 PCB meeting for endorsement. While the Partnership is still in its early days, the potential for political, resource and technical mobilization is already being demonstrated.

### **D. Global and regional level mechanisms**

#### **(i) UNAIDS Workplan**

93. A UNAIDS Proposed Unified Budget and Workplan for 2000-2001 was presented at the eighth meeting of the PCB in June 1999. Prepared with a view to enhancing the complementarity of roles and responsibilities of Cosponsors, it included proposals for activities for which joint

funding would be sought. This new mechanism replaces the Coordinated Appeal for Supplemental Funded Activities which was carried out in previous years. The workplan is structured according to 13 programme components which represent areas that are critical to the AIDS epidemic and in which the UN system can play an important role. Using a strategic approach, budgetary allocations have been set according to thematic, geographical and functional priorities.

94. The PCB approved the UNAIDS Unified Budget and Workplan for 2000-2001 at the proposed level of US\$ 140 million, noting that this was not an increase over the total budget for 1998-1999, which included the Secretariat core budget together with the amount requested in the Coordinated Appeal. Substantial additional resources are still required, however, especially at the regional and country levels, to make a greater impact on the epidemic. ECOSOC passed a resolution (1999/36) in its last meeting in July 1999 commending the Secretariat for the development of the 2000-2001 Unified Budget and Workplan.

#### **(ii) Inter-Agency Working Groups and Task Forces**

95. Over the year, Cosponsors and the Secretariat have continued to participate as members in inter-agency working groups. At the global level for example, UNAIDS participates in the Inter-Agency Advisory Group on AIDS (IAAG), which focuses on the overall collaboration on AIDS within the UN system. Throughout 1999, other inter-agency groups working on specific thematic issues have continued to operate, such as the inter-agency groups on gender, integrated HIV/STD prevention in the school setting, especially vulnerable young people, communications, and mother-to-child transmission of HIV. A new working group on access to drugs for HIV and HIV-related conditions was also formed in 1999 to focus on country-level work. The working group is expected to advise governments on access to drugs and assist in the development of guidelines for care and management of people living with HIV/AIDS. The Secretariat and Cosponsors are now engaged in discussions to identify areas where other inter-agency working groups may be needed, and to broaden the function of working groups to move beyond information-sharing and become 'task teams' that would develop common strategies and integrated workplans and budgets.

96. At the regional level, a growing number of task forces are operating. In Eastern Europe and the Newly Independent States, two task forces have been formed to address HIV prevention among injecting drug users and sexually transmitted infections. In South-East Asia, new task forces have been established to address drug use, mobile populations and youth. A review of the Task Force on HIV Prevention among Injecting Drug Users in Eastern Europe and the Newly Independent States, concluded that the task force has served an important catalytic role for a wide range of initiatives. It has also contributed to the wide acceptance of pragmatic approaches to HIV prevention among injecting drug users in the countries. To facilitate the expansion of these programmes in the region, a full-time secretariat will be established at UNDCP to improve the coordination of activities of the task force and to mobilize greater international support.

#### **(iii) Inter-country technical network development**

97. The Cosponsors and the Secretariat supported technical networks and task forces in all regions, with notable success in certain cases, such as: the Asian and European Harm Reduction Networks, the Horizontal Cooperation Network of AIDS programme managers for Latin America, the Regional AIDS Training Network for anglophone Africa, the network of specialists on migration and AIDS in West Africa, and the Religious Alliance against AIDS in Africa.

98. Through a combination of expanded technical expertise located in Cosponsors' regional offices and a gradual shift in organizational culture toward a country service focus, the Cosponsors and Secretariat were able to offer a growing mix of direct and brokered technical support to an increasing number of countries. This activity will need considerable reinforcement in the coming biennium as the Cosponsors and Secretariat strive to use local technical capacity, build stronger national capacities, and facilitate better external technical support to a large number of national AIDS programmes in Africa, Asia, Europe, and Latin America, especially to priority countries. The Programme is increasingly using electronic information services in this type of work, including: (i) global web/email-based 'closed' fora on mother-to-child transmission of HIV and local response to HIV; (ii) regional fora for the media and Theme Groups on HIV/AIDS in Southern Africa, and; (iii) an 'open' discussion forum in French for West Africa (SAFCO), modelled on the successful 'SEA-AIDS' in South-East Asia.

99. The UNAIDS Secretariat has supported regional stakeholders such as the Horizontal Technical Cooperation Group, which is a South-South technical collaboration network of Latin American and Caribbean (LAC) National AIDS Programmes dedicated to an egalitarian 'horizontal' transfer of experiences, knowledge and technology on AIDS. Key outputs from this horizontal cooperation in LAC are: (i) the compilation of country-level best practices ("experiences") recently published, and (ii) the inter-country approach to the problem of access to HIV drugs.

100. The National Institute of Public Health in Mexico (INSP) and the Foundation Oswaldo Cruz (FIOCRUZ) in Brazil have been recently designated as UNAIDS Collaborating Centres. The INSP is the coordination node for the strategic planning network and is supporting the Central America Initiative; FIOCRUZ has published the most comprehensive analysis to date on the impact of IDU on the AIDS epidemic in the region and is developing a pilot project on MTCT.

101. Other major efforts underway include the InfoDev project, improving electronic connectivity among institutions working on the response to HIV/AIDS control in the countries of South-East Asia, with financial support from the World Bank. In India, Technical Resource Groups are being supported by the Secretariat and by Cosponsors. Focusing on selected topics, they have begun to provide technically sound support to Federal and State-level managers of India's response to the epidemic. An internet site covering South Asia called "*You and AIDS*" was launched in March 2000.

102. In the 2000-2001 biennium, the development of Technical Resource Networks (TRNs) will build on past successes and current efforts. Guidelines are being defined on methods for assessing and improving the effectiveness of TRNs. A document will be prepared on "*Networking for effective responses to HIV/AIDS*". Selected case studies of effective TRNs are underway or in the planning phase, including one on Harm Reduction Networks and another on a Regional AIDS Training Network in Africa. The Secretariat is improving upon its own capacity to support TRNs.

#### **(iv) Global level governance mechanisms**

103. During 1999, the Committee of Cosponsoring Organizations (CCO) met twice. A meeting of the CCO was held at the level of the executive heads, and another involved the focal points of Cosponsors. In June 1999, the UNDP Administrator took over the chair of the CCO

from the Director-General of WHO. A key contribution of the CCO this year was in the review of the Unified Budget and Workplan before it was submitted to the PCB for approval in June 1999. The CCO also played a central role in the development of the International Partnership against AIDS in Africa, and in broadening membership of UNAIDS, with UNDCP having joined as the seventh Cosponsor. New Cooperation Frameworks were signed with the Food and Agriculture Organization (FAO) and the International Organization for Migration (IOM). In its April 2000 session, the CCO reviewed the progress of the International Partnership against AIDS in Africa, particularly at the country level. It also discussed the interface between AIDS and education, in the context of the progress report being presented to the current meeting of the PCB (UNAIDS/PCB(9)/00.3).

104. In 1999, progress was made in improving services for UN staff members on AIDS. The booklet "*AIDS and HIV Infection: Information for United Nations Employees and Their Families*" was completed and distributed to all UN offices. A curriculum to train UN medical staff was also developed and tested in a workshop in Pretoria for all UNMS health workers in Anglophone Africa. In collaboration with UNICEF and the Joint Medical Services (JMS), Preventive (PEP) starter kits were produced and distributed to all UN field offices, and systems for monitoring their use and distribution were developed. In addition to this, pilot projects to expand care options for UN staff and their families affected by HIV/AIDS were designed and implemented in Zambia and Ethiopia. This is alongside the significant reviews of administrative, policy and financial care and support options that are currently underway in the context of Inter-Agency Advisory Group on AIDS (IAAG), United Nations Development Group (UNDG) and Administrative Committee on Coordination (ACC).

105. In June 1999, the UNAIDS Programme Coordinating Board (PCB) endorsed the UNAIDS Budget and Workplan for 2000-2001 and the International Partnership against AIDS in Africa (IPAA). The PCB recognized the importance of engaging the education sector in HIV prevention and requested that a progress report be presented at its next meeting on the contribution of the education sector to mitigating the impact of AIDS, and the impact of AIDS on the development of the education sector (UNAIDS/PCB(9)/00.4). Furthermore, the PCB encouraged the Secretariat and Cosponsors to intensify their efforts towards developing a UN Strategic Plan for HIV/AIDS for the years 2001-2005, detailing how the UN system will articulate a global strategy. A report on the status of these efforts has been submitted to the PCB for the May 2000 meeting (UNAIDS/PCB(9)/00.5).

106. In the substantive session of the UN Economic and Social Council (ECOSOC) in 1999, UNAIDS presented a comprehensive report on the progress made in response to AIDS and its impact on countries affected. A panel was organized comprising four Chairs of UN Theme Groups on HIV/AIDS and a UN Resident Coordinator. The major outcome of this meeting was the adoption by ECOSOC of a resolution with 14 action points addressed to the Secretariat, Cosponsors and governments for action at the country level. The resolution was sent to all Cosponsors and all country-based staff. Some Cosponsors such as UNDP also took the initiative to forward the resolution to their country representatives.

107. The threat that AIDS poses to peace and security is now widely recognized within the UN system and this was reflected in the meeting of the Security Council in January 2000 in which AIDS was presented as a fundamental threat to security in Africa. The debate, initiated by Vice President Gore and Ambassador Richard Holbrooke ensured that AIDS in Africa was the subject of the first UN Security Council meeting in the new century.

108. The fifteenth meeting of the Inter-Agency Advisory Group on AIDS (IAAG) was held in June 1999 with the ILO as Chair. Among the issues discussed were AIDS and Human Rights, and AIDS in the UN Workplace. Earlier discussions were also initiated by the IAAG on AIDS in emergencies and peacekeeping operations.

109. UNAIDS participated in the bi-monthly meetings and subsidiary groups of the United Nations Development Group (UNDG). During the year, UNDG issued new guidelines for CCAs and UNDAF this year, and UNAIDS has designated a focal point to be part of the CCA/UNDAF Learning Group which will examine lessons learned. Furthermore, UNAIDS played a leading role in the UNDG Technical Task Group on HIV/AIDS and participated in different UNDG working groups. UNAIDS was involved in the development of a new Inter-Agency Mobility Programme, which is expected to be launched in 2000, and supported the production of the new UN 10-Year Programme on Girls' Education.

**(v) Follow-up to Global Conferences**

110. The UNAIDS Secretariat, in close coordination with relevant Cosponsors, participated in the follow-up activities of all the major global conferences. The ICPD+5 Conference ended successfully with goals on AIDS incorporated into the Programme of Action. In the follow-up to the World Summit for Social Development, AIDS has been identified as a serious threat to social and economic development, and is associated mainly with Commitment Six on Health and Education Services and Commitment Seven on Africa and Least Developed Countries. The Commission for Social Development held in February 1999, and the first substantive session of the Preparatory Committee in May 1999, both highlighted the serious threat posed by the AIDS epidemic to social development efforts in all parts of the world and the tragedy caused by the AIDS epidemic in Africa. In the follow-up to the Fourth International Conference on Women (ICW), AIDS has also been identified as a priority concern, both in terms of health and gender equality. The 43rd session of the Commission on the Status of Women, acting as the Preparatory Committee of the UN General Assembly, adopted resolutions on women and health. In the UN General Assembly Special Session on Drugs, UNAIDS participated in this Session to draw attention to HIV concerns. More recently in April 2000, AIDS was included in the agenda of the World Education Forum held in Dakar, Senegal.

**E. Best practice and research**

**(i) Best practice overview**

111. Drawing on practical experience from countries around the world, effective approaches, policies, strategies and technologies are identified as "best practice" by the UNAIDS Secretariat and Cosponsors. The Secretariat and Cosponsors have continuously worked together to identify and promote best practice through the UNAIDS Best Practice Collection, through pilot projects and country-level programmes, exchange forums and technical assistance. Cosponsors contributed key materials to the UNAIDS Best Practice Collection, such as the UNAIDS/WHO Report on the Global HIV/AIDS Epidemic. Among other joint publications is "*Children Orphaned by AIDS: Front line responses from Eastern and Southern Africa*" by UNICEF/UNAIDS. The UNAIDS Secretariat also receives collaboration from other partner organizations on best practices, such as FAO, IOM, ILO, UNRISD, USAID, non-governmental organizations and UNAIDS Collaborating Centres.

112. An evaluation of the Best Practice Collection was conducted in 1999 to examine the effectiveness, relevance and efficiency of the Collection. The evaluation found that the collection, which is distributed to a mailing list of approximately 1300 people, was considered by respondents to be authoritative, high in quality, user-friendliness and breadth of the topics covered. Most respondents were using the Best Practice materials to varying degrees, to strengthen and expand their response to the epidemic. Nearly three-fourths of the interviewees had used Best Practice materials for training purposes. Examples included the following:

- In an HIV/AIDS workshop in Zambia, an overview of the latest innovations were given using the guideline on “*HIV and Infant Feeding*”.
- The technical update “*HIV/AIDS and the Workplace*” was used to train factory managers and workers in Viet Nam.
- The University of East Anglia in England used the “*Cost effectiveness analysis and HIV/AIDS*” for development economic courses.

113. Best practice materials are also used for awareness raising, advocacy, development and revision of policies, and planning of AIDS programmes. The review revealed that the Best Practice Collection performs an important and useful role not served by other materials. However, it also concluded that the potential for improving the reach and impact of the Collection is considerable and that possibilities for increasing distribution and developing materials more suited to local circumstances should be explored.

114. Some steps have already been taken during the last year to respond to calls for greater local specificity in materials and to strengthen local capacity for documenting Best Practice. Workshops on Best Practice Documentation were held at Chisinau in the Republic of Moldova, in Bali, Indonesia, and at the 5<sup>th</sup> International Conference on AIDS in Asia and the Pacific held recently in Kuala Lumpur. The workshop in Chisinau succeeded in catalysing the formation of a writers network for the region and resulted in the identification of ten summaries of best practice that were added to the UNAIDS Best Practice Summary Booklet. Furthermore, summary booklets of best practice modelled on the UNAIDS publication are now under preparation in different countries. In Brazil, UNAIDS and the Brazilian National AIDS Programme - in collaboration with the Brazilian Interdisciplinary AIDS Association - have established a project to share lessons learned, and to identify and document best practices. The project has resulted in a ‘*Brazil Best Practice Book*’, which brings together the experience of experts and programme managers from various disciplines and regions of Brazil, and will soon be published in English, Portuguese and Spanish. The UNAIDS Secretariat has reached similar project agreements with Mexico and Senegal. The UNAIDS Summary Booklet for the current year will focus on case studies from African countries, as part of the broader efforts of the International Partnership Against AIDS in Africa.

115. Efforts to improve distribution have also been initiated through the UNAIDS Inter-country Teams in Bangkok, Pretoria and Abidjan. Announcements of new Best Practice materials are now made through regional information bulletins and newsletters.

116. The Secretariat will continue to concentrate efforts on creating partnerships and building commitment among governments, UNAIDS Cosponsors, key partners and the private sector to support the documentation, dissemination and implementation of best practice. Initiatives have been undertaken to use existing tools to facilitate this process. The current Best Practice section on the UNAIDS website will soon serve as an information and database to support networking and information dissemination which brings all key partners together. New features will be added such as: (i) a list of collaborating centres; (ii) links to other information resource centres;

(iii) referrals to partner agencies; (iv) directory of members of the Best Practice Technical Resource Network; and (v) an on-line discussion forum.

**(ii) Overarching social and economic concerns**

**(a) Costing and cost-effectiveness**

117. In 1998, UNAIDS, the World Bank, USAID and European Commission jointly established the International AIDS and Economics Network ([www.iaen.org](http://www.iaen.org)), a comprehensive web-site concentrating on economic issues related to AIDS. The website's newsletter is distributed to more than 3000 subscribers, reaching out to a broad segment of researchers, economists, and planners, one third of whom are from Africa. Two of the electronic discussions groups hosted in 1999 were on cost-effectiveness of preventive HIV strategies (funded by UNAIDS) and on the socio-economic impact of AIDS (funded by USAID).

118. To support the HIV strategic planning process, several cost-effectiveness models were developed during 1998-1999: safe blood (data from Zambia), prevention interventions for sex workers (data from Cameroon), school education (data from Cameroon), and mother-to-child transmission (data from Thailand). All the models can be used independently to facilitate the strategic planning process at country level. Costing guidelines for ten prevention strategies have been developed: blood safety, mass media, sex workers, school education, injecting drug users (IDU), condom promotion, voluntary counselling and testing, STD services and mother-to-child transmission. The models and costing guidelines have been widely distributed through the UNAIDS and IAEN web sites and at regional conferences.

119. A study on the cost-effectiveness of harm-reduction strategies was carried out in 1999 in Belarus with technical support from WHO. The results revealed that for every case of HIV averted, interventions would cost between US\$ 23 and US\$ 112. This evidence will be important in building support for harm-reduction strategies as well as for guiding the design of strategies.

120. To assess government spending on HIV/AIDS prevention and care, the Secretariat is co-funding the National Health Account Approach in four countries of the Latin America and Caribbean region. In 1999, the Secretariat also initiated a survey in Zimbabwe of the cost to society - specifically, to health services and affected families - of infants born with HIV/AIDS. Results of the study will be available at the end of 2000.

**(b) Impact alleviation and socio-economic policy**

121. UNAIDS has continued to promote research as not only critical for policy and planning, but for improving understanding of the link between AIDS and development. In order to provide countries with practical research tools, UNAIDS is publishing guidelines for research to assess the broad socio-economic impact of AIDS at the community and national level ("*Guidelines for the Assessment of Socio-Economic Impact of HIV/AIDS: Preparation and Execution*"). These guidelines will make it easier for planners and researchers to incorporate data on impact into the strategic planning process, and is a first step in encouraging and enabling countries to conduct studies that will provide essential data for planning and programming. The Secretariat and World Bank supported a consultation during the year in which researchers came up with a methodology and standard interview guide for surveys at the household level. The interview guide is currently being tested in an evaluation of the Drug Access Initiative in Uganda, and will be finalized based on the results.

122. To provide policy and programme guidance on alleviation strategies, the UNAIDS Secretariat published in January 1999 the results of a review on household and community responses to AIDS in rural areas of sub-Saharan Africa. The review includes several important findings and recommendations on community-based responses and has been widely consulted by Cosponsors and other local and international partners.

123. During the year, the Secretariat and Cosponsors have also been involved in a number of projects in rural areas. The Secretariat has worked with the World Bank on its Rural AIDS Initiative to expand pilot projects on impact mitigation in selected countries in Africa. The UNAIDS Secretariat and UNDP are collaborating on a project in Zambia and Malawi on '*Policy Dialogue and Research on HIV and Development including the Agricultural Sector*'. The aim of the project is to assess the impact of HIV on public services and identify strategies for assistance. Furthermore, the UNAIDS Secretariat and UNDP supported a workshop in Asia in September to give organizations addressing HIV/AIDS and others involved in micro-finance the opportunity to share their experiences and explore opportunities for collaboration.

124. The challenge in the coming year will be to encourage further research on impact and alleviation strategies, and to strengthen the link between research and policy. While some significant progress has been made, further research is needed to inform sectoral responses at the country level. Comparative studies to assess and identify approaches that work are particularly urgent. Much of the evaluation research carried out in this area has been done by individual organizations and has therefore had a restricted focus. More systematic research is needed to supplement our present knowledge of the outcomes, sustainability and cost-effectiveness of different approaches. UNAIDS will also concentrate its efforts on continuing to raise recognition of the linkages between AIDS and development. The HIPC debt relief initiative provides a valuable opportunity in which to include AIDS as part of the Poverty Reduction Strategy Papers (PRSP) being prepared by countries. The Secretariat is supporting a consultant based in the Zambia UNICEF office to ensure that AIDS is reflected in the PRSP of countries in sub-Saharan Africa, and is working to mainstream this activity in the work of all CPAs in HIPC countries. Considerable efforts will need to be made to ensure that the impact of AIDS on development is effectively taken into account in policy and programmes. The Secretariat has therefore prioritized addressing AIDS through mainstream development instruments for 2000.

#### **(vi) Community and local responses**

125. A primary objective of the Secretariat in supporting community responses is the documentation and dissemination of tools to promote Best Practice. A significant volume of materials was produced and distributed in the last year to partners around the world. The Secretariat has published and distributed booklets containing examples of community initiatives such as "*Comfort and Hope*" (six case studies illustrating the principles of good community-based care), "*Common Cause*" (case studies from Nigeria, Tanzania and Botswana on young people, sexuality and HIV/AIDS) and "*Youth to Youth*" (case studies from Kenya on HIV prevention among youth). A booklet titled, "*The Open Secret*", which documents the role played by community openness in the Ugandan response to AIDS, has also been published and will be launched at the international AIDS conference in Durban in July 2000.

126. Developments this year have shown that the Best Practice tools are indeed serving a useful purpose. One particular publication, "*AIDS Education through Imams*", which is accompanied by a video titled "*The Long Jihad against AIDS*" has been adapted and used by organizations in different countries of Asia, including Bangladesh, Malaysia and Indonesia. At

the request of countries, two exchange visits were sponsored during the course of 1999 by the UNAIDS Secretariat to allow project representatives from Uganda to share their experiences with partners in Malaysia and Indonesia. As a result of this exchange, national partners in Malaysia and Indonesia translated the booklet into their own languages. The UNAIDS Secretariat has also produced in the last year a French version of the booklet which has been distributed.

127. Furthermore, the UNAIDS Secretariat has continued to sponsor pilot projects on community care. UNAIDS provided technical and financial support to the Church Health Association of Ghana (CHAG) to develop a project on community-based care. Emphasis was placed on the mobilization of communities to enhance ownership and sustainability. An evaluation of the project will be conducted this year and the lessons learned will be used to guide plans for projects in other countries of the International Partnership against AIDS in Africa. Another important priority in the 2000-2001 biennium will be to expand or 'scale-up' projects on home and community-based care, and especially to draw the linkages between different types of programmes and services at the community-level.

128. In the last year, the Secretariat, in co-operation with Cosponsors and bilateral partners (e.g. GTZ and the Netherlands), has contributed support to initiate and strengthen local responses in ten countries, namely Burkina Faso, Côte d'Ivoire, Ghana, Philippines, Senegal, Tanzania, Thailand, Uganda, Zambia and Zimbabwe. While programmes in each country have their own unique characteristics, the major objective of each local response is to harness and strengthen the capacity of communities to respond to AIDS, and transfer the lessons learned to policy and programmes at the district, national and global level. The Local Responses initiated in Thailand, Burkina Faso and Tanzania have so far demonstrated the potential of this strategy. In the Gaoua district of Burkina Faso, a local committee made up of diverse members of the community has been involved in carrying out educational activities and succeeded in mobilizing substantial resources for AIDS programmes. As a result of its achievements, the government has decided to expand the programme into other districts. In Ghana and Tanzania, plans have also been made to expand the experience with the local response programme into other districts. In other pilot countries, the implementation of the local response has only recently begun. In Senegal, for example, participants in a programme for the Mbao district recently completed an assessment of the district's readiness to support local responses.

129. As a result of the above initiatives, a Technical Resource Network on Local Responses was created which involves facilitators and other key actors from different countries. The network communicates through an electronic platform ([localresponse@unaids.org](mailto:localresponse@unaids.org)) and meets twice a year to consolidate lessons learned. At the most recent meeting in Zimbabwe in November 1999, members of the network came up with guidelines and a global agenda for Local Responses. These guidelines have been summarized in a series of 'Technical Notes' which will be available through an electronic library. The primary purpose of the Secretariat is to learn from the experiences of the ten countries implementing local responses and facilitate the exchange of lessons learned. However, the challenge in the coming two years will be to increase the number of partners involved in Local Responses and strengthen political support for their implementation.

**(iv) Protection and support to vulnerable populations, including young people**

**(a) Vulnerable Populations**

130. In the last year, cooperation between UNAIDS and key UN agencies whose mandates are to address the needs of vulnerable populations, has been further strengthened. This is highlighted

with the addition of the newest Cosponsor, UNDCP, in April 1999, as well as the signing of a Cooperation Framework agreement with IOM. The Secretariat works with these partners by supporting AIDS Focal Points within the agencies to ensure joint planning and technical assistance in mainstreaming AIDS concerns into their programmes.

131. IOM, UNDCP and UNHCR have undertaken efforts during the year to integrate AIDS into their programmes. While UNDCP is still new to being a Cosponsor, it has been working with governments to develop and implement action plans that respond to the Declaration on Drug Demand Reduction, with a special focus on young people and other vulnerable groups. UNHCR and IOM have moved ahead in mainstreaming AIDS with the help of their respective Focal Points. Joint projects have also already emerged from these partnerships. UNAIDS and IOM recently produced a Background Paper on *'Migrants' Right to Health'* which provides policy-makers with recommendations on how to improve laws, policies and best practice. The Secretariat, with support from WHO, UNDCP and other international partners, held two Inter-country Technical Workshops on the Prevention of Drug Use and AIDS in Asia, addressing both programmatic and policy issues.

132. Cosponsors have also taken the lead in implementing activities to address the needs of vulnerable populations. The WHO Eastern Mediterranean Office initiated the first inter-country consultation on *"The Development of Guidelines for Demand Reduction in Substance Abuse with Special Emphasis on Injecting Drug Use"* which was held in Beirut. WHO has supported projects to address the needs of young refugees, including projects on the reproductive and sexual health of young refugees in Tanzania and Guinea.

133. At the global, regional and national levels, the Secretariat has been instrumental in having issues related to vulnerable populations addressed through such channels as the UN General Assembly, regional conferences and networks, national strategic planning exercises and National AIDS Committees. In partnership with USAID, the Secretariat continues to support capacity-building efforts for NGOs working with men who have sex with men in Latin America, and assisting government and NGO partners to ensure that issues related to men who have sex with men are better integrated in national AIDS plans. During the year it worked closely with the International Harm-Reduction Association in founding regional harm-reduction networks, the newest being in Africa. UNAIDS is also supporting the Latin American Harm-Reduction Network (RELARD) in advocacy and capacity-building, and has been working with NOSS, the Latin American Network of Sex Work Projects on the translation and adaptation of the manual *'Making Sex Work Safe'*.

134. Finally, the Secretariat has been or is in the process of publishing articles and documents that address issues of concern to vulnerable populations. The Secretariat supported two editions of the Research for Sex Work Newsletter, which is distributed internationally. Work has begun on the publication of Technical Updates on sex work and migration, as well as the documentation of case studies on AIDS and refugees, sex work and injecting drug use.

135. The task of the Secretariat in the area of vulnerable populations will increasingly be to strengthen the capacities of Cosponsors and other partners at regional and global levels, including UNDCP, UNHCR and IOM. By liaising and working with UN Theme Groups, international partners, networks and NGOs, the Secretariat also plans to increase awareness about the issues and needs of vulnerable populations, and thereby ensure the inclusion of these concerns into national action on AIDS.

**(b) Young People**

136. Since the PCB Meeting in 1998, in which the background paper for a global youth strategy was presented and approved, UNAIDS Cosponsors and key partners have continued to work together to further develop the strategy. The Task Team on Young People has played a lead role in clarifying the objectives and priorities for the strategy, which has now been formulated to address HIV among young people in the 25 most affected countries of Africa. The strategy has been submitted for review to the Preparatory Committee for the World Summit on Social Development, which will be held in June 2000. Efforts have also begun to involve UNAIDS Inter-country teams in selected countries in Africa to develop action plans that incorporate elements of the global strategy.

137. Other activities initiated to support the development of this strategy include the Youth Forum at the ICPD+5 Conference held in February 1999. Approximately 120 young people participated in the Forum and together articulated a vision for meeting the needs of young people and advancing the implementation of the Cairo Programme for Action. Specific recommendations made by the youth delegates were integrated into the formulation of the strategy. UNAIDS also sponsored discussions on youth issues at the 5<sup>th</sup> International Congress on AIDS in Asia and the Pacific held in Malaysia in October 1999, including a discussion on the trafficking and sexual exploitation of young girls. Three satellite meetings for youth were also sponsored during the year in which discussions centred on AIDS education, social and behavioural issues, and the role of young people as peer educators.

138. For three consecutive years, young people have been the focus of global attention, mobilization and advocacy through the World AIDS Campaigns. During the campaigns, materials were developed and disseminated to provide a wide range of information globally on AIDS prevention, care and support to young people. The UNAIDS Secretariat also made a deliberate effort to involve youth in the conceptualization and organization of the campaigns and recruited four young professionals to work at headquarters.

139. In addition to the above activities, the UNAIDS Secretariat is working in collaboration with UNICEF to assess the support needed to assist orphans and vulnerable children in countries, especially in Africa. A *“Call to Action for Children left behind by AIDS”* was jointly developed and launched on World AIDS Day in 1999.

**(c) HIV Prevention in the education sector**

140. To enhance the contribution of the education sector in tackling AIDS, the UNAIDS Secretariat and Cosponsors have continued to support projects in countries to further improve school health education, including assistance to develop and improve school curricula, and training for teachers, curriculum planners and Ministries of Education to enhance capacities for integrating health education and HIV prevention into school programmes. Another important objective for the last year was the development of a progress report on the education sector as recommended by the PCB in its June 1999 meeting. The completed report synthesizes current knowledge on the impact of AIDS on education and explores the potential of the sector to contribute to the prevention and alleviation of AIDS. Priorities and opportunities for a UN-coordinated response in the education sector are also identified. The report entitled *‘HIV/AIDS in the Education Sector’* is one of the submissions to the current PCB meeting (UNAIDS/PCB(9)/00.3).

141. Selected activities include WHO which has supported projects to improve and/or develop training packages for teachers on school health education and life skills, and has worked in particular with teachers' unions to strengthen their capacities to work in partnership with Ministries of Education. UNFPA has contributed to the publication of the UNAIDS Update entitled, "*Support for Coordination and Promotion of HIV/AIDS Prevention Activities*", which is distributed worldwide to UN agencies, NGOs, donors, and field-level staff. The UNAIDS Secretariat and UNESCO have jointly implemented a programme on "*Integrating HIV/AIDS Prevention in School Curricula*", designed to strengthen the capacities of Ministries to develop health education programmes. In Central Asia and West Africa, two seminars were organized for decision-makers from the education sector on integrating health education and HIV prevention into the curriculum.

142. UNICEF-funded projects have also achieved significant results in promoting life skills and AIDS education in schools, particularly in the Mekong Project in East Asia and the Pacific countries. In China, Viet Nam, Lao PDR, Cambodia, Thailand and Myanmar, schools are implementing life-skills based AIDS prevention programmes in several provinces, and the objective is to gradually expand this programme into other areas. Initial reports suggest that the approach to life-skills education has been well received by teachers and students.

143. The World Bank has mobilized support for an integrated framework on school health referred to as '*Focusing Resources for Effective School Health*' (FRESH). The framework provides a model for schools in which interrelated issues such as water and sanitation, life skills, health education and services, and participation are addressed. Finally, UNDP has been involved in research to assess the impact of HIV on the education sector and has initiated a multi-agency collaborative initiative to bring together research and action in selected countries of sub-Saharan Africa.

144. In addition, Cosponsors and the Secretariat have undertaken various public information activities. New publications have been released this year, including a new edition of the UNAIDS "*Resource Package for Curriculum Planners, Teachers and Students*", and an edition of the WHO Series on School Health titled, "*Preventing HIV/AIDS/STD and related discrimination: An Important Responsibility of A Health Promoting School*". Recently in April 2000, UNAIDS participated in various events at the World Education Forum, in which the UN Secretary-General drew attention to the impact of the epidemic on the education sector, and the role of the education sector in the response to AIDS.

#### **(ix) Communications programming**

145. In 1998, the UNAIDS Secretariat, in collaboration with Pennsylvania State University, developed and published a new '*Communications Framework for HIV/AIDS*'. The framework is aimed at helping countries to move beyond interventions that focus on individual behaviour change to a more comprehensive strategy that takes into account related social and economic factors. The framework has been disseminated widely among Cosponsors, national programmes and other entities, such as NGOs and the private sector. Within UNICEF, UNESCO and UNFPA the new framework has been accepted by staff working in the area of communications. The methodology is also gradually being implemented in countries; for example, Ethiopia which has conducted an initial planning meeting to integrate the framework into its national programme, and Malawi where support has been requested for its implementation. Efforts are also underway to have the framework adopted in several other countries in Africa, Asia, Latin America and the Caribbean. Finally, the publication of the framework has been translated into French and Spanish, making it far more widely available to national partners.

146. In addition to assisting countries with the implementation of the new communications framework, UNAIDS and Cosponsors have funded and provided support for other communication strategies, including peer education, in 15 countries. A comprehensive review of the use of peer education was conducted jointly by the Secretariat and seven organizations, namely the Jamaican Ministry of Health, UNICEF, USAID, the Population Council, Population Services International, the Program for Appropriate Technology in Health (PATH), Family Health International and Horizons. The review underscores the value of peer education as a strategy but also identifies key concerns and challenges faced by peer educators and programme managers in the field. One of the issues most frequently cited by respondents was the need for evaluation research to assess the progress and impact of programmes and to identify ways to improve practice. As a result of this review, a report was developed recommending ways to implement and evaluate peer education efforts. The review and recommendations were published as part of the Best Practice Collection, and the volume of requests the Secretariat has received for copies of the document suggests it is serving a useful purpose.

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

147. On behalf of UNAIDS, WHO has developed programmes to regularly update the safety criteria and other specifications for male and female condoms. UNFPA has become the international procurement agency for condoms for use in AIDS prevention programmes. Both programmes were established with start-up support from the UNAIDS Secretariat.

148. A network of organizations involved and interested in social marketing, which was initiated by UNAIDS, has completed plans on how to increase support for social marketing. A series of events are planned, including a Social Marketing Forum, which will be held to promote the concept of social marketing among countries that have been slower in responding, and where the need for condom delivery is high. Through Population Services International (PSI), the Secretariat has provided support to develop training materials on social marketing for NGOs and government officials, and start-up funds for condom social marketing programmes in Myanmar, the Russian Federation and Cuba. A Technical Update on Condoms was also completed this year as part of Best Practice Collection.

149. In addition, UNAIDS has continued to investigate and promote the sale of the female condom. A Social Marketing study on female condoms was completed this year with the involvement of PSI. Findings of the research reveal that after a year of mass marketing, awareness of the female condom is high, but owing to the high cost of the condom, use remains low. A study on the possible reuse of the female condom has also been conducted in multiple sites in South Africa and the United States. A panel of experts was recently formed by UNAIDS and WHO to review the findings of this research, and results are expected to be released later in the year. To further promote the utilization of the female condom, UNAIDS and WHO supplied varying quantities of the female condom to countries that have expressed an interest in exploring demand for the product. The ultimate goal is to have countries include the female condom as part of regular condom programming.

150. Since research on the development of much-needed vaginal microbicides to prevent the sexual transmission of HIV remains greatly underfunded, the Secretariat sponsored a study on nonoxynol 9 containing microbicide COL1492 (Advantages®), which will end in April 2000. Results will be presented at the international AIDS conference in Durban in July. The Secretariat has also continued to support the International Working Group on Microbicides, which brings

together leading public sector research agencies and institutions involved in microbicide research. In order to raise public awareness of the importance of research on microbicides, UNAIDS has continued to support an awareness campaign by CHANGE, a microbicide advocacy group based in the USA. The campaign has produced materials for advocacy and is lobbying policy-makers through the media and electronic communication. It has also succeeded in mobilising a broad network of NGOs and other organisations to mobilise political support and resources for research on microbicides.

**(vii) Voluntary counselling and testing**

151. A principal objective in this area is to develop policies and programmes that support an expanded use of voluntary counselling and testing (VCT), which serves as a key prevention and coping intervention, and a bridge between prevention and care. The Technical Working Group on VCT formed by UNICEF, WHO and the Secretariat in 1999 now includes two new members, UNFPA and the World Bank.

152. To promote best practice in the area of VCT, the Secretariat in collaboration with WHO has developed guidelines on monitoring and evaluation of VCT which will be published as part of the Best Practice Collection. A case study of the AIDS Information Centre in Uganda entitled "*Knowledge is Power*", has also been published and distributed. The case study provides an example of a VCT programme successful in combating the stigma and discrimination associated with AIDS. To add to this collection, a technical update and annotated bibliography on VCT are also in preparation.

153. The focus of UNAIDS support this year has continued to be on strengthening services for voluntary counselling and testing in countries where it is most urgently needed, but also in the context of projects to address mother-to-child transmission and the Drug Access Initiative. Projects to build the institutional capacity for sustainable VCT programmes were initiated in Russia, the Ukraine, Belarus and Kazakhstan. These projects - which will continue to operate in Russia and the Ukraine - involve the identification of collaborating centres in each country, training of staff in counselling skills, monitoring and evaluation, and the establishment of in-country networks to assist in maintaining high standards of VCT delivery. Projects to strengthen counselling as part of a programme of VCT have also been initiated in Kenya, Zambia and Zimbabwe, with some of the support going to the Regional AIDS Training Network to develop a training curriculum. In Cambodia, UNAIDS directly supported the development of a national counselling working group and an agenda for a national plan to strengthen counselling services in the country.

154. A leishmaniasis and HIV counselling workshop was carried out by WHO in April 1999 in Addis Ababa, Ethiopia which brought together participants from around the world working either in treatment of HIV/leishmaniasis, disease control, or management of health delivery systems. This was the first workshop of its kind and it successfully revealed the linkages that can be built between treatment for leishmaniasis and HIV.

155. A key focus of attention in the coming year will be the implementation of the workplan of the Interagency Technical Working Group on VCT. The workplan will involve increased support to countries to implement and improve VCT, with UNICEF taking the lead in linking VCT with mother-to-child transmission and adolescent services. WHO and UNICEF will also plan and facilitate technical meetings on VCT, such as on research and evaluation. The Secretariat's responsibilities will be to: a) support the mapping of VCT services and needs within countries; b) explore the potential to further develop technical resources networks in VCT; c)

provide technical assistance for evaluations of VCT in selected countries; and d) promote the dissemination of findings on best practice and research.

**(viii) Care of people living with HIV/AIDS/STDs**

156. Following the PCB's approval of the UN strategy for access to HIV drugs, the UNAIDS Secretariat, UNICEF and WHO have been collaborating closely in this area. The Western Pacific Regional Office of WHO launched a quarterly newsletter in 1999 on antiretroviral treatment, of which two issues have been published. WHO has also made revisions to the Model List of Essential Drugs (in December 1997 and 1999, respectively), to introduce a total of 15 new drugs of special interest to people living with HIV including zidovudine, nevirapine and fluconazole. The Secretariat has provided financial and technical support to Cosponsors and other UN partners. It assisted the UN Secretariat Committee for Nutrition in reviewing the interaction between nutrition and HIV infection; collaborated with UNICEF in producing a special edition of the essential drug periodical 'The Prescriber'; and gave financial and technical support to the WHO-led international network mapping the relationship between leishmaniasis and HIV infection.

157. An important new addition to the Best Practice collection is a joint UNICEF/WHO/UNAIDS publication on "*Essential Drugs used in the Care of People Living with HIV: Sources and Prices.*" The publication identifies sources and indicative planning prices for essential drugs of interest to people living with HIV infection, which are difficult to obtain from major suppliers of essential drugs. Another recent Best Practice publication is a joint WHO/UNAIDS document released in January 2000 on the "*Patent Situation of HIV/AIDS-related Drugs in 80 countries*". A rapid assessment tool to assess community needs and remedy problems in the flow of essential drugs in areas with heavy AIDS case loads was developed in 1997 in Malawi and is now ready for printing. New policy recommendations on the use of TB prophylaxis for HIV-infected people developed during a WHO/UNAIDS consultation in 1998, were published in the Weekly Epidemiological Record of November 1999. Finally, a WHO/UNAIDS consultation in Harare in March 2000 made a strong recommendation on the preventive use of cotrimoxazole, which is an inexpensive drug, for people living with HIV in Africa. Its use should significantly reduce morbidity due to opportunistic infections and mortality.

158. In keeping with the goal of increasing access to drugs, the Drug Access Initiative, which includes pilot projects that use access to drugs such as antiretrovirals as entry points to better access to care in general, has been implemented in Côte d'Ivoire and Uganda, and two new pilot projects have been launched in Chile and Vietnam. Since the delivery of a high standard of care is an essential accreditation criterion for clinical centres wishing to participate in the Initiative, the Initiative directly encourages centres to improve their management of AIDS. Moreover, the appointment of a multidisciplinary advisory board in all pilot projects has raised awareness among decision-makers in these countries of the importance of responding better to the AIDS epidemic. The Initiative also provides an institutional framework for negotiations with the pharmaceutical companies, first to make their drugs available in the countries concerned, and second to make them more affordable. Negotiations with leading antiretroviral producers (Glaxo Wellcome, Bristol Meyers Squibb, Merck Sharp and Dohme, Abbott, and Hoffmann La Roche) led to a significant lowering of prices in the Drug Access Initiative in Cote d'Ivoire, Uganda and Chile.

159. In the area of access to HIV-related drugs, an important development was WHO and the UNAIDS Secretariat issuing joint position papers on intellectual property, compulsory licensing and access to drugs, which were presented at conferences such as the Lusaka AIDS conference and the World Trade Organization conference in Seattle. The WHO also discussed access to HIV drugs during the October 1999 roundtable of the WHO and the International Federation of Pharmaceutical Manufacturers (IFPMA) with pharmaceutical companies, which explored in particular the possibilities of differential pricing for developing countries. WHO, the UNAIDS Secretariat and 'Médecins sans Frontières' did a joint assessment of the implication of the TRIPS agreement on access to HIV drugs in Thailand. Following the successful resolution of a debate over the compulsory licensing of a patent for formulating the antiretroviral drug didanosine, a WHO/UNAIDS mission advised the Thai government on policy options to increase access to HIV-related drugs.

160. In the coming two years, activities to promote access to drugs will be coordinated by the UN Working Group on Access to HIV-related drugs, chaired by WHO. Among some of the priorities will be enhancing access to drugs for people living with HIV in Africa as part of the International Partnership against AIDS. Support will also be given to national programmes on drug procurement and provision of care to PLHAs. As part of the Drug Access Initiative, UNAIDS will continue its negotiations with pharmaceutical companies to enhance access to drugs in developing countries, and especially in priority countries. UNAIDS will also maintain an active involvement in initiatives lead by key partners such as WHO's Stop TB Initiative, the Harvard AIDS Institute initiative on enhancing care, and the 'Life Initiative'.

**(ix) Vaccines**

161. A key development in 1999 was the establishment of the joint WHO/UNAIDS HIV Vaccine Initiative (HVI). The initiative will take advantage of the complementary expertise of the UNAIDS Secretariat and WHO in this area. WHO expertise is in vaccinology, clinical trials, interaction with pharmaceutical industry and, in the future, vaccine delivery. On the other hand, the unique contributions of UNAIDS are in the areas of social/behavioural research, ethics, community and political mobilization, and integration of the vaccine effort in the overall AIDS prevention strategies. Starting in January 2000, vaccine activities in the UNAIDS Unified Budget and Workplan have been taken over by the WHO-UNAIDS Vaccine Initiative, which is currently based at the Health Technology and Pharmaceuticals Cluster in WHO and staffed by the former UNAIDS Vaccine Team.

162. During the year, the Secretariat, together with the WHO unit in charge of vaccine research and development, implemented activities to promote the development of novel HIV vaccine approaches, including two technical workshops and a consensus meeting on HIV vaccine research in Asia (co-sponsored by Japan and Australia), and targeted support for selected research projects.

163. The UNAIDS Secretariat continued to provide essential technical and financial support for research and programming on vaccine activities in developing countries. After receiving requests from national authorities, the Secretariat provided comments and suggestions on protocols for HIV vaccine trials in developing countries. These included Thailand (several phase I/II trials, and a Phase III trial which started in March 1999, based on a cohort established by WHO in 1993), Uganda (Phase I/II trial started in February 1999), and Haiti (Phase I/II trial to start in 2000). Ethical guidelines for HIV vaccine trials were issued in February 2000, following extensive consultations (outlined in, "*Ethical Considerations in HIV Preventive Vaccine*

*Research*”). Several policy and technical articles on HIV vaccines were also published during the year by the Secretariat.

164. UNAIDS has also continued to support activities to manufacture vaccines that are appropriate to developing countries by supplying information and virus strains to manufacturers. The WHO-UNAIDS Network for HIV Isolation and Characterization has continued to meet twice a year to discuss progress and future activities. Partial support was provided for centralized facilities of the Network, for HIV isolation (Georg-Speyer-Haus, Germany) and for repositories of strains and other reagents (at the National Institutes of Biological Standards and Control, London, UK, and National Institutes of Health, Bethesda, US).

165. A pilot project was implemented in Latin America (Argentina, Brazil, Cuba and Venezuela), with collaboration from laboratories in industrialized countries (Canada, Spain and US), to obtain cross-sectional information on the prevalence of HIV drug-resistant mutants. Related training activities included two workshops on genetic characterisation of HIV in China and Cuba and a training workshop on antiretroviral resistant markers held in Spain.

166. The Secretariat has also focused its efforts on increasing the number of countries with national AIDS vaccine plans. Technical and financial support was provided for the initial development of plans in China, Ethiopia, Honduras, South Africa, Trinidad and Tobago, and Zambia. Finally, to support capacity-building for vaccine trials, different global or regional workshops have been conducted on good clinical practices, ethics, social and behavioural issues and communication.

167. In the coming year, the newly established WHO-UNAIDS HIV Vaccine Initiative will maintain the original objectives outlined in the UN Workplan, but will also expand on activities to take full advantage of the comparative expertise of both co-sponsoring partners. The WHO-UNAIDS “Vaccine Advisory Committee”, which met in February 2000, made a number of recommendations that will guide the work of the Vaccine Team in the forthcoming period.

#### **(x) Mother-to-Child Transmission of HIV**

168. Last year, well over half a million children were infected with HIV around birth or through breastfeeding. Programmes to prevent mother-to-child transmission of HIV can not only reduce the number of infected children, but can also generate major benefits for the prevention of sexual transmission of HIV through the wider availability of voluntary counselling and testing. Secondly, programmes provide hope to affected individuals and communities. In early 1998, a steering group was created following the release of findings of studies conducted in Thailand by the Center for Disease Control on prevention of mother-to-child transmission (MTCT). The steering group, which is composed of the UNAIDS Secretariat, UNFPA, UNICEF and WHO, is designed to improve coordination and build on the complementary skills and strengths of Cosponsors in this area. Since the group’s inception in 1998, considerable progress has been made on a number of fronts. The prevention of MTCT is now one of the priority areas for UNICEF’s work on HIV/AIDS.

169. In 1999, guidelines on strategic options for prevention of MTCT were further developed and published as part of the UNAIDS Best Practice Collection. This includes two recent publications: (i) *“Prevention of HIV Transmission from Mother to Child: Strategic Options”*; and (ii) *“Counselling and Voluntary HIV testing for pregnant women in high HIV prevalence countries: Guidance for service providers”*.

170. The Steering Group supported the planning and implementation of over 11 pilot projects, 5 of which are already providing interventions to mothers and children in countries, including Zimbabwe, Côte d'Ivoire, Uganda, Botswana and Rwanda. A few countries, apart from those involved in the pilot projects, have begun to implement programmes, while others are moving beyond the pilot phase to scale-up their programmes, such as Botswana, Brazil and Thailand. Negotiations with pharmaceutical companies continued during the year, and as a result, Glaxo Wellcome agreed to continue its donation of 'zinovudine' for the pilot projects. Suppliers of low cost generic infant formula were also identified.

171. Global and regional meetings have been held on MTCT to promote advocacy, technical material development, and the sharing of experiences among pilot projects. This includes: (i) workshop in Abidjan on multi-disciplinary approaches to MTCT; (ii) an expert meeting to review UN recommendations on short drug antiretroviral regimen and infant feeding options for the prevention of MTCT; (iii) a consultation to examine the possibilities for scaling-up interventions in pilot countries held in Gaborone, Botswana. Regional resource networks have also been established recently in Africa and South-East Asia, and an internet discussion forum on MTCT was created.

172. The PETRA study initiated in 1995 was finalized this year. The study compared three ARV regimens combining zidovudine and 3TC in a multi-centre trial in Uganda, Tanzania and South Africa (with support from the UNAIDS Secretariat, Sweden, The Netherlands, Finland, Australia, Italy), and found significant short-term reductions of HIV transmission when the drugs were given two weeks before, during and one week after delivery, and when treatment was started during delivery only. The long-term results of the study will be released in July 2000 and should shed further light on the dynamics of HIV transmission through breastfeeding.

173. The regimens used in the PETRA study are as efficacious as other antiretroviral approaches to mother-to-child transmission, but more expensive than the simple regimen of nevirapine developed in the HIVNET 002 trial in Uganda. This finding has permitted a comparison of the relative cost-effectiveness of different regimens and contributed to the formulation of the current WHO/UNAIDS recommendations on the use of nevirapine. In 1999, research also revealed that nevirapine, with a single dose during delivery and one after delivery to the infant, could decrease mother-to-child transmission as effectively as a longer course of zidovudine. UNICEF, WHO and the UNAIDS Secretariat obtained assurances from Boehringer Ingelheim - the company producing nevirapine - that it would accelerate its marketing of the drug in developing countries, even though prospects for a return on its investments are very limited.

174. The studies conducted in Thailand and more recently in Uganda in 1999, provided countries with concrete options to follow in preventing MTCT, and many have proceeded with the implementation of pilot programmes. Their experiences will set important precedents on ways in which countries can effectively respond to MTCT and address some of the inherent challenges. Significant obstacles to MTCT remain such as a lack of knowledge about HIV infection, the stigmatization of HIV and the resulting fear and reluctance of being tested, poor health care infrastructure and lack of resources. Already, some lessons have been learned. Critical issues for the future are: (i) how to rapidly increase VCT services to scale-up programmes; (ii) developing a model of counselling based on limited resources; (iii) developing effective communication strategies for MTCT, and; (iv) providing infant feeding options that are appropriate to women in developing countries. For the coming year, the steering group will continue to concentrate on the strengthening and scaling-up of pilot projects, and learning from

the experience of countries. Other efforts will go into exploring possibilities to broaden membership of the steering group, especially within the framework of the Africa Partnership. New partners have already joined such as the 'Life Initiative', and it is hoped that the partnership will continue to expand to include other UN organizations and international agencies.

## **V. UNAIDS SECRETARIAT**

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

175. During 1999, the emphasis continued to be on consolidating and streamlining administrative services in order to make them more responsive to the changing needs of the Programme. Special efforts were made to strengthen the capacity of the Departments to handle administrative issues, notably contracting. As a result, the capacity of the Secretariat to negotiate and draft contracts with external partners has been markedly enhanced. At the same time, however, there is still a need to improve monitoring of contracts so as to reduce the number of cancellations of unliquidated obligations. A system is now being put in place to effectively track the implementation of ongoing contracts. Another major area of attention in the last year has been the devolution to the UNAIDS Secretariat of administrative functions previously handled by WHO. To manage the increased responsibilities this has created, the teams in Human Resources, Budget and Finance have been reorganized.

#### **(i) Human resource management**

176. In the area of the Human Resources Management, the concern has been to attract and retain highly qualified and dedicated staff and to continuously upgrade staff skills and knowledge to meet the priorities of the Programme. The occupancy rate remains at approximately 85 per cent. During the last year, a total of 40 posts were advertised. This resulted in the review and screening of several thousand applications and some 96 interview panels. Thirty-five new appointments were made in 1999 including 9 JPOs. Ten internal reassignments were also effected. Finally, interagency personnel loan agreements have been established between the UNAIDS Secretariat and UNICEF, UNFPA, UNDP, UNESCO, WHO and the World Bank.

177. In 1999, the programme put a major emphasis on the planning and implementation of Staff Development workshops for country-based staff. Three workshops were held to respond to this need: (i) Development of the International Partnership against HIV/AIDS in Africa (January) and (ii) Strengthening of Key Roles and Responsibilities of UNAIDS Country Programme Advisers (CPAs) (September and November). At the common system level, in cooperation with UN Staff College a workshop was organized for senior UN Representatives on the Management of Field Coordination for HIV/AIDS. In addition, the Secretariat worked with the UNDG on training for staff in developing Common Country Assessments (CCA) and chaired a Technical Task Group of the UNDG on HIV/AIDS in the workplace. One of the issues addressed in this meeting was the management of the worldwide distribution of the brochure "AIDS and HIV Infection: Information for UN staff and their families".

#### **(ii) Finance**

178. During the 1999 period, a substantial devolution of financial management and accounting functions from the WHO administrative services to the Programme Support Department of the UNAIDS Secretariat occurred. Consequently, the workload and responsibilities of the Budget and Finance Office of the Secretariat have substantially increased. A restructuring of the Budget

and Finance teams is envisaged in order to respond more effectively to the increased functions. However, since the capacity for raising obligations has been transferred to the Secretariat, greater efficiency has now been introduced into the system. The Secretariat has encountered less time in raising its own obligations as well as less duplication in procedures. An appropriate segregation of financial certification and approval functions in the Budget and Finance team is being introduced to ensure accountability.

179. The Secretariat continued its efforts to simplify the procedures for the allocation of the Strategic Planning and Development Funds (SPDF) in support of country-level activities. It also successfully refined its integrated financial monitoring system to better respond to the need for transparency and clear reporting on all its financial arrangements.

### **(iii) Field Support**

180. In the past year, more responsibility for the administration of UNAIDS local staff contracts, local procurement, and field staff travel has been increasingly devolved to UNDP. This has improved administration and afforded field colleagues more time to focus on programme priorities at the country and sub-regional levels. During the 1998-99 biennium, the Field Support Team (FST) also achieved greater reduction in the number of financial transactions initiated in or processed by the Secretariat.

181. In the 2000-2001 work period, a major task of the FST will be increasing the use of the administrative and operational capacities available within the field-level structure of the Cosponsor Agencies and, especially, increasing the number of financial transactions initiated and performed in the field by Cosponsors. A key area of attention for the FST will continue to be on enhancing the engagement of Cosponsors within the context of decentralized country level operations.

## **B. Information Services**

### **(i) Information Centre**

182. In 1999, the number of documents produced by the Centre grew to 204, the majority as part of the UNAIDS Best Practice Collection. Some 152 documents were published in French as of 1999, while in Spanish the corresponding figure was 90. Since August 1999, using a new Russian translation network, the Centre has produced a significant number of documents in Russian. Support was also given for translation of material into other languages, such as Chinese and Khmer.

183. Around 320 000 documents were dispatched from Geneva in 1999. In accordance with PCB recommendation 3 (UNAIDS/PCB(6)/98.12), distribution efforts were more clearly focused to ensure that national AIDS programme managers, donors, key programme partners, decision-makers, Cosponsors and UN staff, had access to relevant documents. Over 200 Cosponsor offices are regularly sent UNAIDS information.

184. The Centre handled approximately 4 000 enquiries during the year, including about 20% from Cosponsor staff. The UNAIDS website, redesigned in 1998, continues to be a popular and cost-effective vehicle for information. The Centre's small team achieved this heavy workload by delegating work to 70 editors, designers, translators, printers and others.

185. Noteworthy publications during the year include: the “*AIDS Epidemic Update*”, the series of “*Guides to the Strategic Planning Process for a National Response to HIV/AIDS*”, and the UNAIDS Summary Booklet of Best Practices for 1999. Several publications have also been produced jointly with Cosponsors and other partners such as “*Children Orphaned by AIDS*” with UNICEF, “*Guidance Modules on Antiretroviral Treatment*” with WHO, and the “*Handbook for Legislators on HIV/AIDS, Law and Human Rights*” with the Inter-Parliamentary Union.

## (ii) Information Technology

186. In an effort to provide staff in the UNAIDS Secretariat with improved information technology, a number of systems used by Cosponsors were reviewed. A decision was made to adopt the WHO Activity Management System (AMS) which has now been customized for use by UNAIDS staff and should enhance the Secretariat’s capacity to plan and monitor activities. Currently over 60 UNAIDS staff are trained in the use of the system. A computer-based integrated budget and workplan system was also developed and used to compile budget data for 2000-2001 from the Unified Workplan. In order to improve electronic communication between staff within UNAIDS and to facilitate group work, the new LOTUS Notes platform was selected and adapted. Extensive computer training for staff of the Secretariat was also organized through a series of ‘computer clinics’.

187. AIDS electronic information services supported by the Secretariat include: global, regional (South Asia, West Africa) and national websites (China); and open and closed regional discussion fora on thematic issues (on mother-to-child transmission of HIV in Southern Africa, South-East Asia, West Africa). All UNAIDS publications are also available electronically.

188. The main emphasis in this area for 2000 is the development of ‘E-Workspace’: a multi-functional electronic workspace providing e-mail, document archives, document sharing and publishing, and database developmental access. ‘E-Workspace’ will first be initiated for the voluntary counselling and testing working group, the Latin America/Caribbean Horizontal Technical Cooperation Group, the Africa Technical Resources Group, the UNAIDS Senior Management Team, and the Inter-Agency Budget Task Team.

## C. Resource Mobilization

189. At the end of 1999, total contributions to the Programme for the biennium amounted to US\$ 123.5 million. For 1998-1999, the Coordinated Appeal alone realized US\$4.4 million in donor contributions. During the last two years, UNAIDS has received contributions from the largest number of donor governments, with a total of 25 contributors in 1998. A detailed report of the Programme’s income can be found in the Financial Report for 98-99 submitted to the PCB for the current meeting (UNAIDS/PCB(9)/00.6). Five major donor countries (Canada, Denmark, Norway, Sweden and Switzerland) have also agreed to fund a study to examine ways of strengthening the Programme’s funding base and ensure adequate sustainable funding for UNAIDS.

190. The introduction of the Unified Budget and Workplan for 2000-2001 provides a more effective basis for mobilizing resources. In response to the June 1999 PCB decision in support of the Unified Budget and Workplan, the Secretariat and Cosponsors have come up with a Joint Resource Mobilization Strategy. The Secretariat and relevant focal points within the Cosponsors are now developing a workplan for implementing the strategy that should be finalized soon.

191. The International Partnership against AIDS in Africa has become the number one priority for the programme. A number of donor countries have announced significant increases in funding for AIDS activities in Africa.

192. The programme has also made progress in strengthening and expanding its relationship with the corporate sector and has collaborated with an increasing number of individual companies, including: Glaxo Wellcome, which donated AZT for pilot programmes to prevent mother-to-child transmission; Bristol Myers Squibb, which launched a \$100 million initiative in Southern Africa; and Unilever, which is developing its AIDS programmes in Africa.

193. In 1999, the United Nations Foundation (UNF) allocated \$2.8 million to UNAIDS for AIDS projects in the Ukraine, Botswana and Zimbabwe. In a meeting between the Executive Director of UNAIDS and President of UNF at the end of 1999, the participation of the Foundation in the International Partnership against AIDS in Africa was discussed and it was agreed that there was a need to support integrated UN country team approaches to community-based work on AIDS. With the support of the Secretariat, UN Theme Groups on HIV/AIDS in Mozambique and Zimbabwe successfully submitted proposals for such integrated programmes (US\$ 2.7 million and US\$ 3.5 million, respectively). The World AIDS Foundation provided support for projects in Africa, Asia and South America. Discussions were also initiated with several US-based foundations offering new possibilities for mobilizing additional resources.

#### **D. International NGOs and international networks of people living with HIV/AIDS**

194. Over the 1998-1999 period, collaboration between the UNAIDS Secretariat and NGOs has greatly expanded. While the NGO Liaison Unit of the Secretariat is charged with the primary task of managing and developing the Secretariat's links with NGOs, other departments have also worked closely with NGOs. Nevertheless, the principal task of the NGO Unit is to work with global and regional NGOs that are concerned with AIDS as well as encourage other organizations that have not traditionally been engaged in AIDS to do so. The Unit also acts as a resource centre for NGOs and liaises with the NGO delegates for the Programme Coordinating Board.

195. In the last year, the Secretariat has been involved in several initiatives with international and local NGOs. It has collaborated with the Asociacion para la Salud Intergral y Ciudadania en America Latina to strengthen collaboration between National AIDS programmes and organisations of gay men and enhance the capacity of these organisations to mobilise support from funding agencies. It is expected that by the end of the project, seventeen National AIDS Programmes in total will have co-operated with organisations of gay men to give greater attention to their concerns in national strategic plans. The International HIV/AIDS Alliance and Horizons continue to carry out a study to examine the impact of involving people living with HIV/AIDS which was initiated in 1998 with partial funding from the Secretariat. Given the unique nature of the study - no other study of this scale has been carried out on the involvement of people living with HIV/AIDS - the findings should be of significant value to planners and programme managers everywhere.

196. The Secretariat's partnerships with key international networks of people living with HIV/AIDS have also remained a key area of support. The Secretariat has been particularly instrumental in the last year in assisting three of these organizations, the International Community of Women with AIDS (ICW), the Global Network of People Living with HIV/AIDS (GNP+) and the International Council of AIDS Service Organizations (ICASO), in strengthening their organizational capabilities. With input from the Secretariat, the three organizations have recently

begun a process to review their own internal functioning, goals and expectations in order to identify ways to improve their performance.

197. As part of efforts to increase the involvement of organizations not traditionally concerned with AIDS, the Secretariat has continued to explore and carry out activities with religious organizations such as the Interfaith Network, the Salvation Army and Caritas Internationalis. A workshop was organized with churches in Africa to engage them more seriously in addressing AIDS and to recognize in particular that AIDS is an issue that concerns their members. The Secretariat has also recently initiated a project on AIDS education with the World Association of Girl Guides and Girl Scouts which promises to reach thousands of young women and girls around the world. For the 2000-2001 biennium, links with other organizations not directly involved in HIV-related work will be vigorously explored. A new area of activity will be to pair or join these two types of organizations together in networks or coalitions at the global and regional levels.

#### **E. Corporate Sector**

198. In the last year, the programme has made progress in strengthening and expanding its relationship with the corporate sector, both as an active response partner and as a point of intervention. UNAIDS played an active role with the Global Business Council (GBC) on HIV/AIDS chaired by Glaxo Wellcome, as a member of its Planning Group and in jointly coordinating corporate input to the development of the Framework for Action. The programme has also collaborated with an increasing number of individual companies, including Bristol Myers Squibb, Glaxo Wellcome and Unilever. At the country level, UNAIDS has worked with the Prince of Wales Business Leaders Forum conducting seminars on public-private sector partnerships in Africa and Asia, with one planned in South America. In several countries, Theme Groups on HIV/AIDS were instrumental in the establishment of national business coalitions against AIDS (e.g. Zambia) or in engaging service organizations (e.g. Rotary Clubs in India).

199. The World Bank is committed to engaging the corporate sector in the multisectoral AIDS response, and has undertaken survey research and communications to ascertain the impact of AIDS upon its key constituent sectors and partners. This is expected to develop into a corporate strategy and outreach in future actions. Also within the World Bank Group, the International Finance Corporation (IFC) has begun to investigate its potential contributions to the effort. Its mining sector, for instance, is beginning to devise a mechanism for supporting its constituents in AIDS-related action. The World Bank was represented for the first time in 1999 at the annual Chief Executive Officer meeting of the GBC through the video presentation of its president, James Wolfensohn, and will continue to remain engaged on this and other activities involving UNAIDS' private sector activities.

200. UNAIDS will continue to work and enhance its corporate partnerships at all levels. Two specific areas of immediate interest are ensuring more corporate activity in the International Partnership Against AIDS in Africa, and working with the Global Business Council to maximise its corporate outreach to expand private sector involvement at country level. It is evident that business is becoming increasingly interested in the area of AIDS, particularly at country level. It has a role to play in developing collaborative strategies with respect to issues such as drug pricing and access to commodities. UNAIDS will develop a more strategic approach on its collaboration with the corporate sector that will include: defining clear objectives for private sector partnership and delineating the parameters of partnership including governance matters and potential conflicts of interest.

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

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

201. This report suggests that towards the end of 1999 and through the first few months of 2000, a significant shift is taking place in the global response to the epidemic. The momentum is apparent at country level, where in many countries national recognition of and commitment to an expanded and accelerated response to the epidemic is gathering speed. It is apparent in the international political arena, witnessed by events such as the inclusion of AIDS in the Spring Meetings of the Development Committee of the World Bank and IMF, the G77 Summit in Havana and the World Education Forum in Dakar, and in the designation of the AIDS epidemic in Africa as a security threat by the UN Security Council. It is also apparent in the gradual mobilization of additional resources for HIV prevention and care by affected countries and development agencies, and an increasingly large cast of actors seems set to make a contribution to slowing down the spread of the epidemic and mitigating its impact. As the epidemic is recognized as a profoundly important development issue and a threat to human security, the absolute necessity for an expanded response comes more sharply into focus.

202. This accelerating political response brings with it a new range of challenges and opportunities for the Secretariat and Cosponsors. At the same time, the response is not uniform or consistent and is still not on a scale needed to reverse the impact of the epidemic. Many of the original challenges confronting UNAIDS and its partners remain. The following section points to some of the key opportunities and challenges confronting the Secretariat and Cosponsors at this time.

#### **(i) Strengthening and maintaining political mobilization**

203. An unprecedented level of political mobilization around AIDS is taking place in both high income and low income countries. The continuous mobilization of resources at various levels of society is a sine qua non for a sustainable and effective response to the AIDS epidemic. However, a commitment to this goal has not occurred in all countries. AIDS is still too often perceived as yet another disease, and in many sectors there is still a lack of recognition of the significance of AIDS, for example of the importance of mainstreaming HIV/AIDS into planning and activities across sectors. The possibility of a reversal in political commitment, for a variety of reasons, also exists. In addition to addressing these challenges, the Programme will have to ensure that AIDS remains a priority on the global agenda in order to guarantee that political commitment is translated into action and resources at the domestic and international level. It is also crucial for the Programme to ensure that clear strategies to respond to the epidemic are articulated, that sound evidence is presented on the returns of investing in programmes to address AIDS, and that civil society and governments together assume greater responsibility for responding to AIDS. The challenges arising from this changing political environment require that the Programme rethink its strategies on advocacy and public information and that new political alliances are fostered.

#### **(ii) Strengthening and accelerating well-coordinated national responses**

204. The AIDS epidemic is preventable. There is broad consensus and abundant evidence on the impact of behaviour change, and early and aggressive action against the epidemic has paid dividends in several settings, such as Uganda, Senegal and Thailand. It is clear that a combination of elements adds up to effective strategy: high-level political leadership; a single, powerful

national strategic plan, bringing all stakeholders and sectors together; visibility, openness and countering stigma; addressing core vulnerability through sound social and developmental policies; recognizing the synergy between prevention and care; targeting interventions to those most vulnerable; encouraging and supporting strong community participation and local responses; and focusing on young people.

205. Supporting governments to develop a response that is characterized by these elements is the key challenge for all international actors: the Secretariat and its Cosponsors have a special mandate to ensure that this is happening. Special attention should be devoted to 'going to scale': emphasizing support for local responses and investing in capacity-building for a sustainable response. Supporting an accelerated response in countries in conflict, or moving out of conflict, is a still further challenge. Identifying appropriate mechanisms to mainstream a response to AIDS, such as Poverty Reduction Strategy Papers, debt relief agreements under HIPC, public expenditure frameworks, and reforms, structural adjustment programmes requires new skills, the development of which the Secretariat is prioritizing. Given the increasing expectations of highly affected countries and the international community, the task facing UNAIDS at large is considerable.

206. The need to ensure adequate commodities both for prevention and care is also critical. There are now countries in sub-Saharan Africa where the expansion of voluntary counselling and testing is held up by inadequate testing kits; where the most basic drugs for palliative care are lacking; and where the demand for condoms is now outstripping supply. Finding innovative ways to ensure AIDS commodity security for the most affected countries is a further challenge.

### **(iii) Work with a wider range of partners**

207. At its inception, the horizons of the Secretariat tended to be bounded by its relationship with its Cosponsors. Much of the internal management effort of the Secretariat and the Cosponsors went into coordinating their own work, and ensuring consistency of approach, and where possible, synergy between UN players. Over the course of 1999, and particularly with the evolution of the International Partnership against AIDS in Africa, the importance of working closely with a wider range of actors has become paramount. The Secretariat has been mandated to take on the function of secretariat to the IPAA. The Cosponsors were one set of actors among five in negotiating the 'Framework for Action', alongside African governments, civil society, donors and the private sector. This development, in which key actors agree to work within common frameworks, is an immensely important opportunity. The incremental shift from fragmentation and into synergy is potentially a hugely powerful development: it is also a remarkably complex challenge.

208. From country level, where forging new partnerships in the first wave of IPAA countries is the current task, to international negotiations with pharmaceutical companies over the price of drugs, it is clear that to respond to the epidemic effectively, new forms of institutional behaviour are needed. Operationalizing AIDS in key sectors such as education, agriculture and rural development brings new sets of actors into the picture. Responding to the epidemic has from the start been about behaviour change, but it is now apparent that institutional behaviour change is also critical. The challenge is not just one that confronts the UNAIDS Secretariat and the Cosponsors, but all partners. Nonetheless, the Secretariat faces a set of unique challenges in seeking to provide services to an ever-expanding number of partners.

### **(iv) Access to care and to prevention of mother-to-child transmission of HIV**

209. The moral and humanitarian imperative to respond to the many millions of men, women and children suffering from HIV-related illnesses has become more urgent over 1999. A focus on prevention alone has become increasingly unacceptable as an international response. The UN Secretary-General's Report to the Millennium Assembly, the WHO Director-General's speech at the Executive Board in February 2000, and the resolution adopted by the Board, recognized the importance of addressing access to care, ranging from basic drugs for palliative care, to improving access to drugs for opportunistic infections and other life-prolonging therapies. The challenge is enormous. Once HIV prevalence reaches five percent, demand for medical care is estimated to rise by at least 25 percent, and to increase faster than governments are able to supply it. Yet, there are new and important opportunities arising both in terms of interest by developing countries, by major pharmaceutical companies, and in the development of community standards of care. This process is likely to accelerate over the coming year.

210. The availability of therapies that are relatively simple and cheap, and can substantially reduce the likelihood of transmitting HIV between mothers and their babies raises a further set of challenges. The impact of going to scale is potentially enormous, raising the visibility of the epidemic, and increasing both hope and expectation that this is a crisis with a solution. The pilot projects have demonstrated that interventions to address MTCT can be delivered effectively, but that the lead-time is longer than expected, and take-up slower initially, though this is now beginning to accelerate in many pilot projects.

211. The challenge for the Secretariat and its Cosponsors is to work with a range of partners to encourage and build on the momentum that has started; to provide clear, well-founded guidance and technical support to countries to assist in building health systems that can respond to the epidemic; to support development processes such as HIPC that will free up much needed resources to finance care; and to find ways of ensuring that community-level care initiatives are encouraged and supported. Work on a health system strategy, led by WHO, and on a care strategy are on-going priorities throughout 2000.

**(v) The International Partnership against AIDS in Africa**

212. The previous challenges come together in the International Partnership against AIDS in Africa. The CCO and the Secretariat regard the IPAA as the number one priority for 2000 and beyond. Accelerating national responses, increasing access to care, and to MTCT, and working with a wider range of partners are critical elements of the IPAA: ensuring rapid and demonstrable impact is now imperative. The commitment to accelerate a response in 12 countries by the end of 2000, and a further 12 in 2001, is essential if the International Development Target of reducing the rate of infection among young people is to be achieved in the most affected countries.

213. It is clear that the challenge in Africa involves maintaining and increasing the highest level political commitment. It requires stimulating powerful national responses, taking the work of the previous decade to an unprecedented scale. It also requires new work to mitigate the impact of the epidemic in key sectors. This cannot be done effectively if the international response is fragmented, and if key actors continue to develop parallel approaches that split the focus of partner governments into component parts. The IPAA presents a single coherent challenge: work together to develop a single, powerful national response.

**(vi) Becoming a knowledge-based and communication-driven organization**

214. From its inception, it was clear that the UNAIDS Secretariat was a unique organizational entity, particularly in relation to UN structures: *catalysing and connecting* rather than undertaking traditional development initiatives itself. As such, the Secretariat is a twenty-first century organization, part of the age of communication rather than the age of manufacturing. While this has sometimes created tensions with some external stakeholders, anxious to see the Secretariat take on a more substantial role at country level for example, it is becoming increasingly clear that when performed well, the Secretariat's mandate is critical, not just to Cosponsors, but to other actors. Undertaking the responsibility well, however, requires a set of skills and organizational approaches that are not traditionally characteristic of UN agencies. Secretariat actions need to be characterized by twenty-first century skills: high-level conceptual and analytical ability, and skills in connecting, synthesizing, communication, and advocacy. Indeed, the most valuable commodities of the Secretariat are knowledge and communication.

215. For the year 2000, the Secretariat plans to invest significantly in its ability to communicate both within the Secretariat and to partners outside. It is working to become a powerhouse of information, knowledge and ideas, connecting people and ideas. Internal restructuring and a refocused attention on management of core tasks should enable more resources to go into meeting this challenge.

216. These six challenges set the course for the Secretariat over the next year. The PCB is asked to endorse the report, and to provide strategic guidance to the Programme on the challenges and priority actions identified for the coming year.

## Annex A: Update on Access to Care and Support

This update is being submitted in response to the recommendation of the PCB that a progress report on access to care be presented at its next meeting. Its purpose is to inform the PCB.

Since the last PCB, the activities of the Secretariat and Cosponsors in the area of Care and Support have focused on the following areas: access to drugs, policy and strategy development, support to community-based care and the greater involvement of people living with HIV/AIDS, psycho-social care and support, and impact alleviation.

### Access to Drugs

With regard to *access to drugs*, a UN Interagency Group on access to HIV drugs was created under the chairmanship of Dr Jono Quick, Director of Essential Drugs and Medicine at WHO. The Interagency Group is developing a workplan, which is already well advanced among members who participated actively in the discussions - namely WHO, UNICEF, WIPO and the UNAIDS Secretariat and, since last April, the World Bank and UNFPA. An agreement was reached that WHO and the UNAIDS Secretariat would focus on country level work with priority given to sub-Saharan Africa within the framework of the International Partnership against AIDS, while also pursuing discussions with the pharmaceutical industry. The first major planning meeting on access to essential drugs with 6 African countries of the IPAA is planned for Pretoria in June 2000. A consultation on the use of cotrimoxazole prophylaxis by people living with HIV/AIDS was held in March 2000 with the WHO Regional Office for Africa in Harare.

In 1999, UNICEF produced an *inventory of supply sources* of drugs of special interest to people living with HIV/AIDS. UNICEF expressed an interest in continuing to support this effort; in particular, in maintaining the currency of the present database and qualification of the supply sources.

The *World Intellectual Property Organization* (WIPO) has become a collaborator in the Inter-Agency Working Group. WIPO will update and improve the accuracy of the January 2000 WHO/UNAIDS study on the patent situation of HIV related drugs, and produce a guidance document to prospective buyers on the process they would be advised to follow when considering the purchase of drugs. It will also advise governments on ways to increase drug availability while remaining fully compliant with the TRIPS agreement.

As part of the joint workplan, UNAIDS will continue to support the UNAIDS *Drug Access Initiative*. Activities were launched in Chile and Vietnam, and a first evaluation of the projects in Uganda and Côte d'Ivoire will be completed at the end of May 2000, and presented at the International Conference on AIDS in Durban in July 2000.

The present draft workplan remains weak in activities to support *financing* of the drug supply. The UN Interagency Group on Access to HIV Drugs will thus benefit from the recent participation of the World Bank.

Most recently, the UNAIDS Secretariat and the WHO, UNICEF, UNFPA and World Bank have been holding joint discussions with several *pharmaceutical companies*, the results of which will be clearer at the time the PCB convenes.

### Policy and Strategy Development

The UNAIDS Secretariat is in the process of finalizing a draft policy and strategy document on care and support. The draft seeks to outline the various components of policy and strategy on care and support and to present a package of interventions based on the differential resources available to communities. This draft policy and strategy will also inform the pending Global Strategy on HIV/AIDS. Initial input on the draft policy and strategy on care and support will be received from WHO in May, after which the UNAIDS Secretariat will share the draft with other Cosponsors for their input.

### **Community-based Care**

The UNAIDS Secretariat continues to identify, document and share Best Practice on community responses and to make these available to Cosponsors, other partners and communities. At the 4<sup>th</sup> International Conference on Home and Community-based Care for HIV/AIDS, held in Paris in December 1999, the Secretariat sponsored representatives from a number of community-based organizations to share their experiences in home and community-based care. The UNAIDS Secretariat is currently in the process of documenting these experiences for publication as part of the Best Practice collection. As part the Secretariat's work on strengthening the capacity of community groups to deliver care and support, projects are being formulated in the six phase I countries of the IPAA to bring community care to scale.

### **Greater Involvement of People living with or affected by HIV/AIDS (GIPA)**

In collaboration with UN Theme Groups on HIV/AIDS, the UNAIDS Secretariat continues to provide technical and financial support for the development and expansion of projects to promote the greater involvement of people living with HIV/AIDS (GIPA) in five countries in Africa and two countries in the Asia Pacific region. Furthermore, the Secretariat organized a consultation on GIPA in Nairobi, Kenya in February 2000. Most of the participants were representatives from community-based organizations providing care and support to people living with or affected by HIV/AIDS. The meeting led to the development of activities for the UNAIDS Secretariat workplan on GIPA.

### **Psychosocial Care and Support**

With regard to *psychosocial care and support*, a number of activities are underway. Key Material on the impact of carers and health workers and community coping and support mechanisms, based on experience in Uganda and South Africa, is currently being printed. With regard to voluntary testing and counselling (VCT), a key entry point into care and support, an Inter-Agency Working Group on VCT has been established, with WHO and UNICEF as members. Guidelines on VCT monitoring and evaluation, which were field-tested in Zambia, Botswana and England, have been prepared and are in print. A VCT technical update was developed, as well as an annotated bibliography on VCT outcomes which are both in the process of being printed. In addition, a programme in institutional capacity-building sustainable VCT programmes in Russia and the Ukraine, Belarus and Kazakhstan has been initiated. In Cambodia, the UNAIDS Secretariat has directly supported the development of a national counselling working group and an agenda for national counselling development.

With regard to *stigma and discrimination*, which, among other things, impedes care and support, the UNAIDS Secretariat has been holding meetings on country experiences and perceptions of stigma and discrimination in Africa and Asia. The Secretariat is also in the process of developing a 'task team' on stigma, discrimination and denial. This will include representatives from Cosponsors, donors, and people living with HIV/AIDS.

With regard to *HIV notification, disclosure and confidentiality*, all of which critically affect the provision and quality of care, the UNAIDS Secretariat and WHO convened an international consultation in Geneva in October 1999, on these issues and is in the process of developing key materials, policy advice and consensus statements based on the consultation as well as on the Windhoek Consultation convened by the WHO Regional Office for Africa in September, 1999.

With regard to care and support in the *UN workplace*, activities to expand care options for UN staff and their families infected and/or affected by HIV have been implemented in Zambia and Ethiopia. This is alongside the significant reviews of administrative, policy and financial care and support options currently being conducted in the context of the Inter-Agency Advisory Group on HIV/AIDS (IAAG), the United Nations Development Group (UNDG) and the Administrative Committee on Coordination (ACC). Most recently, the CCAQ endorsed action to give priority to the care of people living with HIV infection among UN staff, and requested that activities to enhance such care be started in 10 additional countries.

**Impact Alleviation**

With regard to impact alleviation regarding care, the UNAIDS Secretariat is sponsoring two studies (in Ghana and Zimbabwe) to develop tools to evaluate the impact of AIDS on health care at the country level.

## **Annex B: Update on monitoring and evaluation**

### **BACKGROUND AND INTRODUCTION**

This update on monitoring and evaluation is submitted in response to the request by the PCB that the Secretariat report annually on progress made in the further development and implementation of the UNAIDS monitoring and evaluation plan (UNAIDS/PCB(7)/98.4, 19 October 1998). The monitoring and evaluation plan for UNAIDS was developed during 1998 through a consultative process that involved the Secretariat, Cosponsors and partners, and the approach and priorities of the plan were endorsed by the PCB at its meeting in December 1998. Also in 1998, a Monitoring and Evaluation Reference Group (MERG) was established to advise UNAIDS on monitoring and evaluation at all levels of the programme. The MERG – which replaces the PCB Working Group on Indicators and Evaluation – meets annually, brings together the Secretariat, Cosponsors, donors, NGOs and technical experts in the field of monitoring and evaluation, and has contributed substantively to the development of the UNAIDS monitoring and evaluation plan.

As suggested by the PCB during its meeting in December 1998, the Secretariat has intensified its efforts to implement the plan while collaborating with the relevant partners in its further refinement. The framework for implementing the monitoring and evaluation plan (see Figure 1 at the end of the Annex) was developed and refined under the guidance of the MERG, and takes the original framework one step further by linking not only the main objectives but also the key functions of UNAIDS to the monitoring and evaluation plan. This approach takes into account the fact that all of the objectives and functions include several or all partners at different levels, and in different combinations. While some of the established tools do capture information on more than one function – this is especially true at the country level – other tools look at specific subsets of areas of work or interactions within one of the functions. Mapping existing tools against this functional framework also allows the identification of additional tools and systems needed for a better understanding of strengths and weaknesses of the UNAIDS approach.

The main functions of UNAIDS are shown in Figure 1, where they have been aligned with particular programme objectives referred to as intermediate outcomes. The purpose of doing so is to show the main thrusts of those functions rather than their exclusive roles. During the current biennium, monitoring and evaluation efforts will concentrate on those functions which have not received sufficient attention to date: the governance function, policy and strategy analysis and development, and direct support to countries and partners. During the 1998-99 biennium, the monitoring and evaluation work of UNAIDS focused on the following functions:

- Tracking the epidemic and responses to it
- Advocacy, resource mobilization and partnership building
- Unified planning and support to national strategic planning
- Identification and dissemination of best practice
- Technical resource networking

## MAJOR AREAS OF WORK

### A. Functions which primarily relate to increasing awareness and commitment

#### A.1 Tracking the epidemic and responses to it

UNAIDS has continued to support the further development of indicators and methods for monitoring and evaluation of national AIDS programmes. These include HIV sentinel surveillance, sexual behaviour surveys, monitoring of policy and programme effort, programme inputs, outputs and context, as well as surveys in which AIDS-related data collection is a secondary issue. Examples of such surveys include the USAID-supported Demographic Health Surveys (DHS) and UNICEF's Multiple Indicator Cluster Surveys (MICS).

The development of a methods package for monitoring and evaluation of national programmes has been undertaken as a joint activity by the UNAIDS Secretariat, WHO, and the USAID-funded *Measure Evaluation* project. A detailed description of the activity and the list of core indicators were made available to the PCB at its meeting in June 1999 (UNAIDS/PCB(8)/99.2/INF.DOC.2).

The methods package and the indicators have been developed with inputs from a large number of countries, academic and public health institutions (such as Family Health International, US Bureau of Census), all UNAIDS Cosponsors as well major donors (such as EC, USAID, GTZ, DFID). This will ensure ownership of the methods package and the use of the indicators on a broad basis. Indicators on care and support are currently being developed by WHO in collaboration with the UNAIDS Secretariat.

In addition, monitoring of the national response also continues through the updating of epidemiological fact sheets and country profiles, which describe the state of the epidemic and the response to it. Together with WHO, the Secretariat has also broadened its network which works on improving understanding of the spread of HIV and its impact at country, regional and global levels. A global reference group on estimates and impact of AIDS supports research in these areas and helps ensure the standardization and improvement of existing methodologies and tools.

#### A.2 Advocacy, resource mobilization and partnership building

A review of UNAIDS information and advocacy materials was conducted in 1999. The study found that the production of information and advocacy materials has reached a large volume combined with high quality products. However, the focus of materials production could be clearer, with greater efforts to ascertain and respond to needs of different partners. To address these issues, work is currently underway to identify user profiles in order to target materials production and dissemination more effectively. An important finding of the review was the relative weakness in the area of distribution of materials. In particular, the potential of the CPAs to serve as distributors and multipliers of information materials has been inadequately exploited.

During the biennium, the UNAIDS Secretariat and the Harvard University School of Public Health conducted a study on the funding of the national response to AIDS in developing countries and countries in transition. The study, which covers the period up to 1997, concluded that while support for AIDS programmes increased steadily over the period 1987-1996, the increase did not keep pace with the growth of the epidemic. Funding has increasingly been channelled through bilateral agencies and the proportion of multilateral funding dropped from 70% in 1987 to 22% in 1997. In some countries, World Bank loans have become the major source of funds for AIDS

programmes. The study also identified a number of shortcomings in the current reporting of AIDS-related expenditures.

In order to improve the monitoring of AIDS financial flows, UNAIDS has joined an ongoing effort by UNFPA and the Netherlands Interdisciplinary Demographic Institute (NIDI) which monitors the national and international financing of population activities on a yearly basis. During the first year of collaboration, UNFPA/NIDI/UNAIDS joint tracking of AIDS financial flows was limited to funds disbursed by development assistance agencies. These 1998 AIDS financial data will be available by mid 2000.

At the country level, the Theme Group is the primary vehicle for UN system action related to AIDS. This is confirmed by the most recent Theme Group review, which reconfirms the involvement of the Theme Group in three core functions highlighted in previous assessments: advocacy, resource mobilization, and supporting national strategic planning on AIDS.

Almost all Theme Groups are involved in advocacy, mobilizing political commitment and encouraging countries to mount a broad-based response to AIDS. More than one third of Theme Groups have a systematic approach to advocacy in the form of an advocacy strategy or plan. In terms of resource mobilization, more than half the Theme Groups were involved in mobilizing resources for the response to HIV/AIDS in 1999.

## **B. Functions which primarily relate to coordination and better use of resources**

### **B.1 Unified planning and support to national strategic planning**

In most countries where strategic planning processes have been initiated, Theme Groups have contributed funding and technical support. In those countries where the process has not yet been initiated, advocacy for the process has been high on Theme Group agendas. By the end of 1999, national strategic plans on AIDS had been formulated in 37 countries. In addition, the national strategic planning process had been initiated in 31 countries.

Support to national strategic planning has been provided through the UNAIDS Strategic Planning and Development Fund (SPDF). In 1999, an analysis of SPDF was undertaken which focused on documenting the process of managing the funds and sought to identify obstacles and opportunities for improving the process. A key finding of the review was that many of the assumptions upon which the SPDF approach was formulated are not yet operational. The review also identified a number of constraints – over-long approval processes, complexity of management of funds due to the necessary involvement of all Cosponsors, variations in interpretation and efficiency in the management process – and proposed a number of recommendations that will help streamline the process and render it more effective. The review also recommended that several measures to improve the processing of the funds be implemented prior to an evaluation of the projects and activities implemented under the Strategic Planning and Development Fund.

At the country level, a United Nations system integrated plan on AIDS is a valuable indicator of the commitment of the United Nations system to coordination and the operationalization of UNAIDS. While the initial phase of UNAIDS at country level successfully focused on the establishment and functioning of the Theme Groups on AIDS, more recent efforts have focused on the development and implementation of these plans. A desk review of UN system integrated plans for 1988 showed significant progress in this area, with approximately one third of the

Theme Groups viewing the development of a plan as a priority. However, the plans reviewed varied considerably in their content and scope with only very few plans being underpinned by a strategic framework defining the priorities for UN system support to the national response.

Following this desk review, the Secretariat issued guidelines on the content and process of the developing UN system integrated plans. These guidelines were distributed to all Theme Groups. As at the end of February 2000, of the 86 UNAIDS category I and II countries, 7 Theme Groups had completed integrated plans for the year 2000. In addition, 41 of these Theme Groups had completed inventories of UN system AIDS activities in the country and 32 had conducted an analysis of national needs and priorities – two of the essential preliminary steps in the integrated planning process.

For the UNAIDS 2000-2001 unified budget and workplan, a series of performance indicators were developed in collaboration with the Cosponsor focal points and responsible units for monitoring and evaluation. The indicators included in the budget and workplan document are predominantly quantitative in order to try to capture in a relatively easy way how the programme is performing in different areas. Additional, more specific, qualitative and quantitative indicators are currently under development to provide more in-depth information on the performance of the programme.

The development and use of performance indicators is part of a system established by the Secretariat to monitor in a standardized way the implementation of the different activities included in the unified budget and workplan. In addition, evaluations and reviews are carried out in accordance with the monitoring and evaluation plan, to complement the information which can be obtained using the performance indicators. Also, in order to strengthen the monitoring and evaluation of AIDS programmes and projects of the UNAIDS Cosponsors and Secretariat, evaluation staff of Cosponsors and Secretariat have developed a standard reporting format for monitoring the implementation of the unified budget and workplan for 2000-2001.

## **C. Functions which primarily relate to expanding capacity and knowledge**

### **C.1 Identification and dissemination of best practice**

The identification, development and dissemination of best practice is one of the four strategic objectives of UNAIDS which accounts for a significant part of the budget of the UNAIDS Secretariat. An evaluation of the UNAIDS best practice materials was undertaken in 1999 to assess the relevance and the effectiveness of these materials, and the efficiency in the development and distribution.

The evaluation found that 90 per cent of the respondents perceived that the materials address unmet needs and fill a gap either to a large or some extent. The materials are considered authoritative, technically sound and easy to comprehend. 82 per cent of the respondents – national AIDS programme managers, UN and NGO staff and other partners of UNAIDS – indicated that they use the best practice materials for a variety of purposes. The materials reach about 1300 people directly through the mailing lists, most of whom pass them on to others, thereby producing a multiplier effect. However, the role of certain key recipients of materials (e.g. CPAs, Technical Resource Networks, and Collaborating Centres) in distribution as well as in development and feedback, could be reinforced.

Although the need was expressed for materials in additional languages with greater use of regionally and culturally relevant examples, the overall quality and user friendliness of the

materials was found to be high, and they were generally considered appropriate. The evaluation findings strongly endorsed the value-adding role of the best practice collection.

It may in many cases be too difficult to separate the distinct impact of the best practice materials from other factors, or still be too early to tell what the impact might be. However, a significant number of respondents indicated increased awareness and commitment (half of the respondents), actions to reduce transmission (one in four), or improved care and support (one in five) as the impact of the best practice materials.

## **C.2 Technical resource networking**

As a pilot evaluation of UNAIDS technical resource networking, an assessment of SIDALAC, the regional AIDS initiative for Latin America and the Caribbean, was completed during 1999. The evaluation found that SIDALAC has generally been successful in making its purpose known and being appreciated and used by its partners and beneficiaries. These are national AIDS programme managers in Latin America and the Caribbean, regional NGOs and NGO networks, information and research centres, and international organizations. The support provided to the Horizontal Technical Co-operation Group on HIV/AIDS was considered particularly useful. In general, the SIDALAC publications were found to be of a high quality, especially those related to the economic impact of AIDS.

The evaluation recommended that SIDALAC focus its activities in areas where it has demonstrated excellence and where it has a clear comparative advantage, and target its efforts at those partners and beneficiaries most likely to benefit from the outputs and services of the initiative. The evaluation also concluded that the dissemination of information could be further strengthened and alternative ways of presenting information to different audiences could be explored.

The evaluation noted that it was not possible at this stage to measure the impact of SIDALAC on issues such as the reduction of vulnerability to AIDS, the transmission of HIV, or the mitigation of adverse impacts on individuals and communities. Nonetheless, respondents cited positive outcomes which have been influenced by SIDALAC such as, for example, government decisions regarding the provision of antiretroviral drugs.

## **FUTURE PLANS AND PRIORITIES**

Monitoring and evaluation of the performance of the Secretariat and the Cosponsors, and of the response of national and international partners at global, regional and national levels, continue to be priority areas for UNAIDS in 2000-2001. Following the recommendations of the PCB, and guidance from the UNAIDS Monitoring and Evaluation Reference Group, the intended outputs for 2000-2001 include:

- Internalization and operationalization of the UNAIDS monitoring and evaluation framework, and strengthened programme evaluation approaches.
- Ongoing monitoring of the Secretariat, Cosponsors, UN system and international partners at global, regional and national levels;
- In-depth assessments of the response of the UN system, and international and national partners at global, regional and national levels;

The Secretariat will continue evaluations of the different functions of the programme and the activities undertaken by UNAIDS as a whole, including direct support to countries and partners, policy and strategy analysis and development, and the governance function. Evaluations will be complemented by reviews of UNAIDS partners, regions and thematic priorities. It is anticipated that the internalization of the UNAIDS monitoring and evaluation framework and the strengthened evaluation approaches, including evaluations of key functions and different reviews, will provide a sound basis for an overall evaluation of the UNAIDS programme planned for 2001.

### **Database development and implementation**

The ultimate test of the success or otherwise of the efforts of UNAIDS, lies in the degree to which countries are able to mount an enhanced and sustained response to AIDS. The broad consensus achieved around the indicators and tools for monitoring and evaluation of the national response provide the basis for further development and operationalization of a country response database. The next stage will involve the design and implementation of a software to permit capturing of relevant data and mechanisms for regular updating.

A partner response database, which aims at capturing information generated through the partner programme reviews, regional reviews, and the UN system integrated plan and the budget and workplan processes, will also be developed to monitor the response at global and regional level.

### **Five year evaluation**

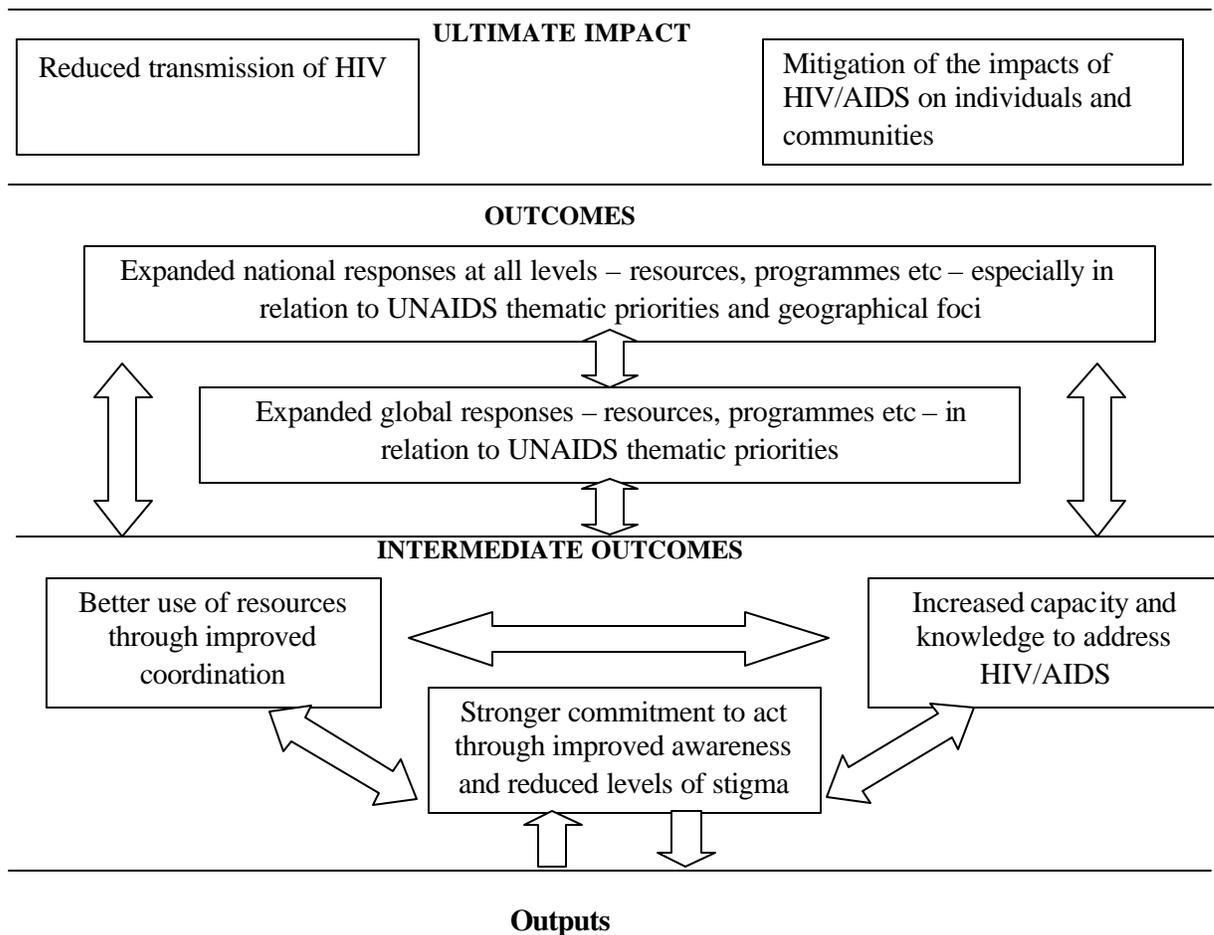
The development of a plan for the PCB mandated five-year evaluation of the UN response to AIDS in the framework of UNAIDS is currently underway. Cosponsor staff and consultants involved in similar evaluations of other UN programmes have been requested to assist in the identification of lessons learned from these other evaluations. The plan for the UNAIDS five-year evaluation will be discussed at the next meeting of the UNAIDS Monitoring and Evaluation Reference Group (MERG) scheduled for August, and a refined plan for the evaluation will be presented to this year's thematic meeting of the PCB.

Both Cosponsor and Secretariat staff will need to commit time and resources to the evaluation, and all partners of the programme, including PCB members and donors also need to participate actively in the evaluation to ensure a useful evaluation as well as the feedback and implementation of lessons learned. For this purpose, regular meetings of interested parties are proposed to be arranged by the Secretariat in Geneva. The proposed steps for the evaluation are shown below :

- *First semester 2000*: Consultations on lessons learned from relevant evaluations involving the Monitoring and Evaluation Reference Group (MERG) Chair and Cosponsors.
- *May 2000*: Pre-PCB briefing with Cosponsors.
- *May – July 2000*: Ongoing discussions with Cosponsors and key partners in preparation of the MERG; identification of potential membership of the evaluation team.
- *August 2000*: MERG meeting; outline of plan for implementing the evaluation.
- *September 2000*: Development of detailed implementation plan and mapping of information flows.
- *October 2000*: Initial meetings of evaluation team.
- *December 2000*: Update PCB on evaluation process, mechanisms and implementation plan.
- *January – August 2001*: Implementation of the evaluation.
- *May 2001*: Interim report of progress to PCB.

- *September – October 2001*: Analysis, synthesis and draft report writing.
- *October 2001*: Review and comments by MERG.
- *November – January 2002*: Finalization of report.
- *February – March 2002*: Preparation of report to PCB and recommendations.
- *May 2002*: Presentation to PCB.

Figure 1: UNAIDS Monitoring and Evaluation Framework



**A. Functions whose outputs are primarily directed to increasing awareness and commitment**

1. Tracking the epidemic and responses to it
2. Advocacy, resource mobilisation and partnership building

**B. Functions whose outputs are primarily directed to coordination and better use of resources**

1. Unified planning and support to national strategic planning
2. Policy and strategy analysis and development
3. Governance

**C. Functions whose outputs are primarily directed to expanding capacity and knowledge**

1. Identification and dissemination of best practice
2. Technical resource networking
3. Direct support to countries and partners