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Mid-term performance report, 2001-2003

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Executive summary

During 2000 and 2001, 29 UN system organizations[1] participated in the development of the UN System Strategic Plan on HIV/AIDS (UNSSP), covering the years 2001–2005.
Developed within the overall context of the Global Strategy on HIV/AIDS, the UNSSP seeks to clarify roles and responsibilities on HIV/AIDS in the UN system, to promote system-wide coherence and strategic effectiveness, and to improve coordination and communication among diverse UN system organizations. The UNSSP articulates system-wide objectives in nine areas of work and identifies the responsibilities of individual UN entities in achieving these objectives.

The present report provides an analytical overview of the progress made by the UN system during 2001–2003 in achieving the objectives set forth in the UNSSP. Information presented derives from written reports, policy papers, workplans and other documents submitted by participating UN organizations, updated agency strategic plans, and structured interviews with key staff of individual UN organizations. Twenty-three participating UN entities, plus one UN organization that had not participated in the original development of the UNSSP, participated in the mid-term performance review.

Key achievements of the UN system

Analysis of data submitted by the 24 UN organizations and the information received during the key informant interviews led to the following conclusions on the actions taken during 2001–2003 by the UN system to achieve the UNSSP objectives:

- Engagement. The development and endorsement of the UN system Strategic Plan on HIV/AIDS for 2001–2005 encompassing 29 UN entities was, in itself, a noteworthy achievement. A broad array of UN agencies is now actively engaged in HIV-related activities. The governing bodies of the UNSSP-participating organizations increasingly consider HIV/AIDS as a specific item on their agenda, with HIV/AIDS becoming a corporate priority for a number of UN organizations. In 2001, the governing bodies of 21 of the 29 agencies participating in the UNSSP included HIV/AIDS as an agenda item for consideration by their governing boards or other relevant mechanisms. In 2003, the governing boards of 23 participating agencies explicitly examined organizational activities in the field of HIV/AIDS. In addition, the level of financial and human resources devoted to HIV/AIDS work by the UN system increased significantly.

- Coordination. The level of coordination and collaboration on HIV/AIDS within the UN system has greatly increased since 2001. There were numerous global and regional interagency working groups, task teams and task forces established around identified HIV/AIDS-related priorities. UN Theme Groups on HIV/AIDS have been strengthened, with more UN organizations becoming members.

- Advocacy. Benefiting from the personal advocacy of the Secretary-General and the momentum created by the UN General Assembly Special Session on HIV/AIDS in 2001, the UN has been effective in advocating more extensive and more effective action against HIV/AIDS at global, regional and national levels.

[1] This includes other non-UN-system international organizations, e.g., the International Organization for Migration (IOM).

- Resource mobilization. The UN system has provided extensive support to countries in the identification of funding opportunities, including the development of successful proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The World Bank has significantly increased its financial commitments for HIV/AIDS programmes. The UN system was an active advocate and provided technical support for directing resources from a range of bilateral agencies to fund national HIV/AIDS-related priorities, as well as for developing HIV/AIDS-sensitive national budgets.

- Support to countries. Largely due to extensive assistance from UN agencies, virtually all severely-affected countries have national HIV/AIDS strategies and action plans. In 2002, 106 countries and territories completed or developed national strategies for HIV prevention among young people. In addition, by 2003, virtually all heavily-affected countries had policy frameworks in place to mount an effective multisectoral response to HIV/AIDS. The UN system has undertaken a broad range of initiatives to build sustainable capacity in countries, communities and key sectors to respond effectively to the epidemic.

- Strategic information. The UN continued to serve as a reliable global repository for information on HIV/AIDS epidemiology, best practices, national responses, and resource tracking. Thus, the periodic UNAIDS report on the global HIV/AIDS epidemic provides a trusted overview of the epidemic and response to it for the use of the UN system and a multitude of other partners worldwide.

- Policy guidance. Distilling the best available evidence and lessons learned in the response to HIV/AIDS, UN agencies provided extensive guidance on strategic responses to key aspects of the epidemic, such as introduction of antiretroviral drugs in resource-limited settings, HIV/AIDS programmes in the world of work, reinforced prevention efforts and broad-based partnerships for an expanded response.

- Prevention, treatment and care. The UN system is a recognized global leader in efforts to increase access to HIV/AIDS treatment and care. Advocacy and technical support to intensify prevention efforts worldwide through truly multisectoral involvement were equally the focus of the UN system leadership.

- Impact mitigation. The UN system was in the vanguard of global efforts to address the impact of HIV/AIDS on food security in Southern Africa and on the education sector.

Main gaps and challenges

- In virtually all aspects of the response to HIV/AIDS, the UN system confronts the challenge of assisting countries in broadening the scale of the response to HIV/AIDS.

- UN system leadership in addressing the needs of populations at greatest risk of HIV infection remains uneven, with some population groups having no visible champion within the UN system.

- In the light of the growing feminization of the epidemic, much more attention must be devoted to the needs of women and girls.

- Actions for promotion of human rights and reduction of stigma and discrimination need to be amplified.

- Outside of the realm of food security and some notable examples, such as the work around children orphaned by HIV/AIDS, the UN's efforts to mitigate the epidemic's severe socioeconomic impacts do not clearly emerge from the review.

- While UN agencies engage in an extensive range of HIV/AIDS activities in all regions, there is a need to systematically evaluate the programmes to determine their impact, and to feed the knowledge gained into programme development.

- Another persistent challenge for the UN system is helping national responses to stay ahead of the epidemic by timely targeting efforts and ensuring that operational research is used to develop and implement effective programmes.

- While cooperation among UN organizations has been significantly strengthened under the UNSSP, it nevertheless remains inadequate, especially at country level.

- With respect to the UNSSP itself, the plan appears to have been successful in delineating roles and responsibilities, but less so in promoting strategic coherence.

- The absence of a forum within which to assess the UNSSP on an ongoing basis has diminished its ability to respond in a timely and flexible manner to the changing environment.

- Performance monitoring by individual UN organizations of their HIV/AIDS initiatives needs to be strengthened. The lack of consistent and regular assessments of agencies' progress often leads to a failure to capture the UN organizations' results, notably at country level.

Looking ahead

In line with the collective analysis of UNSSP-participating agencies, the UNAIDS Secretariat compiled and proposed to the Interagency Advisory Group on HIV/AIDS (IAAG) the following conclusions, which were endorsed at the XIX meeting of IAAG:

- While underscoring the usefulness of the UNSSP, participating agencies agreed that UN system coordination would benefit from a reorientation of the UNSSP.

- The UNSSP should be replaced by a UN System Framework on HIV/AIDS, tied to the provisions of the UNGASS2 Declaration of Commitment on HIV/AIDS, strategic in its orientation, and functioning as a mechanism for mobilizing and guiding the UN system.

- IAAG should serve as the forum for developing, and monitoring the implementation of, the UN System Framework on HIV/AIDS.

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[2] The United Nations General Assembly Special Session, held in June 2001, at which 189 Member States signed the Declaration of Commitment on HIV/AIDS.

I. Introduction

During 2000 and 2001, UN system organizations participated in the development of the first UN System Strategic Plan on HIV/AIDS (UNSSP). Covering the years 2001–2005, the UNSSP now includes the HIV-related activities of 30 different entities in the UN system. The UNAIDS Programme Coordinating Board endorsed the UNSSP in 2001, and the Declaration of Commitment on HIV/AIDS, adopted that same year at the UNGASS on HIV/AIDS, referred to the UNSSP and urged that enhanced efforts be undertaken to improve the leadership and effectiveness of the UN system in fighting the epidemic.

The UNSSP seeks to clarify roles and responsibilities on HIV/AIDS in the UN system, promote system-wide coherence and strategic effectiveness, and improve coordination and communication among diverse UN system agencies and programmes. Ultimately, the UNSSP aims to enhance the ability of individual UN entities, and of the UN system as a whole, to support countries in responding effectively to HIV/AIDS.

The UNSSP articulates system-wide objectives in the following nine areas of work:

1. Ensuring an extraordinary response to the epidemic
2. Cross-cutting issues in the expanded response
3. Protecting children and young people from the epidemic and its impact
4. Addressing those most vulnerable to, and at greatest risk of, HIV infection
5. Care and support to individuals, households and communities affected by HIV/AIDS
6. Operations and biomedical research
7. Human resource and institutional capacities in key sectors
8. Policies and programmes to address HIV/AIDS and its socioeconomic impacts
9. Regional strategy development

To promote transparency, accountability and coordination, the UNSSP identifies the responsibilities of individual UN organizations in helping achieve specific objectives in these nine work areas.

This report presents the results of a mid-term review of the UN system's success in achieving the objectives set forth in the UNSSP. It is the outcome of a performance review undertaken by UN organizations to self-assess the joint UN-system effort to support global, regional and national responses to the HIV/AIDS epidemic and its impact. It has been conducted in a structured and markedly participatory manner, allowing for critical reflection on the progress, implementation and coordination of UN-system efforts. Indeed, apart from the report itself, the process of self-assessment has led UN-system organizations to internalize lessons on how to improve their HIV/AIDS response.

Beginning in September 2003, UN organizations that participated in the UNSSP submitted to the UNAIDS Secretariat available documentation on progress made towards achieving relevant UNSSP objectives. With the assistance of outside consultants, the UNAIDS Secretariat reviewed and analysed the documentation made available by these 24 UN-system bodies, including the information available from UNAIDS cosponsoring organizations.

Based on lessons learned, agencies and programmes updated their individual strategic plans on HIV/AIDS and submitted those, as well, to the UNAIDS Secretariat. As of November 2003, 23

UN entities had provided the Secretariat with updated strategic plans. The International Atomic Energy Agency (IAEA), which had not participated in the initial UNSSP process, submitted a new plan to the UNAIDS Secretariat in 2003.
The desk review of written documentation was supplemented by extensive key informant interviews in December 2003–February 2004 with officials responsible for HIV/AIDS activities in individual UN-system organizations. These interviews, which were conducted with 24 UN organizations, sought to fill any gaps from the submitted written documentation and to obtain clarification, where needed. The interviewees were also requested to provide additional observations and insights on areas where UN-system and agency-specific efforts were meeting with success, and where improvements were needed. The UNAIDS Secretariat also explored with the interviewees their assessment of the role of the UNSSP as a tool for policy guidance, coordination and mobilization of the UN system.

Through the desk review and key informant interviews, specific evidence of progress made towards achieving UNSSP objectives were identified, as were any gaps or shortcomings in UN-system efforts and challenges confronting the UN system in responding effectively to the epidemic. It should be noted that, by and large, the scope and quality of the present report have been determined by the information provided by UNSSP-participating organizations.

The findings on the UN's collective progress, gaps and challenges under each work area are set forth in Section II of this report.

Section III includes a summary of key findings, as well as recommendations for activities in 2004–2005. Relying on feedback provided by UN partners in connection with this performance review, Section III also includes recommendations on follow-up to the current UNSSP. In addition, that section provides information on a series of indicators to monitor UN system-wide coordination, engagement and mobilization under the UNSSP.

II. Collective UN achievements for the period 2001–2003, by area of work

During the first three years of the current UNSSP, the UN system significantly strengthened its collective HIV/AIDS-related efforts. This generated concrete progress in each of the nine work areas of the UNSSP. The 2001 UNGASS on HIV/AIDS played a notable role in enhancing the commitment and strategic coherence of the UN-system response, with the Declaration of Commitment providing clearly-defined targets for global, regional and national efforts against the epidemic.

In each of the nine work areas, however, important gaps remain. While the UN system is more united and coordinated around HIV/AIDS initiatives than ever before, fragmentation and inadequate collaboration continue to reduce the effectiveness of the UN system in many areas of work. In 2004–2005, even greater coordination will be needed to enable the UN to meet the overarching challenge of helping countries to bring proven HIV-prevention strategies to scale, preserve and expand human capacity, and alleviate the epidemic's short- and long-term impact.

1. Ensuring an extraordinary response to the epidemic

The UN system made critical contributions to the **growth in political support** for a more robust response to the epidemic. (Objective 1.1 – Worldwide advocacy for political support.) The 2001 UNGASS on HIV/AIDS focused extraordinary attention on the epidemic, and the Declaration of Commitment continues to serve as a vital advocacy tool for the UN system and its many

governmental and nongovernmental partners. Often with strong assistance from the UN organizations, 36 heads of state or their deputies now lead national councils or programmes on HIV/AIDS. The UN system has facilitated greater regional action against the epidemic, including facilitating the creation of the Pan Caribbean Partnership against HIV/AIDS and the African Centre for HIV/AIDS Management, which is overseen by AIDS Watch Africa. Partly due to the active work of the UN system, multisectoral partnership forums now operate in diverse regions to coordinate efforts to implement national strategic plans on HIV/AIDS. UNDP provided support to the media sector with a view to promoting advocacy campaigns for an expanded response to HIV/AIDS in Africa, Eastern Europe and the Arab states.

The UN system's leadership on **HIV/AIDS advocacy** has benefited from the unprecedented commitment of the Secretary-General, who has made the fight against HIV/AIDS a personal priority. (Objective 1.2 – Engaging UN-system leadership.) The assignment of convening roles to individual UN agencies in different thematic areas has enhanced the visibility and coherence of issue-specific advocacy by the UN and acknowledges individual agency's comparative advantage. For example, the United Nations Development Fund for Women (UNIFEM), with nearly 30 years of leadership in women's issues, is co-convening agency (with UNFPA) for HIV/AIDS and gender.

During 2001–2003, the UN system remained a critical resource for **epidemiological data and best practices.** (Objective 1.3 – Generating epidemiological and strategic information.) Epidemiological reports by WHO and the UNAIDS Secretariat remain essential references for policy-makers throughout the world. The periodic UNAIDS report on the global HIV/AIDS epidemic provides a trusted overview of the epidemic and response to it for the use of UN system and a multitude of other partners worldwide. Through second-generation HIV surveillance, WHO has helped countries improve their ability to monitor the epidemic. The UNAIDS Secretariat supported the establishment of the **Country Response Information System (CRIS)**, the first global mechanism to track national responses against standard indicators and issued a comprehensive report in 2003 on national progress made in meeting the targets established in the UNGASS Declaration of Commitment. The UNAIDS Secretariat, in collaboration with UNFPA, improved monitoring resource flows for the global response to HIV/AIDS. In 2001–2003, the UNAIDS Secretariat added 39 new titles to its Best Practice Collection. Furthermore, the research in specific areas undertaken by the United Nations Research Institute for Social Development (UNRISD), the United Nations Department of Economic and Social Affairs (DESA), the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Food Programme (WFP) also generated strategic information to help advance the HIV/AIDS response.

The UN system has provided extensive **support to national HIV/AIDS programmes** since 2001, helping countries develop and implement science-based strategies to address the epidemic. (Objective 1.4 – Support for national strategic planning.) UN Theme Groups collaborate with diverse partners at country level and assist countries in integrating HIV/AIDS strategies into national poverty-reduction frameworks. The United Nations Development Programme (UNDP) helped countries to mainstream HIV/AIDS into national development efforts and supported the establishment of multisectoral AIDS-coordinating committees at the national and district level in several countries. For example, technical assistance was provided for the development of Burkina Faso's four-year and Botswana's five-year national strategic plans on HIV/AIDS.

In 2001–2003, the UN system helped mobilize unprecedented **resources for HIV/AIDS**. (Objective 1.5 – Mobilize resources for expanded national responses.) The World Bank created

the Multicountry AIDS Program (MAP), a funding mechanism that has made US$1.2 billion available for HIV/AIDS programming in Africa and the Caribbean. The UN system contributed to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which was called for in the UNGASS Declaration of Commitment (para 90). The UN continues to provide important technical support to countries and to the GFTAM Secretariat. The United Nations Fund for International Partnerships (UNFIP) has provided grants for HIV/AIDS projects totaling US$71.8 million - first for African countries and gradually expanding to cover all regions. UNAIDS continued to provide its catalytic support to countries through Programme Accelerating Funds (PAFs), which help strengthen and accelerate national responses and leverage additional resources for national action.

While the success of the UN's advocacy to promote greater leadership on HIV/AIDS has been widely recognized, UN agencies cited several gaps that persist. In particular, the ownership of the fight against HIV/AIDS remains uneven among the senior levels of leadership in many UN agencies. Although coordination of UN activities on HIV/AIDS has improved, it is still imperfect, especially at country level.

The primary challenge confronting the UN system, as well as bilateral donors and other stakeholders, is to facilitate an **urgent scaling-up of prevention, treatment, care and support programmes.** Even though resources available for HIV/AIDS programming in low- and middle-income countries increased more than 15-fold between 1996 and 2003, coverage for essential interventions remains extraordinarily low. This is partly due to the limited capacity of countries to rapidly process major new monies, a critical challenge the UN must address in 2004–2005. Another challenge is ensuring the **involvement of various sectors** in the HIV/AIDS response. This is corroborated by the 2003 analysis of the progress made in fulfilling the UNGASS commitments, which states that, although virtually all heavily-affected countries have HIV/AIDS policy frameworks in place, the response remains largely limited to the health sector.

2. Cross-cutting issues in an expanded response

Certain issues affect every facet of the response to HIV/AIDS. These include the often-debilitating stigma associated with HIV/AIDS, the critical importance of addressing the multiple disadvantages experienced by women and girls, and the need to forge strategic partnerships with key constituencies such as people living with HIV/AIDS. In 2001–2003, the UN system undertook a broad array of activities to address these cross-cutting issues. Reporting by UNSSP participants, however, focuses primarily on discrete activities in this work area rather than on concrete evidence of systemic progress towards achieving the objectives set forth in the UNSSP.

In 2001–2003, the UN system enhanced its efforts to promote a response to the epidemic that is grounded in **human rights**. (Objective 2.1 – Intensified UN system advocacy to protect human rights.) The Office of the United Nations High Commissioner for Human Rights (OHCHR) revised and disseminated the *International Guidelines on HIV/AIDS and Human Rights* to reflect the imperative of ensuring access to treatment. OHCHR also developed a strategic approach for the integration of HIV-related issues in the mandates and work of special rapporteurs, special representatives and independent experts appointed by the UN Commission on Human Rights. (Objective 2.2 – Strengthened UN system capacity to monitor human rights violations.) UNDP and OHCHR assisted national governments in integrating human rights protections into national AIDS strategies. (Objective 2.3 – Support to governments to strengthen human rights frameworks for vulnerable groups.) The 2002-2003 World AIDS Campaign (with its slogan, 'Live and Let Live') focused on the **need to combat HIV/AIDS-related stigma and**

discrimination. The Federation of International Civil Servants' Associations (FICSA) helped enhance the joint UN effort to ensure that there is no discrimination against UN-system staff on the basis of real or perceived HIV-positive status.

Over the last three years, the UN system has focused increased attention on advocacy, technical assistance, and programming that promotes **the importance of gender issues** in national responses. Recognizing the important linkages between gender and the epidemic, the UNGASS on HIV/AIDS articulated a strong commitment to gender equality. In India, Kenya, Sierra Leone, Zimbabwe and other countries, UNIFEM has worked to increase awareness of the epidemic's gender dimensions and integrate gender and human rights into national responses. (Objective 2.4 – Assist government in addressing gender-based perspectives; Objective 2.5 – Support to governments to reduce the inequality of women in accessing HIV/AIDS resources.) UNFPA has supported programmes providing reproductive health services and empowering women to exercise control over their lives and sexuality. Policy analysis by DESA has repeatedly focused on the epidemic's gender aspects, including publication of study results regarding the impact of HIV/AIDS on families in heavily-affected countries. In 2003, numerous UN bodies collaborated with other partners in the development of **the Global Coalition on Women and AIDS**, which was formally launched in early 2004. UNDP helped to create an enabling legislative, policy and resource environment for a multisectoral response to HIV/AIDS in a number of countries in Africa and Asia.

UN agencies have cultivated and engaged a broad array of partners to respond to HIV/AIDS challenges. (Objective 2.6 – Strategies and mechanisms required for an expanded response.) UN Theme Groups and individual UN agencies collaborate on an ongoing basis with **organizations of people living with HIV/AIDS**. In Asia and the Pacific, UNDP has worked to improve networking opportunities for organizations of people living with HIV/AIDS. United Nations Volunteers have placed 59 HIV-positive individuals in volunteer positions designed to enhance the involvement of people living with HIV. UNDP facilitated the development of a rights-based approach, supporting development of legislation to prevent discrimination against people living with HIV/AIDS in 10 African countries. Other such work also targeted Cambodia, Haiti, Nepal and Ukraine.

Although the UN has made extensive efforts to address the **cross-cutting activities** identified in the UNSSP, progress remains slow. In particular, all HIV/AIDS-related efforts are hindered by the deep and enduring stigma associated with the disease. Similarly, only limited progress is apparent in alleviating the many social, economic and legal disadvantages that increase the vulnerability of women and girls to HIV. In 2004–2005, the UN system must do more than recognize these problems; it must prioritize the implementation and expansion of strategies that meaningfully address the factors that interfere with effective national responses. This will require not only greater commitment and resources for addressing key cross-cutting issues, but also greater attention to the systematic and objective assessment of strategies to reduce stigma, empower women, and increase the active engagement of people living with HIV.

3. Protecting children and young people

An estimated 700,000 children annually become infected with HIV – the vast majority during gestation or delivery, or as a result of breastfeeding – and more than 17 million children have lost one or both parents as a result of HIV/AIDS. Young people under the age of 25 account for approximately one-half of all new infections, with young girls being especially vulnerable to

HIV infection. Because of the epidemic's extraordinary impact on the world's **children and young people**, the UNSSP prioritizes action in this area.

All 126 country offices of the United Nations Children's Fund (UNICEF) engaged in HIV/AIDS-related advocacy and activities in 2002. (Objective 3.1 – Evidence-based advocacy of policies and programme approaches.) UNICEF and its partners published the latest data on the impact of HIV/AIDS among children and young people, generating worldwide media attention. Advocacy by UNFPA helped persuade the Governments of Bangladesh and Malawi to incorporate HIV/AIDS into school curricula. UNODC supported **youth-targeted advocacy campaigns** on HIV/AIDS and drug use, including one in South Asia that commissioned well-known artists to create paintings that communicated relevant health-promotion messages.

In addition to advocacy, UN agencies also provided direct support for youth-related policy development and programme implementation. (Objective 3.2 – Policy and programme support for youth.) UNICEF, for example, assisted more than 100 countries in the development of national strategies for **youth-targeted HIV prevention and in the integration of life-skills programming in schools**. UNICEF reviewed early experience with programmes for **the prevention of mother-to-child transmission** (PMTCT) of HIV to identify lessons learned, and it undertook activities in 62 countries relating to HIV and infant feeding. In 2003, WHO worked to develop both a generic training package for health-care workers engaged in PMTCT-related activities and a manual on monitoring and evaluation of PMTCT programmes. UNFPA supported youth networks in 24 countries through the Global Youth Partners initiative and worked to improve capacity for peer education in Eastern Europe and Central Asia. WFP collaborated with NGOs to feed 185,000 people in urban centres in Zambia, with **particular focus on children orphaned or made vulnerable by HIV/AIDS**. UNESCO provided leadership on preventive education for youth, establishing a network of young television producers in South Asia to work on HIV/AIDS issues, among other things.

UN activities with respect to young people and HIV/AIDS often appear to suffer from a lack of strategic focus. While individual programmes are frequently effective for the young people they reach, they often do not flow from a strategic analysis of the most cost-effective use of limited UN resources. In addition, the 'hands-on' programmes undertaken by UN agencies sometimes occur at the expense of potentially more strategic initiatives to mobilize a broader array of organizations and stakeholders on issues relating to children and young people. Activities in this area often poorly correlate with the specific objectives in the UNSSP.

4. Addressing those most vulnerable to, and at greatest risk of, HIV infection

The Global Strategy Framework, as well as the UNGASS Declaration of Commitment on HIV/AIDS, emphasizes UN action to reduce the vulnerability of populations most at risk of HIV infection. The UNSSP itself notes the historic absence of leadership in addressing the HIV-related needs of those who are at greatest risk of HIV/AIDS. These groups include sex workers and their clients, injecting drug users and their sexual partners, men who have sex with men, refugees and internally-displaced persons, and men and women separated from their families because of their occupations or conflict situations.

Numerous UN agencies have engaged in activities to protect and promote the human rights of these groups. (Objective 4.1 – Protecting the human rights of the vulnerable.) The United Nations High Commissioner for Refugees (UNHCR) works to ensure that refugees are not persecuted on the basis of HIV status and to empower refugee women and girls through

awareness-training on their basic rights. In its efforts to expand access to HIV/AIDS treatments, WHO has adopted a rights-based approach that advances the proposition that access to care is a basic human right.

As the convenor of UN activities on drug control and crime prevention, UNODC focuses policy and programmatic attention on the needs of injecting drug users (IDUs) and their sexual partners. (Objective 4.2 – Programme support to address the needs of specific groups.) UNODC has incorporated HIV/AIDS into its national needs assessments, jointly published a best practice document on HIV/AIDS and drug abuse, helped build national capacity to **respond effectively to HIV/AIDS among IDUs**, and developed a joint position paper with WHO and UNAIDS on substitution therapy in drug dependence treatment and HIV prevention. In Myanmar, the efforts of UNODC and other UN agencies have facilitated a notable change in the attitude of government leaders towards drug use and HIV/AIDS, leading to the initiation of efforts to develop science-based policies and programmes to address the HIV-related needs of IDUs and their sexual partners.

A number of UN agencies incorporated HIV/AIDS into ongoing activities relating to refugees and internally displaced persons. The International Organization for Migration (IOM), for example, has commissioned background papers on **AIDS and migration**, undertaken baseline studies and other research projects relating to HIV/AIDS and mobility, and established voluntary counselling and testing (VCT) programmes and other interventions along major transit routes in Ethiopia. UNHCR initiated an HIV/AIDS strategy in 2002 that seeks to develop comprehensive HIV/AIDS programmes in refugee situations; this has led, for example, to UNHCR initiatives to enhance VCT and testing and PMTCT programmes in refugee camps in the United Republic of Tanzania. The United Nations Relief and Works Agency (UNRWA) has emphasized HIV-prevention activities and enhanced HIV surveillance in its partnerships with public-health authorities. UNDP is implementing community-level strategies to prevent human trafficking and to provide legal assistance to rescued and repatriated survivors of trafficking. The UNAIDS Secretariat has published best practice documents and technical updates on HIV-related issues pertinent to IDUs, sex workers, men who have sex with men, and refugees.

Although the UNSSP emphasizes the importance of effective action to protect **vulnerable populations**, there were few reported activities to address the HIV-related needs of sex workers, men who have sex with men, prisoners and institutionalized people. The absence of explicit agency mandates to address these populations and dedicated resources to do so appears to be the main reason.

Advocacy and programming on behalf of these population groups are often politically sensitive. In 2003, only 36% of countries providing information on implementation of the Declaration of Commitment had legal measures prohibiting **discrimination against vulnerable groups** and only 25% considered HIV/AIDS-related stigma and discrimination to be challenges. The importance of effective UN action in this area is underscored by the fact that the population groups at greatest risk of HIV infection generally lack a political constituency or other means of political support.

In strengthening efforts in this field, UN agencies and programmes should focus on cultivating partnerships with community groups or NGOs that are already effectively reaching particular population groups. Some participating agencies indicated that additional efforts were needed to mainstream advocacy and programming on vulnerable populations into broad-based strategic planning and into the activities of the regional and country offices of individual agencies.

5. Care and support to individuals, households and communities affected by HIV/AIDS

In 2001–2003, UN efforts to expand access to HIV/AIDS care and treatment significantly increased. The UN system has been a global leader in this regard. (Objective 5.1d – HIV/AIDS therapy, including antiretovirals.)

The UNGASS Declaration of Commitment acknowledged the global imperative of providing the **highest attainable standard of care, including antiretovirals (ARVs**), in all countries. The WHO/UNAIDS Accelerating Access Initiative facilitated the negotiation of substantial price reductions for developing countries with six major pharmaceutical companies. WHO published guidelines for the introduction of ARVs in resource-poor settings, as well as case studies of ARV projects in different countries. In 2002, WHO added 12 ARVs to its List of Essential Medicines and, for the first time, provided a list of ARV manufacturers and suppliers who meet WHO's quality standards. WHO has provided technical support on ARV scale-up to numerous countries, including the Bahamas, Barbados, Haiti, Lebanon, Malawi, Mexico, Nigeria and Ukraine. In December 2003, UNAIDS, with WHO in the lead, issued a strategic plan to provide **3 million people with ARVs by 2005**. Each UNAIDS Cosponsor, as well as the Secretariat, has agreed to undertake activities to support achievement of this '3 by 5' target. In addition to ARVs, WHO developed a strategic framework to address HIV/TB co-infection and published a revised manual for clinicians in countries with high rates of HIV/TB co-infection. (Objective 5.1c – Treatment of TB and other opportunistic infections.) WHO also hosts the Global Collaboration for Blood Safety, a multi-stakeholder forum designed to promote policies and practices that reduce the risk of disease transmission through use of blood products. (Objective 5.1e – Provision of essential legal, educational and social services.)

To support timely entry into care, WHO is developing **alternative models for the delivery of VCT**. (Objective 5.1b – Provision of voluntary counselling and testing services and psychological support.) UNICEF has assisted in the documentation of best practices for VCT in Eastern and Southern Africa. UNFPA successfully implemented pilot projects for the introduction of VCT into reproductive health-care systems. UNHCR's VCT programme at the Kakuma refugee camp in Kenya is cited as an international model among HIV/AIDS programmes for refugees.

According to information provided by UNSSP participants, UN agencies appear to have devoted substantially greater attention to ARVs and VCT than to other aspects of **comprehensive care**, such as treatment of TB and other opportunistic infections, sexually transmitted infection (STI) services, reproductive health care, psychological support, and essential legal, educational and social services. In seeking to expand access to care, the UN system confronts enormous challenges, including the need to mobilize unprecedented resources for the introduction of ARVs, rapid development of sustainable capacity at country level, certainty of uninterrupted supply of medicines of acceptable quality and fully integrating prevention and care. An additional barrier to success in this area of work is the enduring stigma associated with HIV, which often hinders care and treatment initiatives by discouraging individuals from learning their HIV status and obtaining the necessary health-care services.

6. Operations and biomedical research

While numerous UN agencies have undertaken or sponsored various forms of research, the UNSSP primarily envisions the UN system as a catalyst and advocate in the research field. Research-related activities reported by UN agencies often corresponded poorly with the

objectives set forth in the UNSSP. No agency, for example, reported achievements in mobilizing new resources for research to better understand the epidemic. (Objective 6.1 – Mobilize investment in research to increase understanding of the epidemic.)

WHO has evaluated 15 new HIV diagnostic test kits, publishing results on the Internet, and established an assessment scheme to improve monitoring of **laboratories** performing HIV serological testing. (Objective 6.2 – Support for research into new technologies.) WHO has completed the largest global study on drug-injecting behaviour in low-income countries and has monitored the global distribution of different HIV subtypes and recombinations. The WHO/UNAIDS vaccine initiative also supports and coordinates global efforts to develop a **preventive vaccine**; one contribution was the publication of consensus guidelines on the ethical conduct of vaccine trials. UNFPA provided catalytic support to the International Partnership for Microbicides.

UNESCO, in cooperation with the World Foundation for AIDS Research and Prevention, supports an AIDS research network that seeks to transfer **learning and technologies on preventive education to developing countries**. Beginning in 2003, UNESCO and partners initiated a research programme on strategies to mitigate the epidemic's impact, resulting in research projects in Malawi, Uganda and the United Republic of Tanzania. Country assessments sponsored by UNESCO focus on **sociocultural factors that facilitate the spread of HIV**.

UNRISD, which undertakes multidisciplinary research on the social dimensions of contemporary problems, has focused considerable attention on HIV/AIDS. In particular, UNRISD research projects have focused on the **links between HIV/AIDS, poverty and development**. UNRISD has also documented community responses to the epidemic. Research by the International Fund for Agricultural Development (IFAD) has focused on the role of poverty in encouraging high-risk behaviour in Southern Africa.

DESA has carried out a study on the impact of **HIV/AIDS on family capital** as well as on other demographic aspects of the epidemic.

The UNSSP envisions a multifaceted catalytic role for the UN system in the field of HIV-related research: mobilizing resources, providing guidance to industry and countries, building developing-country capacity, and cultivating partnerships to generate needed research. However, with some notable exceptions, such as vaccine and microbicides development, reports suggest that UN agencies generally pursue discrete research projects based on individual agency priorities. **Greater strategic coordination is needed in the UN system** to increase the overall magnitude and quality of HIV/AIDS-related operations research.

7. Human resource and institutional capacities in key sectors

Especially in the most heavily-affected countries, HIV/AIDS is weakening national capacity to respond effectively by **diminishing human resources in key sectors**. The UNSSP envisions energetic UN action to strengthen the ability of key sectors to participate in an effective response. (Objective 7.1 – Effective strategies to prioritize and mobilize resources for strengthening capacities in key sectors.) Numerous UN agencies have worked to build institutional strength at country level, typically focusing on sectors that coincide with each agency's respective mandate.

The Food and Agriculture Organization of the United Nations (FAO) has actively worked to strengthen the agricultural sector and mitigate the impact of HIV/AIDS on food security in Southern Africa, providing technical guidance on effective agricultural responses to HIV/AIDS and commissioning baseline studies in three countries on the nexus between the epidemic and food security. FAO and BBC World collaborated on the production of a video on **HIV/AIDS and food security in Southern Africa**, which reached an estimated 200 million television viewers worldwide. WFP is implementing HIV/AIDS activities in 26 countries, reaching 11 million people through food-support programmes. UNDP supported the nine high-prevalence SADC countries to address the impact of HIV/AIDS on national capacity to manage development.

In collaboration with the UNAIDS Secretariat, UNIFEM, UNFPA and other UN agencies, the United Nations Department of Peacekeeping Operations (DPKO) has helped **mobilize the military and uniformed services sector** to respond effectively to HIV/AIDS. In particular, the UN system has undertaken an array of HIV-related activities among UN peacekeepers, including expansion of voluntary counselling and testing (for example, the establishment of VCT centres in the East Timor and Ethiopia/Eritrea missions), production and dissemination of an HIV/AIDS awareness card, and integration of HIV-prevention and -education programmes into peacekeeping training modules.

UNESCO has provided extensive policy guidance and technical support on strengthening the **capacity of the education** sector to mitigate the epidemic's impact and to support HIV-prevention efforts. Likewise, UNDP and UNRWA have sponsored projects at country level to help teachers use the classroom to educate students about HIV/AIDS. WHO has established a technical support team focused on building health-sector capacity and has actively assisted countries in identifying HIV/AIDS funding opportunities.

Capacity-building activities by the UN system have focused not only on key sectors but also on effective community action. (Objective 7.2 – Promote approaches for community action.) Through its Multicountry AIDS Programme, the World Bank has enhanced community capacity by channelling resources directly to community-based organizations, NGOs and the private sector. As part of its programmatic emphasis on strengthening community-care systems, WFP initiated a study in several countries in Africa and Asia to identify effective strategies for **building HIV-related capacity at community level**. IFAD has undertaken capacity-building programmes in countries such as Uganda and the United Republic of Tanzania, with particular emphasis on mitigating the epidemic's impact on children orphaned or made vulnerable by HIV/AIDS. DESA has sponsored workshops in Southern Africa for government representatives and NGOs on the epidemic's impact on households and on strategies to mitigate the epidemic's impact. UNICEF has supported the development and expansion of innovative community-based responses, including a child rights programme in Swaziland that has reached 38% of all orphaned children with needed social services. In many regions, UNDP has sponsored or facilitated diverse initiatives to strengthen community capacity to mitigate the impact of HIV/AIDS, including in Cambodia, Ethiopia, Malaysia and South Africa. The UN system has also helped build countries' sustainable capacity to respond to HIV/AIDS by promoting access to key commodities. (Objective 7.3 – Improving access to HIV/AIDS-related commodities.) As the largest international supplier of condoms, the United Nations Population Fund (UNFPA) has undertaken a broad range of programmes in diverse regions to **promote condom use**, including efforts to dispel myths and misconceptions regarding condoms and to increase capacities for programming of male and female condoms**.** Through numerous activities, including negotiations with pharmaceutical manufacturers and the addition of generic ARVs to the WHO List of Essential Medicines, the UN system has contributed to the affordability and accessibility of

HIV/AIDS treatments in developing countries. A Declaration on the TRIPS Agreement[3] and Public Health, adopted at the World Trade Organization (WTO)'s Ministerial Conference in November 2001 in Doha, reflected international agreement on action to facilitate expanded access to drugs to treat HIV/AIDS, TB and other serious diseases.

Despite these achievements, some sectors received little support for capacity development, such as the judiciary/legal, social welfare and information/communication sectors**.** In addition, little information was reported in this mid-term assessment on evaluation studies demonstrating the effectiveness of the capacity-building strategies adopted by UN agencies. As in other work areas of the UNSSP, UN agencies confront **the challenge of converting capacity-building projects into broader, scaled-up programmes**. In particular, capacity-building programmes are often hindered by the limited capacity of NGOs and other community-based organizations.

8. Addressing socioeconomic impacts

The UN system has worked to strengthen the information base for efforts to mitigate the epidemic's impact. (Objective 8.1 – Partnerships to generate and disseminate information on the impact of the HIV/AIDS epidemic on productive and service sectors.) The International Labour Organization (ILO) has sponsored research to improve understanding of the consequences of HIV/AIDS for the **labour force**, including joint studies with the Swedish International Development Cooperation Agency (SIDA) and the Italian Government in several African countries. UNDP, the UNAIDS Secretariat and the Shell Corporation are collaborating on a project to chart future scenarios for HIV/AIDS in Africa, with the goal of assisting countries in the region to plan effectively for the future evolution of the epidemic. UNFPA published a study on the impact of HIV/AIDS from a population and development perspective. UNDP provided policy guidance on integrating HIV/AIDS into poverty-reduction stategies, including PRSPs. UNDP's community-level projects, in such countries as Botswana, Kenya, Malawi, Rwanda, Zambia and Zimbabwe, contributed to mitigating the epidemic's impact.

Adopted in May 2001, the *ILO Code of Practice on HIV/AIDS and the World of Work* has been translated into 27 languages. (Objective 8.3 – Strengthening the response to HIV/AIDS in the world of work.) Facilitated by extensive advocacy and technical assistance by ILO, workplace partners in more than 60 countries have used the **ILO *Code of Practice*** as the basis for their own national action programmes, enterprise policies and collective agreements. FICSA, the UN Medical Services, the UNAIDS Secretariat, ILO, UNDP, UNICEF, UNFPA and others have collaborated to significantly strengthen the UN system's response to HIV/AIDS in the **UN workplace,** including such initiatives as 'Caring for Us", "We care". This includes implementation of a system-wide HIV/AIDS learning strategy, initiatives to enhance the availability of ARVs and other HIV/AIDS treatments to all UN personnel, and updating of the UN personnel handbook on HIV/AIDS.

In general, reporting by UN agencies suggests that relatively few activities have been undertaken under the UNSSP in this work area. This may, however, reflect possible overlap among the nine work areas, as this report has already identified a broad array of impact-mitigation efforts undertaken by UN agencies. Given the extraordinary and rapidly-growing impact of the epidemic in hard-hit countries, the relative scarcity of reported activities in this work area may suggest the need for the UN system to strengthen and sharpen its focus on **impact mitigation**.

[3] The World Trade Organization (WTO) Agreement on Trade-Related Aspects of Intellectual Property Rights.

9. Regional strategy development

Through interagency cooperation, the UN system has facilitated the development of regional strategies and greater political commitment. The UN system provided intensive and **ongoing support for the development of stronger regional cooperation in diverse regions**, including sub-Saharan Africa, the Caribbean, Asia, and the Commonwealth of Independent States. A subregional UN Theme Group on HIV/AIDS in South-East Asia and the Pacific was established to enhance joint UN action and encourage stronger political commitment in the region towards combating HIV/AIDS. Regional consultations involving a broad array of stakeholders have informed the development of regional strategic and actions plans, and the establishment of a UN Regional Task Forces to advance the agenda of identified priority areas.

To date, reports from UN agencies do not allow for an assessment of the degree to which such regional planning has led to follow-up implementation of coordinated regional action. Regional strategy-development consultations, including those conducted in connection with development of the UNAIDS Unified Budget and Workplan, have identified **the lack of high-quality technical resource networks** as a major impediment to effective regional and national responses.

III. Overall assessment for the period 2001–2003

In line with the objectives of the UNSSP, the UN system has significantly strengthened its engagement and strategic coordination in the response to HIV/AIDS. This conclusion is corroborated by numerous findings of the mid-term performance monitoring process. The mid-term assessment also identified major challenges facing the UN system in responding effectively to HIV/AIDS, including addressing gaps and improving the uneven quality of coordination across the UNSSP areas of work.
This section summarizes key findings of the mid-term assessment in three areas:

1. Overall contribution of the UN system in strengthening the global response
2. Role of the UNSSP in policy guidance, coordination and mobilization of the UN system response to HIV/AIDS
3. Looking ahead—the implications of the mid-term assessment for future UN-system efforts

1. The overall contribution of the UN system in strengthening the global response

Based on information collected as part of this mid-term assessment, the following conclusions may be drawn regarding the UN system's contribution to the global response to the HIV/AIDS epidemic in 2001–2003:

<u>Key achievements</u>

- Engagement. The development and endorsement of the UNSSP on HIV/AIDS for 2001–2005 encompassing 29 UN entities is in itself a noteworthy achievement of the UN system. A broad array of UN agencies is now actively engaged in HIV/AIDS-related activities. A new UN entity (the International Atomic Energy Agency - IAEA) joined the UNSSP to bring the total number of its members to 30. The governing bodies of the UN organizations increasingly make HIV/AIDS a specific item on their agenda, with a number of such organizations making HIV/AIDS a corporate priority. The level of financial and human resources devoted to HIV/AIDS by the UN system increased significantly.

- Coordination. UN agencies participating in the UNSSP indicated that the level of cooperation and collaboration on HIV/AIDS within the UN system has greatly increased since 2001. This conclusion is supported by the substantially broader involvement of diverse UN agencies in UN Theme Groups on HIV/AIDS and in the rapid development of the convening agency mechanism in different thematic areas with establishment of interagency task teams and task forces, as well as regional groups. Numerous agencies indicated that they, and the UN system as a whole, benefit from technical and coordination support provided by the UNAIDS Secretariat.

- Advocacy. The UN is broadly recognized as a global leader in the fight against HIV/AIDS. The Secretary-General has made the fight against HIV/AIDS a personal priority. The UNGASS Declaration of Commitment on HIV/AIDS, signed by all 189 Member States, provides a framework for effective action against the epidemic. The UN system has facilitated stronger regional action against HIV/AIDS. Established multisectoral partnership forums have helped support effective national HIV/AIDS programmes. The UN system has actively advocated on behalf of women and young people, and UN agencies have consistently underscored the importance of human rights in the response to HIV/AIDS.

- Resource mobilization. The UN system has provided extensive support to countries in the identification of funding opportunities, including the development of successful proposals to the Global Fund to Fight AIDS, TB and Malaria. The UN was active in advocating strategic allocation of resources from a range of bilateral agencies to fund national HIV/AIDS priorities. In addition, the UN provided technical support for developing HIV/AIDS-sensitive national budgets. The World Bank's Multicountry AIDS Programme has committed US$1.2 billion for HIV/AIDS programmes in Africa and the Caribbean, including substantial direct funding to NGOs and other community-based organizations. UNFIP expanded provision of HIV/AIDS grants to all regions.

- Support to countries. UN agencies have helped countries develop national HIV/AIDS strategies and programmes, and provided technical support for their implementation. The UN system has undertaken a broad range of initiatives to build sustainable capacity in countries, communities and key sectors to respond effectively to the epidemic.

- Strategic information. The UN continued to serve as a reliable global repository for information on HIV/AIDS epidemiology, best practices, national responses, and resource tracking.

- Policy guidance. Distilling the best available evidence and lessons learned in the response to HIV/AIDS, UN agencies have provided extensive guidance on strategic responses to key aspects of the epidemic, such as HIV/AIDS in the world of work, the role of the education sector in contributing to HIV education and prevention, equitable access to HIV/AIDS treatment and care, and reinforced prevention efforts.

- Prevention, treatment and care. The UN system is a recognized global leader in efforts to increase access to HIV/AIDS-related treatment and care. The UN provides technical support and policy guidance to countries to facilitate the accelerated introduction of HIV/AIDS treatments. Advocacy and technical support to intensify science-based HIV-prevention efforts worldwide through truly multisectoral involvement in different stages of the epidemic have equally been the focus of UN-system leadership.

- Impact mitigation. The UN system was in the vanguard of global efforts to address the impact of HIV/AIDS on food security in Southern Africa. To mitigate the epidemic's impact on children orphaned or made vulnerable by HIV/AIDS, the UN has engaged in extensive advocacy, cultivated and convened key partners, and provided countries with extensive technical support and policy guidance.

Main gaps and challenges

- UN system leadership in addressing the needs of populations at greatest risk of HIV infection remains uneven at best, with some population groups having no visible champion within the UN system. The review results indicate that the level of effort on HIV prevention depended on whether specific UN entities had taken the lead in the area.
    - Efforts were devoted to injecting drug users, refugees, migrants and displaced persons and women and children affected by trafficking, but much more needs to be done for these groups by the responsible agencies;
    - There has been only minimal action on HIV prevention for sex workers and their clients, men who have sex with men, prisoners and institutionalized persons.

- In the light of the growing feminization of the epidemic, much more attention must be directed to porgrammes addressing the needs of women and adolescent girls.

- Promotion of human rights and efforts to reduce stigma and discrimination associated with HIV/AIDS must be urgently expanded and amplified.

- Outside of the realm of food security, UN-system efforts to mitigate the epidemic's severe socioeconomic impacts do not clearly emerge from information provided by agencies participating in the UNSSP.

- In virtually all aspects of the response to HIV/AIDS, the UN system confronts the challenge of helping countries to scale up promising approaches.

- While UN agencies engage in an extensive range of HIV/AIDS activities in all regions, there is limited evidence that such programmes are being rigorously evaluated to determine their impact.

- UN advocacy efforts need to be supported in a timely fashion by adequate technical guidance, evidence-based experience and recommendations from social and operational research, which allows for the response to 'get ahead of the epidemic'.

- While cooperation among UN agencies has been significantly strengthened under the UNSSP, it nevertheless remains uneven and frequently inadequate, especially at country level.

- Performance monitoring by individual UN organizations of their HIV/AIDS work needs to be considerably strengthened. The lack of consistent and regular assessments of agencies' progress often leads to a failure to capture the UN organizations' results, notably at country level.

2. The role of the UNSSP in policy guidance, coordination and mobilization of the UN-system response to HIV/AIDS

Successes

The UNSSP has proved effective in setting longer-term objectives for coordinated UN action on HIV/AIDS. The UNSSP appears to be most successful as a tool for delineating roles and responsibilities with regard to HIV/AIDS within the UN system. UN agencies that have actively worked to increase the level of attention focused on HIV/AIDS found the UNSSP to be useful as a directory of UN-system efforts in the field. In addition to generating specific action in the nine work areas, the UNSSP was intended to foster broad-based engagement of the entire UN system in the response to HIV/AIDS. Through enhanced cooperation and agreement on broad strategic directions, the UNSSP aimed to enhance the UN system's effectiveness and synergistic impact.

In an effort to capture the degree to which implementation of the UNSSP has been associated with broader, more intensive engagement of the UN system in the response to the epidemic, the HIV/AIDS work of UN system agencies was tracked according to the following six indicators:

a. Financial support for HIV/AIDS activities
b. Human resources devoted to HIV/AIDS
c. Geographical coverage of HIV/AIDS support
d. Consideration of HIV/AIDS by governing boards
e. Participation in UN Theme Groups on HIV/AIDS
f. Management of UNAIDS catalytic projects at country level

These indicators are imperfect. Most do not provide information regarding the synergistic impact on broader UN engagement, nor do they allow for definitive conclusions regarding the precise role of the UNSSP in generating greater action by the UN system on HIV/AIDS. Nevertheless, they clearly reveal substantially stronger and far broader engagement of the UN system in the fight against the epidemic.

a. Financial support for HIV/AIDS activities

Over the period of 2001-2003, the level of financial resources devoted to HIV/AIDS work by the UN system increased significantly. For example, UNICEF has its expenditure on HIV/AIDS from 67 million USD in 2001 to 95 million USD in 2002 and tyo 111 million USD in in 2003. WFP expenditure in 2000 for HIV/AIDS amounted to 1 million USD, while in 2002 the programme reported the actual expenditure of 195 million USD. The total expendite of FAO on HIV/AIDS over the periods 1996-2000 to 2001-2005 increased more than tenfold.

b. Human resources devoted to HIV/AIDS

Comprehensive information is not available on the total number of personnel devoted to HIV/AIDS by all UN organizations participating in the UNSSP. Data are available, however, on human resource commitments by a number of UN agencies. For example, **FAO** has increased its full-time equivalent of staff devoted to HIV/AIDS in 2001–2003 by 150%, ILO by 61% and WHO by 29%.

c. Geographical coverage of HIV/AIDS support

During 2001–2003, 18 of the 29 UN entities participating in the UNSSP expanded the geographical reach of their HIV/AIDS activities. Numerous agencies (including DESA, DPKO, UNDP, UNICEF, UNODC, UNRISD and WFP) extended their HIV/AIDS work to additional

countries. Other agencies extended their HIV/AIDS support to regions that have not previously been prioritized. IOM, for example, expanded its HIV-related programming to numerous regions, including Africa, Asia, Europe and Latin America. UNIFEM and UNHCR both expanded their work to Eastern Europe, and UNFIP moved from an exclusive focus on Africa to a global orientation to its HIV/AIDS work.

d. Consideration of HIV/AIDS by governing boards

An important sign of organizational commitment to HIV/AIDS is elevation of the issue to an agenda item in meetings of an agency's governing body. In 2001, the governing bodies of 21 of the 29 agencies participating in the UNSSP included HIV/AIDS as an agenda item for consideration by their governing boards or other relevant mechanisms. In 2003, the governing boards of 23 participating agencies explicitly examined organizational activities in the field of HIV/AIDS. Moreover, the quality of reporting to governing boards has improved, as has governing boards' attention to the issue of HIV/AIDS. With respect to the specific role of the UNSSP, it is noteworthy that five participating agencies revised their individual HIV/AIDS workplans in 2003 to better align their organizational efforts with the strategic framework of the UNSSP.

e. Participation in UN Theme Groups on HIV/AIDS

UN Theme Groups on HIV/AIDS represent the primary vehicle for UN action on HIV/AIDS at country level. Participation in UN Theme Groups on HIV/AIDS represents a rough barometer of incorporation by individual UN agencies of HIV/AIDS work in countries. In recent years, active involvement in UN Theme Groups has expanded well beyond that of the UNAIDS Cosponsors to encompass a growing number of other UN organizations that participate in the UNSSP. In 1999, just five UN organizations served as chairs of UN Theme Groups on HIV/AIDS. This number increased to seven in 2001 and to nine in 2003.

f. Management of UNAIDS catalytic projects at country level

UNAIDS has sponsored projects at country level to accelerate national responses. In recent years, these catalytic initiatives have been financed through the UNAIDS budgetary mechanism of Programme Acceleration Funds (PAFs). In the 1998–1999 biennium, UN organizations that served as executing agencies for such catalytic programming were limited to UNAIDS Cosponsors, with the bulk of such projects being executed by WHO and UNDP. More recently, a much broader array of UN agencies has played an executing role in these catalytic projects. In the 2000–2001 biennium, for example, 12 different UN organizations oversaw such projects. In 2002–2003, 15 different UN organizations served as executing agencies for PAF initiatives.

Challenges

The UNSSP has had mixed success in promoting strategic coordination. While the levels of engagement and coordination on HIV/AIDS within the UN system have significantly increased since 2001, the role of the UNSSP in contributing to these trends is not evident. Although participating agencies emphasized the value of a system-wide framework to identify priority strategic directions for the UN, numerous agencies have said that the UNSSP could be improved as a tool for strategic collaboration and system-wide accountability.

Reporting by participating agencies reflected occasional overlap among the nine UNSSP work areas, as well as a lack of clear correlation between UNSSP objectives and activities actually undertaken by participating UN organizations. Rather than reporting the same activities in multiple areas, for example, many agencies reported them under only one objective. For some

objectives, this had the unintended consequence of suggesting little UN system activity in areas where the system makes extensive efforts.

The absence of a forum within which to assess the framework on an ongoing basis has diminished the ability of the UNSSP to respond in a timely and flexible manner to changes in the epidemic. The structure of the UNSSP has, in many respects, been superseded by the Declaration of Commitment, which now serves as the primary framework for UN action on HIV/AIDS. Moreover, the UNSSP inadequately captures important issues that have emerged in recent years, such as the link between HIV/AIDS and food security, the impact of global trade rules on access to drugs, and the UN system's own efforts to address HIV/AIDS in the UN workplace.

3. Looking ahead—the implications of the mid-term assessment for future UN-system efforts

When it was initially developed, the UNSSP was seen as an innovative approach to providing an overview and clarifying the roles of UN-system organizations on HIV/AIDS, as well as setting strategic directions and outlining interagency work approaches in a coordinated UN-system response. UN organizations were almost unanimously of the opinion that the UNSSP had been an important tool to help organize the UN system around the thematic issue of HIV/AIDS. At the same time, citing the fact that the response to HIV/AIDS by the UN system has expanded and deepened, participating UN organizations believed that the UNSSP needed to evolve in order to maintain its relevance.

In line with the collective analysis of UNSSP-participating agencies, with feedback provided by IAAG, the following approach for the future is envisaged.

For work in 2004–2005

- The UN system must intensify and strengthen its assistance to countries in broadening the scale of HIV/AIDS programmes. In particular, more effective action is needed to help countries, communities and key sectors to create and preserve human capacity.
- The UN system should devote increased attention to the needs of women and adolescent girls on a range of issues related to the pandemic.
- The UN system should significantly strengthen advocacy, programming and human rights promotion for populations at greatest risk of HIV infection.
- The UN system should intensify its efforts to mitigate the epidemic's socioeconomic impact, paying particular attention to Southern Africa and other heavily-affected regions.
- Building on the growing cooperation between UN agencies on HIV/AIDS, the UN system should significantly strengthen and accelerate collaboration across all areas of work. Action is needed at country level to enhance the effectiveness and inclusiveness of some UN Theme Groups on HIV/AIDS.
- Greater attention should be given to document the impact of UN-system efforts on HIV/AIDS, with particular focus on country-level results.

For 2006 and beyond

At the February 2004 meeting of the Inter-Agency Advisory Group on HIV/AIDS (IAAG), participating agencies received from the UNAIDS Secretariat a preliminary summary of the findings of the mid-term assessment of the UNSSP. While underscoring the usefulness of the

UNSSP, participating agencies agreed that UN-system coordination would benefit from a reorientation of the UN's strategic framework on HIV/AIDS. Specifically, IAAG members endorsed the following approach:

- IAAG should serve as the primary forum for the development and monitoring of a UN System Strategic Framework on HIV/AIDS.

- The Framework should be:
    - linked to the provisions of the UNGASS Declaration of Commitment;
    - strategic in its orientation and effective as a tool for mobilizing and guiding the UN system;
    - a concise document;
    - written in such a manner as to be useful as an advocacy tool; and
    - developed by IAAG, under UNAIDS Secretariat leadership.

- Individual UN organizations plans and strategies on HIV/AIDS should be revised or developed, as required. Such plans should be:
    - concise documents specifying the objectives, strategies and expected results;
    - linked to the UN System Strategic Framework on HIV/AIDS;
    - endorsed, approved or reviewed, as appropriate, by their governing boards or other relevant mechanism; and
    - be in a form appropriate to the entity's own institutional framework.

- In addition to the Strategic Framework, thematic and/or regional UN system strategies or plans on HIV/AIDS should be developed as needed. Such strategies or plans should be linked to the Strategic Framework. Regional and thematic strategies and plans should complement one another.

Interagency Advisory Group on HIV/AIDS (IAAG)

IAAG is well-placed to serve as the UN forum for the UN System Strategic Framework on HIV/AIDS. This role should encompass such functions as developing the Strategic Framework and monitoring its implementation. IAAG membership should be revised to align this UN collegial body with this role. The UNAIDS Secretariat should continue to serve as a secretariat to IAAG and should strengthen its support in the future.

UN participation

Involvement of new UN organizations in the coordinated action of the UN system through the strategic framework should be encouraged. Thus, joining of the Strategic Framework by the United Nations Development Group (UNDG)—an instrument for UN reform to improve the effectiveness of UN development at the country level—could be an important factor in further strengtheing UN-coordinated action on the ground. The UN Department of Public Information could also make an important contribution in its specific area of expertise.

Performance monitoring

The implementation assessment of the UN-system efforts could be prepared every two years to coincide with the preparation of the biennial performance report of the UNAIDS Unified Budget and Workplan. This would provide more timely and regular feedback, and minimize the burden on UNAIDS cosponsoring organizations.

On a regular basis, and according to their internal institutional cycle, all participating UN organizations should take responsibility for updating their respective plans. The implementation of individual plans should be reviewed by governing boards or other appropriate mechanisms within each UN organization.

Relevant reports from institutional reviews and joint UN thematic and regional reviews should be made available for all participating UN agencies and should provide data for periodic performance monitoring.