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PROGRAMME COORDINATING BOARD

Fifteenth meeting
Geneva, 23–24 June 2004

Provisional agenda item 8.1:

Update on Implementation of the UNGASS Declaration of Commitment

Executive summary

This report provides an update on progress in implementing the Declaration of Commitment on HIV/AIDS, signed by 189 Member States at the June 2001 UNGASS, with particular attention to 2005 targets. In September 2003, UNAIDS released the first *Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003* and summarized available evidence on core indicators developed to monitor implementation of the Declaration of Commitment. UNAIDS reported data from 103 countries on four categories of indicators. While the Declaration of Commitment calls for critical policy frameworks to be in place by 2003 to guide the response to HIV/AIDS, the first 'hard targets' in the Declaration are due to be reached in 18 months, at the end of 2005. These targets envision quantifiable progress against HIV/AIDS, as measured in HIV infection rates among young people and newborns, increased access to services, and in the level of financial resources devoted to HIV/AIDS programmes. This report serves to provide an update on progress since the September report. It includes more recent service-coverage data, the latest changes in the policy environment, and actions being taken by UNAIDS to facilitate the attainment of agreed targets.

Action required at this meeting:

The PCB is requested to take note of this update and consider steps for increased efforts by all partners in order to reach the targets stated in the Declaration of Commitment.

In June 2001, at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), 189 Member States endorsed the Declaration of Commitment on HIV/AIDS. Providing a framework for a comprehensive response to the global epidemic, the Declaration of Commitment was conceived as much more than a statement of principles. By including concrete, time-bound targets and providing for rigorous monitoring and evaluation, the Declaration of Commitment is meant to spur urgent action on HIV/AIDS and to increase the accountability of actors at global, regional and national levels. Meeting the targets in the Declaration of Commitment will help ensure achievement one of the Millennium Development Goals—that of halting and beginning to reverse the HIV/AIDS epidemic by 2015. In heavily affected countries, effective action against HIV/AIDS is a necessary precondition to the achievement of essentially all of the other Millennium Development Goals.

Since the adoption of the Declaration of Commitment, the global response has grown stronger, as measured by the level of financial resources, political leadership and multisectoral commitment. These advances, however, have yet to result in widespread coverage for key HIV/AIDS interventions, significant increases in knowledge and awareness among young people, and a reduction in the number of new HIV infections. At present, many countries run the risk of failing to achieve the Declaration's targets for 2005.

This report provides an update on progress in implementing the Declaration of Commitment, with particular attention to targets that are due to be reached in 2005. The report briefly describes the many ways that the Declaration has been instrumental in strengthening advocacy and leadership on HIV/AIDS. By calling attention to key gaps in the global response, this report seeks to engender renewed commitment by all stakeholders to a more effective, strategic and sustained fight against HIV/AIDS.

I. Monitoring the Declaration of Commitment

With the collaboration of national governments, bilateral donors, technical agencies, key representatives from civil society, and a host of other stakeholders, UNAIDS is leading efforts to monitor implementation of the Declaration of Commitment.

On the basis of the Declaration's provisions, UNAIDS and partners developed a series of core indicators to monitor progress in the fight against HIV/AIDS. To assess progress against these indicators, UNAIDS draws on a broad range of data sources, including:

- information supplied by countries on each of the core indicators;
- prevalence estimates derived from sentinel surveillance in countries;
- surveys conducted by UNICEF, WHO and others;
- reports from UNAIDS country staff;
- coverage estimates derived from utilization information provided by key informants at country level;
- monitoring of financial commitments and disbursements for HIV/AIDS programmes by international donors, as well as estimates of government and nongovernmental spending in affected countries; and

- findings from a multi-partner evaluation of national programme and policy responses, known as the AIDS Program Effort Index (API).

As monitoring of the Declaration of Commitment ultimately relies on the quality of information available at country level, UNAIDS and its partners have made substantial efforts to strengthen national capacity for data collection, management and analysis. Through regional and national workshops, the UNAIDS Secretariat, WHO, the Futures Group, the US Centers for Disease Control and Prevention, Family Health International, and the East-West Center have improved the capacity of 130 countries to capture, validate, interpret and model HIV-related data. The Global AIDS Monitoring and Evaluation Team (GAMET), housed at the World Bank, provides technical guidance and support to countries on issues related to monitoring and evaluation, and the 2004–2005 UN Unified Budget and Workplan (UBW) significantly increases the number of monitoring-and-evaluation (M&E) specialists in the Joint Programme at global and country levels. UNAIDS has also spearheaded efforts to harmonize M&E systems at country level in accordance with core indicators developed to monitor implementation of the Declaration of Commitment in line with the 'three ones' (i.e., one national AIDS authority, one strategic framework and one monitoring-and-evaluation framework).

II. Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003

In September 2003, UNAIDS released the *Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003*. The *Progress Report* was the first post-UNGASS effort to summarize available evidence on core indicators developed to monitor implementation of the Declaration of Commitment. UNAIDS reported data from 103 countries on the following four categories of indicators:

- Global-level indicators designed to measure *global commitment and action* on resource mobilization, research and development, workplace policy and advocacy

- A 20-item National Composite Policy Index designed to monitor *national commitment and action*, on funds spent, strategic planning, prevention, care and support, and human rights

- *National programme and behaviour* indicators to assess the percentage of individuals who receive key services and the degree to which particular populations adopt safer behaviour to reduce the risk of HIV transmission

- *National impact* indicators to track the number of new infections among young people (aged 15–24) and infants born to HIV-infected mothers

The *Progress Report* included the following key findings:

- *Financial resources.* In 2003, spending from all sources on HIV/AIDS programmes in low- and middle-income countries was estimated at US$4.7 billion. While this represents a 15-fold increase over what was spent in 1996, available funds in 2003 nevertheless amount to less than one-half of what will be needed to finance a comprehensive response by 2005 and less than one-third of amounts needed by 2007.

- *National leadership*. Although more political leaders are embracing the fight against HIV/AIDS, senior political leaders remain disengaged in many countries, especially where prevalence is currently low. Virtually all heavily affected countries have national AIDS strategies and high-level multisectoral national AIDS bodies, but the financial and programmatic response in many countries remains heavily concentrated in the health sector.

- *Strategies for uniformed services.* Seventy-eight per cent of countries responding to the UNAIDS questionnaire report that a national HIV/AIDS strategy is in place for uniformed services. This figure ranged between 81% and 90% for most regions, but was found to be lower for Latin America and the Caribbean and for high-income countries, at 65% and 55% respectively. There are indications that a growing number of countries are beginning to appreciate the threat that the epidemic poses to national and regional security. More countries are using programmatic tools and other forms o assistance developed by UNAIDS.

- *Policy weaknesses.* Many countries have yet to adopt critical policies to strengthen national HIV/AIDS efforts.

    - Thirty-eight per cent of countries, including almost one-half of those in sub-Saharan Africa, have not adopted legislation to prohibit HIV-related discrimination.
    - Only 36% of countries have legal measures in place to prevent discrimination against vulnerable populations.
    - Nearly one-third of countries lack policies to ensure women's equal access to critical prevention-and-care services.
    - Less than one-half of countries have adopted strategies to promote HIV prevention for cross-border migrants.
    - In countries with an HIV prevalence of more than 1%, more than 40% have yet to evaluate the epidemic's socioeconomic impact.

- *HIV prevention.* Coverage for essential HIV-prevention strategies is extremely low.

    - In the hardest-hit countries, programmes to prevent mother-to-child transmission (PMTCT) reached less than 1% of pregnant women at the end of 2002.
    - Fewer than 5% of injecting drug users (IDUs) worldwide can obtain recommended HIV-prevention services.
    - Only one in four countries in sub-Saharan Africa report that at least 50% of patients with sexually transmitted infections (STIs) are appropriately diagnosed, counselled and treated.

- *Antiretroviral therapy (ART).* As of December 2002, only 300 000 people in low- and middle-income countries were receiving ART, compared to the 5–6 million people estimated to be in need of ART.

- *Knowledge and sexual behaviour among young people.* In 31 of 38 countries in which young people (aged 15–24) were surveyed in 2000, fewer than 30% could accurately

answer a set of standard questions on HIV/AIDS. Young women were consistently found to have lower rates of HIV-related knowledge than young men. Some 15–20% of young people report having had sexual intercourse before the age of 15, and rates of condom use vary considerably between countries.

- *Children orphaned and made vulnerable by HIV/AIDS.* Thirty-nine per cent of countries with generalized epidemics have no national policy in place to provide essential support to children orphaned or made vulnerable by HIV/AIDS.

- *HIV/AIDS in the workplace.* Only 20% of transnational companies have adopted comprehensive workplace policies for HIV/AIDS. At country level, the implementation or workplace policies is uneven. Fewer than 50% of large companies reported having HIV/AIDS policies in several highly affected countries in sub-Saharan Africa.

- *HIV prevalence.* To establish baselines for the monitoring of certain provisions of the Declaration of Commitment, the report estimated the HIV prevalence for key populations, as follows.

    - HIV infection among young pregnant women (aged 15–24) is highest in sub-Saharan Africa, with prevalence ranging as high as 39% in Swaziland.
    - HIV prevalence among IDUs is extremely high in many countries, especially in Asia, where 85% of IDUs in Thailand and 80% in Viet Nam are HIV-positive.
    - In sub-Saharan Africa, where PMTCT availability is minimal in many countries, HIV prevalence among newborns reaches 25%.

III. Additional information on implementation of the Declaration of Commitment

Since UNAIDS issued its *Progress Report* in September 2003, additional information has emerged regarding implementation of the Declaration of Commitment. This new information includes the latest data on national implementation of recommended policies and programmes, as well as updated coverage estimates for key HIV/AIDS interventions.

A. Assessing commitment

The AIDS Program Effort Index (API) was developed in 1998 through the collaborative efforts of USAID, UNAIDS, WHO, the POLICY Project, and other partners. API seeks to gauge national efforts on HIV/AIDS in such diverse areas as political support, policy and planning, programme resources, legal and regulatory environment, human rights, and programmes for HIV prevention, care, treatment and impact mitigation.

Research partners in the API project assess national efforts by administering a questionnaire to knowledgeable informants in countries. In 2000, API was applied to 40 countries in diverse regions. Experience with the initial API round indicated that respondents in different countries appeared to use different frames of reference for rating national policies, making comparison between countries difficult. To address this problem the API was redesigned for the 2003 round. Possible responses to questions were revised to remove some of the judgement from the scores and make them more easily compared across countries.

In 2003, API was applied in 54 countries, including all those that participated in the 2000 round. The countries surveyed in 2003 included the 40 low- and middle-income countries with the highest number of HIV/AIDS cases in 2001. The questionnaire and accompanying guidelines were translated into Spanish, French, Brazilian Portuguese, Continental Portuguese, and Russian.

Key findings from the 2003 API round include the following:

- *National effort.* Average score for all countries increased from 56% in 2000 to 61% in 2003, with the largest increases in the areas of political support, resources, and care and treatment. In more than 90% of countries surveyed, senior government officials have spoken publicly about HIV/AIDS, but the intensity and quality of these statements can vary. National efforts in all but one county are guided by a strategic plan. In most countries, however, official efforts against the epidemic have yet to adequately reach the district level. While most countries enjoy the active engagement of health and education ministries in national responses, the involvement of other sectors is uneven or non-existent in many countries.

- *Regional differences.* Regionally, countries in Eastern and Southern Africa had the highest scores overall, with West Africa, Central Africa and Asia also scoring relatively high. Scores were lower, on average, in Latin America and the Caribbean and in Eastern Europe.

- *Policies for HIV prevention*. Policy initiatives for prevention most often focused on blood safety (93% of countries), school-based education (85%), condom social marketing (84%), voluntary counselling and testing (84%), behavioural change communications (80%), and safe injections (80%). Seventy-one per cent of countries report having policies to prevent mother-to-child transmission of HIV. (As the coverage estimates summarized below indicate, the existence of national policies to implement particular strategies does not necessarily reveal the actual coverage for interventions.)

- *Gender and the Epidemic*. Almost 90% of all countries have ratified the Convention on the Elimination of All Forms of Discrimination Against Women. However, effective implementation of these agreements and national legal structures to protect human rights is weak

- *HIV care and treatment.* While most countries report providing treatment for opportunistic infections, STI services, palliative care and TB treatment, few countries offered ART in 2003. Respondents provided relatively low marks for the quality of care currently available in low- and middle-income countries.

- *Human rights.* Confirming a key conclusion from the 2003 *Progress Report*, human rights received the lowest scores of any component of the API. While virtually all countries have ratified major international human rights instruments, country-level respondents gave low scores for participation and human rights of people living with HIV, codes of conduct, mechanisms to monitor and enforce human rights compliance, and legal support services.

- *Vulnerable populations.* As the 2003 *Progress Report* found, API detected important gaps in national responses for key vulnerable populations. Few countries with concentrated epidemics have adopted legislation, policies or programmes to reduce HIV transmission or provide HIV-related care and treatment for IDUs. In addition, most of these countries lack targeted prevention programmes for IDUs or for men who have sex with men (MSM).

- *Resources.* Although API identified resources as a major area of improvement between the 2000 and 2003 rounds, resources nevertheless ranked near the bottom among components of the API. In particular, countries cited the lack of sufficient resources for ART scale-up, palliative care, and care for orphans and vulnerable children.

- *Mitigation*. Efforts to address the epidemic's impact play an important role in the national programmes of the most affected countries, while those with low prevalence perceive a limited need to implement mitigation strategies.

B. Coverage of selected HIV/AIDS services

To meet the targets set in the Declaration of Commitment, it is essential to rapidly expand access to essential HIV-prevention, care, treatment, support and impact-mitigation services in affected countries. In an effort to establish a baseline against which to assess progress in bringing key strategies to scale, USAID, UNAIDS, WHO, the US Centers for Disease Control, and the POLICY Project estimated the coverage of selected HIV/AIDS interventions in low- and middle-income countries in 2003.

In the absence of comprehensive survey data on programme coverage, partners in the project identified the two-to-three people in individual countries most involved with delivery of each selected service. Informants provided information, where available, on actual utilization at the country level; where utilization data were not available, informants estimated the proportion of the population with access to the service. Efforts are ongoing to mount population and facility surveys in many countries, and it is anticipated that future efforts to estimate coverage of key interventions will draw on additional data sources.

Key findings from efforts to assess coverage in 2003 include the following:

- *Voluntary counselling and testing.* An estimated 5.5 million people received VCT services in 88 low- and middle-income countries in 2003. While utilization of VCT has grown 42% over levels reported in 2001, the percentage of adults who know their HIV status remains extremely low in most countries. In 2003, only 0.2% of adults in low- and middle-income countries received VCT services, with European and African regions reporting the highest utilization. For 2000, results from 19 countries in Africa indicate that 12% of men and 7% of women report ever receiving VCT. The figures are somewhat higher in Europe (26% of women) and Latin America and the Caribbean (21%).

- *PMTCT*. PMTCT services achieved 10% coverage worldwide in 2003, reaching an estimated 9 million pregnant women. In Africa, however, where most cases of mother-to-child transmission occur, coverage was only 5%. The estimated number of women receiving PMTCT services increased by 58% between 2001 and 2003. Where services are available, 85% of women accepted at least HIV testing and counselling.

- *Condom use*. An estimated 5 billion condoms were distributed in 2003 in the 88 countries analysed. An estimated 18% of risky sexual acts worldwide were protected by condom use in 2003, with the highest rates reported in the Western Pacific region (53%) and in Africa (19%).

- *Harm reduction.* Globally, only 3.6% of IDUs in 2003 had access to harm-reduction services. Harm-reduction coverage is extraordinarily low even in regions where injecting drug use is a primary driver of the epidemic, including South-East Asia (which has 2.8% coverage), the Americas (2.7%), and Eastern Europe (7.6%). Especially noteworthy is the estimated small number (12 000) of IDUs who received drug-substitution services in 2003 (in the few countries where such data could be obtained).

- *Vulnerable populations.* An estimated 16% of sex workers had access to targeted HIV-prevention services in 2003, with Africa (32%) and the Americas (25%) reporting the highest coverage levels. Eleven per cent of MSM received HIV-prevention services in 2003, with especially low coverage in South-East Asia (1%) and the Western Pacific region (2%). An estimated 54% of prisoners in the 35 respondent countries had access to HIV-prevention services in 2003, with Eastern Europe reporting the highest coverage (74%).

- *Young people.* In 68% of countries, AIDS education is part of the primary-school curriculum, with coverage climbing to 88% for secondary schools. Twenty per cent of street children worldwide (but only 8% in the Americas) received HIV-prevention services in 2003.

- *HIV care and treatment*. An estimated 440 000 people in 88 countries received ART in 2003, representing global coverage of 7%. With only 3% of eligible individuals on ART, Africa had the lowest coverage of any region. Minimal coverage (1–4%) exists for prophylaxis against pneumonia, diarrhoea and tuberculosis. An estimated 16% worldwide of HIV-positive people needing home care in 2003 actually received such services, with the lowest rates occurring in South-East Asia (2%) and Africa (12%).

- *Children orphaned by AIDS.* Although 14 million children have lost one or both parents to AIDS, only approximately 190 000 orphans received psychosocial support in 2003. An estimated 630 000 received education support, 350 000 received food aid, and 260 000 obtained health care.

IV. Looking to 2005—a key test of global commitment

While the Declaration of Commitment called for critical policy frameworks to be in place by 2003 to guide the response to HIV/AIDS, the first 'hard targets' in the Declaration are due to

be reached in 18 months, at the end of 2005. These targets envision quantifiable progress against HIV/AIDS, as measured in terms of HIV infection rates among young people and newborns and the level of financial resources devoted to HIV/AIDS programmes.

Hard targets in the Declaration of Commitment for 2005 include the following:

- Reduce by 25% HIV prevalence among young men and women (aged 15–24) in the most affected countries

- Ensure that at least 90% of young men and women have access to HIV information, education and life-skills services

- Reduce the proportion of infants infected with HIV by 20%

- Ensure financing of at least US$7–10 billion for HIV/AIDS programmes in low- and middle-income countries[1]

Additional commitments made for 2005 include the following:

- Implement comprehensive HIV/AIDS responses in all workplaces

- Develop and begin to implement strategies that facilitate access to HIV-prevention programmes for migrants and mobile workers

- Ensure broad access to a range of sound, culturally appropriate prevention services

- Make significant progress on implementation of comprehensive care strategies

- Implement an array of measures to address the epidemic's gender dimensions, including policies that empower women and ensure the full enjoyment of their human rights

- Implement national policies and strategies to provide a supportive environment for orphans and other vulnerable children

It is apparent that, many countries, and the world as a whole, are at great risk of falling short of the commitments set forth in the Declaration.

- *Reduction in HIV prevalence.* The epidemic remains most severe in Southern Africa, with extremely high HIV prevalence in a number of countries, which makes it difficult to attain the 2005 target without an expanded response.

- *Reduction in mother-to-child transmission.* Although the Declaration of Commitment calls for a 20% reduction in the proportion of infants infected with HIV, only 10% of pregnant women worldwide (and only 5% in Africa) had access to essential prevention services in 2003.

[1] Subsequent analysis by UNAIDS determined that a comprehensive response to HIV/AIDS will require at least US$ 10.5 billion by 2005.

- *Achieving the 3x5 goal.* With approximately 440,000 persons receiving antiretroviral treatment at the end of 2003, reaching 3 million persons with ART by the end of 2005 is an immense challenge. Massive investments in human capacity and infrastructure, combined with more innovative ways to provide treatment, are urgently needed to scale up to these levels.

- Y*oung people's knowledge about HIV prevention.* While the Declaration of Commitment envisions that 90% of young people will have access to the information they need to protect themselves from HIV, fewer than 30% of young people in most countries have a comprehensive knowledge of HIV/AIDS.

- *Financial resources.* Although spending on HIV/AIDS programmes has significantly increased, resource levels in 2003 are less than half of what will be required in 2005.

As this report underscores, similar challenges face global efforts to meet other 2005 commitments. Nearly one-third of countries in 2003 lacked national policies to ensure that women had access to essential services. Most workplaces have yet to implement recommended HIV/AIDS policies. While the Declaration of Commitment envisions major progress in the delivery of comprehensive care by 2005, only minimal coverage has been achieved for any form of HIV/AIDS care and treatment. Less than one-half of countries have strategies to address HIV/AIDS among migrants, and fewer still have culturally appropriate prevention services for populations at highest risk of infection.

Achievement of the 2005 targets set in the Declaration of Commitment will require urgent global efforts to strengthen and accelerate the response to the epidemic. While the fight against HIV/AIDS has attained unprecedented momentum, even stronger and more effective action is required to avoid falling short of the commitments agreed to at the 2001 UNGASS.

V. Key actions to facilitate the achievement of targets for 2005

Since its adoption in 2001, the Declaration of Commitment has become a critical vehicle for global advocacy and accountability in the fight against HIV/AIDS. More than 100 countries have submitted to UNAIDS country-level information on progress in implementing the Declaration's provisions. Surveys of more than 20 UN agencies participating the UN System Strategic Plan on HIV/AIDS 2001–2005 (UNSSP), summarized in the UNSSP mid-term report submitted to the Programme Coordinating Board at this meeting, identify the Declaration of Commitment as a pivotal instrument in strengthening and accelerating the UN system's collective response to the epidemic. In their outcome documents, both the UN General Assembly's Special Session on Children and the World Summit on Sustainable Development endorsed full and timely implementation of the Declaration of Commitment. In addition, regional political bodies (such as the Parliamentary Committee of the Commonwealth of Independent States and the Indian Ocean Initiative on HIV/AIDS) have expressly embraced the Declaration of Commitment and endorsed its implementation.

Evidence summarized in this report, however, suggests that achievement of the Declaration of Commitment will not occur in the absence of urgent and high-level global action. To this end, UNAIDS is taking the following actions intended to facilitate achievement of the 2005 targets set forth in the Declaration:

- *Expansion of UN country support.* The 2004–2005 UNAIDS Unified Budget and Workplan increases the number of UNAIDS country staff by 46%. These staff members are also now operating under a new UNAIDS framework for country support that has sharpened and strengthened the provision of such support by UNAIDS. UN Country Team Implementation Support Plans are being developed to accelerate UN support for national AIDS plans, and the UN system is taking major steps to strengthen UN Theme Groups on HIV/AIDS.

- *Provision of extensive guidance for key interventions.* To accelerate the scaling-up of essential interventions, the Joint Programme has enhanced its level of technical assistance to countries. In addition to developing technical resource networks, UNAIDS has produced extensive guidance on introduction of ART, expansion of PMTCT, and implementation of programmes for orphans and other vulnerable children.

- *HIV/AIDS in conflict and disaster affected regions.* The Joint Programme is continuing to advocate for and provide technical support to the development of national strategies that address HIV/AIDS among populations affected by conflict, uniformed services and peacekeeping personnel. UNAIDS is seeking political commitment from governments to ensure the development of sustainable HIV/AIDS strategies for these target groups through the signing of a declaration of partnership between UNAIDS and the relevant ministries. UNAIDS will continue to support ongoing dialogue on this issue in the UN Security Council, particularly as it relates to UN peacekeeping forces.

- *Capacity development.* The Joint Programme has initiated efforts to preserve and build sufficient national capacity to mount an effective response. The '3 by 5' initiative is prioritizing the training of tens of thousands of health-care workers to facilitate ART scale-up; M&E capacity is being expanded through regional and national trainings; and UNAIDS Cosponsors are intensifying efforts to build commitment and capacity in a broad range of sectors.

- *Resource mobilization.* As instructed by its PCB, UNAIDS has continued its efforts to develop a comprehensive strategy for global HIV/AIDS resource mobilization. The underlying principle of this strategy development process lies in the recognition that, while the ultimate aim should be the integration of AIDS responses into broader sustainable development processes, it is also clear that an even greater allocation of resources will still be required for some time in order to keep up the current political momentum and intensify the scaling-up of treatment, prevention and care programmes. The need for such a continued "emergency funding" has to be properly positioned. The strategy will therefore be advocating for a mix of additional grant funding from the developed world, together with a whole range of longer-term measures - such as appropriate national budgetary allocations, the mitigation of structural factors, the building-up of national resources (human, infrastructural and financial). This resource mobilization exercise is being structured as part of an overall underpinning advocacy plan. Further progress will be presented at the PCB meeting to be held at the end of 2004.

- *Harmonization.* UNAIDS is spearheading efforts to obtain agreement from key donors to adhere to the 'three ones' principle, which promotes coordination among donors and between donors and national AIDS programmes. The main objective of the 'three ones' is to enhance effectiveness, speed and sustainable results—urgently required if all stakeholders are serious about achieving the 2005 targets.

- *Advocacy*. UNAIDS is energetically using the Declaration of Commitment as an instrument to promote stronger and unprecedented action on HIV/AIDS. The World AIDS Campaign has been strengthened to more actively engage civil society in fulfilment of the Declaration of Commitment. From 2005, the Campaign will have this goal as its primary campaigning focus. Globally, and at country level, UNAIDS is intensifying advocacy to support adoption of key provisions of the Declaration of Commitment, including enactment of human rights protections and initiation of programmes to address the needs of vulnerable populations. UNAIDS is also providing financial support to the International Council of AIDS Service Organizations (ICASO) to mobilize civil society to advocate effective and timely implementation of the Declaration.

- *The Global Coalition on Women and AIDS*. The Coalition which was launched in early 2004, responds to the failure of the global community to demonstrate greater progress in achieving the provisions of the Declaration of Commitment that focus on women and girls. The Coalition will focus on preventing HIV infection in girls and women, reducing violence against women, ensuring equal access to care and treatment, and supporting on-going efforts towards universal education for girls. When progress indicators are measured, it will be essential that these include the sex of the person receiving services.

- *UN meetings to review progress.* Discussions are under way to finalize the next high-level meeting of the UN to assess the status of global and country efforts to achieve the UNGASS goals. It is envisioned that a preliminary appraisal of progress will take place in mid-2005, with the expectation that a more substantive review will occur in 2006, in order to more accurately measure the progress made towards achieving targets set for 2005.

- *Provision of extensive guidance for next reporting*. Based on lessons learned from 2003 reporting, UNAIDS will, before the end of 2004, send countries detailed guidelines to assist them in the preparation of the next UNGASS report due in 2006. Selected additional indicators will be added to the core list and there will be increased emphasis on being able to report on risk reduction and access to services by gender. The 24 UNAIDS monitoring-and-evaluation officers (to be posted at country and regional level in 2004) and other newly recruited staff in bilateral agencies will play an instrumental role in assisting countries in coordinating the entire process, from the planning to the reporting phases.