



PCB(17)/05.5 Conference Paper
26 May 2005

PROGRAMME COORDINATING BOARD

Seventeenth meeting
Geneva, 27-29 June 2005

Unified Budget and Workplan 2004-2005

2004 Progress Report

TABLE OF CONTENTS

Section I. Introduction	3
Section II. Key achievements	4
Building capacity and leadership, including human rights	4
Prevention and vulnerability reduction	4
Care, support and treatment	5
Alleviating socioeconomic impact and addressing special situations	6
Research and development	6
Resources, monitoring and evaluation	6
Section III. Challenges in implementing the Unified Budget and Workplan	7
Section IV In-depth evaluations undertaken by UNAIDS Cosponsors	8
Section V Progress reports by agency	9
1. The Office of United Nations High Commissioner for Refugees (UNHCR)	9
2. United Nations Children’s Fund (UNICEF)	11
3. World Food Programme (WFP).....	13
4. United Nations Development Programme (UNDP)	15
5. United Nations Population Fund (UNFPA)	17
6. United Nations Office on Drugs and Crime (UNODC)	19
7. International Labour Organization (ILO).....	21
8. United Nations Educational, Scientific and Cultural Organization (UNESCO)...	23
9. World Health Organization (WHO).....	25
10. The World Bank.....	27
11. UNAIDS Secretariat	29
12. Interagency activities	31

I. Introduction

This report summarizes progress in implementing the 2004-2005 Unified Budget and Workplan, the most ambitious ever in terms of strategic breadth and scope. Reflecting an increase in funding of 32% over the 2002-2003 biennium, the 2004-2005 Workplan sought to maintain and strengthen the leadership role of the Joint United Nations Programme on HIV/AIDS (UNAIDS)¹ in the response to the epidemic, and to significantly improve the Programme's effectiveness in assisting countries in bringing evidence-based national programmes to scale.

The 2004-2005 unified Workplan articulated coordinated activities in six key areas:

- building capacity and leadership, including human rights,
- prevention and vulnerability reduction,
- care, support and treatment;
- alleviating socioeconomic impact and addressing special situations;
- research and development; and
- resources, monitoring and evaluation.

Responding to guidance from the UNAIDS Programme Coordinating Board (PCB), the 2004-2005 Budget and Workplan placed particular emphasis on improved monitoring, evaluation and reporting by the Cosponsors and the Secretariat. In addition to increasing resources for monitoring and evaluation, the 2004-2005 Workplan required all UNAIDS entities to report progress on specific costed results and mandated that the Programme as a whole specify advances in key thematic areas. Building on the experience gained in 2004 and the previous biennium, the proposed Unified Budget and Workplan for 2006-2007 further strengthens the accountability and transparency of UNAIDS by significantly reducing the number of, and introducing two distinct levels of, results as well as clarifying and streamlining the process for reporting on the Workplan implementation.

In 2006, UNAIDS will provide the PCB with a comprehensive summary of the Programme's success over the 2004-2005 biennium in achieving the objectives set forth in the UNAIDS biennial programme. This interim report covers the first year (2004) of the biennium and provides the following information.

- Section II highlights key achievements in 2004 in each of the six key areas noted above.
- Section III summarizes the primary challenges which UNAIDS faced in 2004 in implementing the Unified Budget and Workplan.
- Section IV makes references to internal evaluations undertaken by UNAIDS Cosponsors.
- Section V provides 2004 progress overviews for each UNAIDS Cosponsor, the Secretariat, and interagency work.

¹ The Joint United Nations Programme on HIV/AIDS (UNAIDS) unites coordinated HIV and AIDS work of 10 agencies of the UN system (the Office of the UN High Commissioner for Refugees (UNHCR), the UN Children's Fund (UNICEF), the UN Development Programme (UNDP), the UN Population Fund (UNFPA), the UN Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the UN Educational, Social and Cultural Organization (UNESCO), the World Food Programme (WFP), the World Health Organization (WHO), the World Bank, and the UNAIDS Secretariat.

II. Key achievements

In 2004, UNAIDS made important strides in enhancing its own effectiveness, coordination and coherence, and in strengthening the overall response to AIDS. UNAIDS Country Coordinators were placed in ten additional countries. Furthermore, over 40 specialists in monitoring and evaluation and social mobilization were deployed to support country effort in all regions. All but seven of 72 surveyed UN country teams reported that they had either developed or were in process of developing UN implementation support plans to respond to country-specific needs. Key achievements are summarized below under each of the six main areas of the Unified Budget and Workplan with more detailed information on the progress by agency provided in Section V.

1. Building capacity and leadership, including human rights

The intensification of UNAIDS support at country-level under the current unified Workplan has enhanced the Programme's effectiveness and impact in affected countries. UNAIDS spearheaded the development of a broad global consensus among countries, international donors, and civil society in favour of the "Three Ones" key principles approach, which promotes the coordination of all country-level activities under one *nationally-determined action framework*, the central role of one *national AIDS coordinating authority* that has a broad-based multisectoral mandate, and one agreed country level *monitoring and evaluation system*. The Joint Programme pursued a variety of innovative mechanisms to assist countries in preserving and building sustainable capacity, including intensified technical assistance, targeted training initiatives, the creation of regional knowledge hubs, and the publication of guidance documents to accelerate programme implementation. The "3 by 5" Initiative, in particular, has both placed a spotlight on the importance of capacity-building and spurred more effective and accelerated action to address capacity-related impediments to programmatic scale-up.

The UNAIDS family played a leading role in convening the first-ever Leadership Programme at the XV International AIDS Conference in Bangkok, July 2004, which highlighted the role of leadership in an effective response. Individual Cosponsors and the Secretariat have convened, sponsored and participated in a broad range of regional forums and mechanisms to strengthen intercountry coordination and commitment. UNAIDS assisted numerous countries on legislative reform to promote human rights and began work to develop an HIV and AIDS handbook to strengthen national human-rights institutions.

2. Prevention and vulnerability reduction

UNAIDS Cosponsors currently undertake prevention programming in more than 100 countries, and assistance by one Cosponsor, the World Bank, underwrites prevention efforts in all regions. Prevention initiatives undertaken by UNAIDS in 2004 covered a range of issues from a collaborative prevention programme in the transport sector in Southern Africa, the development and implementation of a new interagency strategy on HIV prevention in prison settings, to HIV-prevention training in all UN peacekeeping operations.

In 2004 UNAIDS launched the Global Initiative on HIV/AIDS and Education which aims to support countries in developing comprehensive education-sector-based responses to HIV and AIDS, with a focus on children and young people, especially those who are most vulnerable. As part of the overall UNAIDS prevention strategy, and in concert with all relevant

development partners, the Global Initiative will contribute to existing international goals, notably the Millennium Development Goals, goals set by the United Nations General Assembly Special Session on HIV/AIDS and by Education For All. Already in 2004 under the auspices of the initiative a series of technical tools for support at country level was developed.

UNAIDS' support for prevention activities included development and dissemination of technical guidance on a range of prevention topics, direct technical support to countries to implement and expand prevention programmes, and procurement of medications for use in prevention of mother-to-child transmission of HIV infection.

UNAIDS significantly increased its advocacy and programmatic coordination on issues relating to injecting drug users and incarcerated populations. One in four dollars in the UNAIDS Programme Acceleration Funds² supported projects that address special populations, including men who have sex with men, injecting drug users, people involved in sex work and other population groups that are at higher risk of HIV infection.

In 2004, UNAIDS began work on a new comprehensive policy (to be launched in 2005) to strengthen and reinvigorate comprehensive prevention efforts. A key element of this new policy—and an important component of the work of UNAIDS Cosponsors and Secretariat in 2004—is an emphasis on measures to reduce vulnerability to HIV. In recognition of the epidemic's growing burden on women and girls, UNAIDS initiated and cultivated efforts that led to creation of the Global Coalition on Women and AIDS, which has substantially strengthened advocacy at all levels to implement effective policies and programmes that respond to the increasing feminization of AIDS epidemic.

3. Care, support and treatment

Through the “3 by 5” Initiative, launched by UNAIDS under the leadership of WHO in December 2003, the Joint Programme has made critical contributions to expanded access to antiretroviral therapy and other AIDS treatments. Since the beginning of the “3 by 5” initiative, treatment access has steadily increased in low- and middle-income countries; provision of antiretroviral treatment had reached 720 000 individuals as of December 2004. There was encouraging progress in providing access in several least-developed countries. These efforts, which have engaged all UNAIDS Cosponsors and the Secretariat, span a broad spectrum of activities, including technical guidance and standard setting, prequalification assessments of drugs, assistance in developing strong procurement and supply management mechanisms, training of health-care workers, use of the workplace and other settings to facilitate treatment scale-up, integration of food and nutrition support into treatment programmes, and direct financial support to accelerate scale-up. The World Bank's Treatment Acceleration Project (US\$ 60 million) for three African countries was approved in June 2004. This project (prepared with WHO) marks the first integrated-treatment operation geared to rigorously test the feasibility of scaling up on-going HIV/AIDS treatment initiatives using a combination of partnerships between public, private, and nongovernmental organizations to serve the most vulnerable groups while strengthening each country's own health system.

² UNAIDS Programme Acceleration Funds (PAF) is a catalytic support to countries for addressing strategic priorities; the funds are managed through UN Theme Groups on HIV/AIDS, in the 2004-2005 biennium the PAF amounts to US\$ 16 million in the core budget.

4. Alleviating socioeconomic impact and addressing special situations

In 2004, UNAIDS played a leadership role in documenting the epidemic's diverse socioeconomic impact. The *UNAIDS 2004 Report on the global AIDS epidemic* summarized the latest evidence on the impact of HIV and AIDS on households, women and girls, national economies, and key sectors. In collaboration with the Asia Development Bank, UNAIDS launched a report in 2004 that quantified the epidemic's impact on poverty-reduction strategies in Asia and projected the likely economic costs of HIV and AIDS in the absence of strong and effective action in the region.

The addition of UNHCR as a UNAIDS Cosponsor strengthened the programme's already growing work to address the HIV-related needs of refugees and other displaced populations.

5. Research and development

UNAIDS contributed to accelerated development of a preventive HIV vaccine through sponsorship or participation in global consultations on future directions for vaccine research and through capacity-building support in seven developing countries to prepare for future clinical trials. The Joint Programme also initiated operational research to identify optimal strategies for accelerating the scaling up of antiretroviral treatment programmes in resource-limited settings.

UNAIDS supported studies to assess the impact of the AIDS epidemic in specific sectors, for example, education sector, transport sector and others. A new UNAIDS Cosponsor, WFP, helped to tackle the research on the linkages between food security and HIV and AIDS. A number of operational research undertakings equipped UNAIDS with validated methods of prevention among targeted population groups, for example, young adolescents.

6. Resources, monitoring and evaluation

Since the creation of UNAIDS, funding for AIDS programmes, including domestic and international funds, in low- and middle-income countries has significantly increased, reaching an estimated US\$ 6.1 billion in 2004. UNAIDS has promoted and supported this growth in financial resources through extensive advocacy, collaboration with major donors, monitoring of resource flows, support to national spending assessments and estimations of future resource needs. In 2004, UNAIDS and its partners released updated information on the magnitude and sources of HIV-related funding, as well as the latest data on coverage levels for prevention, care and treatment, and orphan-support interventions. UNAIDS also published an analysis of AIDS funding in 26 countries in Africa, Asia, Latin America and the Caribbean. UNAIDS has played a leading role in promoting the harmonization of diverse monitoring and evaluation frameworks, building monitoring and evaluation capacity at global and national levels, and measuring progress toward implementation of the *UNGASS Declaration of Commitment on HIV/AIDS*. Established in 2002, the Global HIV/AIDS Monitoring and Evaluation Team (GAMET), housed at the World Bank, has strengthened its capacity and has been increasingly providing support to countries in developing and strengthening their national monitoring and evaluation systems.

III. Challenges in implementing the Unified Budget and Workplan

While UNAIDS recorded important achievements in strengthening the response to AIDS in 2004, the Programme continues to confront factors that impede greater progress. Main challenges include the following.

- *Insufficient national capacity* is an obstacle to rapid programme implementation and scale-up. Although financial resources for AIDS programmes have dramatically increased, many countries are experiencing difficulties in rapidly implementing programmes and achieving broad-based coverage. They suffer from an acute shortage of technical and human capacity. The reports from 72 surveyed UN Country Teams indicate that only a limited number of countries (5% to 9%) have capacity to coordinate, to manage strategic information and to mobilize resources for HIV and AIDS action. To address this, UNAIDS is creating regional technical resource networks and knowledge hubs, intensified training and other capacity-building measures, and published guidelines to assist countries in expediting the rapid translation of increased resources into efficient programming and implementation.
- *Inadequate involvement of key sectors in the HIV and AIDS response* remains a major barrier to the rapid scale-up of prevention, treatment, care and impact-mitigation programmes. The surveyed UN Country Teams reported that only one third of countries had involved line ministries in the development and review of national HIV and AIDS action frameworks and only 8% had engaged the private sector. Similarly, while most national governments have multi-ministerial plans on AIDS, many remain unimplemented in non-health ministries.
- *The gap between knowledge of effective approaches and resource allocation and programming* remains a persistent challenge for effective HIV and AIDS programming. For example, only 5% of UN Country Teams reported that national partners dispose of sufficient capacity to evaluate effectiveness of implemented programmes.
- *Mitigating the epidemic's impact in Africa.* Although UN agencies collectively agreed in 2003 to undertake a series of seven emergency measures to strengthen national responses in 12 high-priority countries in sub-Saharan Africa, an assessment in 2004 yielded disappointing findings on UN follow-through in many countries. Following an analysis of key contributors to the success of UN efforts in some of the high-priority countries, the UN Regional Directors Group assigned specific responsibilities to individual UN agencies to ensure more effective UN action in the region. The UN Development Group Executive Committee, in December 2004, endorsed intensified follow-up action by the UN in the region and committed to mobilize additional resources to address capacity limitations hindering the performance of certain UN country teams in sub-Saharan Africa.
- *Mainstreaming AIDS.* While progress has been made in assisting countries in integrating AIDS into mainstream development planning, one third of surveyed countries have yet to include or prioritize the national AIDS response in key development instruments. In response, UNAIDS Cosponsors and the Secretariat are strengthening the mainstreaming efforts, providing direct assistance to numerous countries to integrate AIDS into Poverty Reduction Strategy Papers and delivering training and other forms of technical advice to generate greater engagement by non-health ministries in national AIDS efforts.

The UN Joint Programme on HIV/AIDS continues to successfully meet the challenge of being a UN reform in action. With the evolution of the UNAIDS Partnership, interagency collaboration mechanisms are constantly reviewed and enhanced. For example, the UNAIDS Programme Acceleration Funds' principles and transfer mechanisms were adjusted to enable more strategic and swift action of UN system on the ground; guidelines for UN Country Teams on joint programming on AIDS were reviewed and improved; the structure, scope and the process for the development of the Unified Budget and Workplan underwent major improvements. At the same time a number of challenges remain:

- insufficient links between country, regional and global level priority setting and resource allocations;
- country-level coordination of UN and non-UN partners;
- balance between a growing number of UN partners, hence concomitant transaction cost of coordination, and effectiveness of the UN expanded action;
- existing implementation procedures that do not allow seamless cooperation between different UN entities;
- a lack of a simplified and harmonized way of reporting to various UN governing boards and UNAIDS Programme Coordinating Board; and
- conflicting donor requirements from UNAIDS Cosponsors.

IV. In-depth evaluations undertaken by UNAIDS Cosponsors

UNAIDS Cosponsors regularly undertake in-depth evaluations, assessments of progress and reviews of their work on AIDS. These studies constitute an integral part of the UNAIDS partnership's overall evaluation effort and contribute to the process of organizational and interagency learning, accountability and improvements in strategies and programmes. The nature and scope of these evaluations vary depending on the requirements, and include: evaluations of projects in one particular country or of programmes covering a number of projects; organizational performance assessments; thematic evaluations in particular aspects of the Cosponsor's work, etc. During 2004, several major evaluation exercises were undertaken by Cosponsors. An evaluation conducted in 2004 reviewed UNDP's strategy on AIDS; the World Bank and its partners conducted an interim review of the Multi-Country HIV/AIDS Program for Africa; and an external evaluation was conducted of UNESCO's response to AIDS (April 2004). The final UNAIDS performance report for 2004-2005 will contain an overview of in-depth evaluations conducted of Cosponsors' AIDS work.

V. Progress report by agency

1. The Office of the United Nations Office of High Commissioner for Refugees (UNHCR)

UNHCR's Strategic Plan for HIV/AIDS and Refugees 2002–2004 identifies four main HIV- and AIDS-related objectives: (i) to reduce HIV transmission; (ii) create awareness; (iii) reduce stigma and discrimination; and (iv) improve HIV/AIDS care and treatment among refugees and other persons of concern to UNHCR through a human rights framework. Policy and programme priorities in support of these objectives fall into four categories: (a) protection; (b) prevention; (c) care and treatment; and (d) surveillance, monitoring and evaluation.

Since 2002, UNHCR has annually provided supplemental funding of between US\$ 1.3 million and US\$ 1.8 million to support additional HIV-related programming and technical support over and above those financed through the core budget. In 2004, UNHCR added a Regional HIV/AIDS Coordinator in West Africa; an HIV Technical Officer and a Regional Coordinator for Asia are being deployed.

The 2004-2005 Unified Budget and Workplan does not set forth key results for UNHCR, which joined UNAIDS as a Cosponsor in June 2004. In 2004, however, UNHCR made important contributions towards the objectives outlined in the Unified Budget and Workplan. In addition, UNHCR's role as a UNAIDS Cosponsor significantly buttressed efforts to integrate the needs of refugees, returnees, and other conflict-affected populations into HIV- and AIDS-related prevention, care and treatment, and impact mitigation strategies. Key achievements by UNHCR in 2004 include the following.

Protection. UNHCR's *Resettlement Handbook* and the Africa Bureau's Protection Policy were updated in 2004 with new and substantial components on HIV and AIDS. UNHCR has undertaken consultations with governments that require mandatory HIV testing for resettlement, seeking to avert potential adverse consequences of such policies and to obtain waivers for those who are HIV-infected. Protection, resettlement and integration training programmes now include sections on HIV.

HIV Prevention. UNHCR sponsors HIV-prevention initiatives in all sites in which it operates. In addition, in 2004 the agency expanded confidential voluntary counselling and testing services to more than 30 sites in six African countries that are home to 2.2 million refugees. Programmes of prevention of mother-to-child transmission of HIV expanded in 2004 to 21 sites in five African countries, and funds have been secured to expand post-exposure prophylaxis programmes throughout East and West Africa.

Care and Treatment. In addition to UNHCR's own care and treatment programmes, UNHCR and its partners successfully advocated for the provision of antiretroviral therapy to a limited number of refugees, including urban refugees in Benin, Kenya, Somalia and South Africa.

Surveillance, Monitoring and Evaluation. Using its standardized HIV/AIDS assessment tools for refugee situations, UNHCR conducted assessments in 21 new countries in Africa in 2004, which collectively account for more than four million

refugees and returnees. The assessments generally resulted in increased technical and financial support to these countries for HIV- and AIDS-related programming. UNHCR expanded its sentinel surveillance among pregnant women to two new countries in Africa, with plans for expansion in three additional countries. Joint funding from UNHCR and the World Bank led to development of a standardized behavioural surveillance survey for displaced and post-displacement populations, which was field-tested in refugee sites and surrounding populations in Rwanda and Kenya. UNHCR in 2004 developed a comprehensive HIV information system—consisting of biological and behavioural surveys, health facility reporting, and on-site inspection checklists—for widespread implementation in 2005.

Additional Achievements. In 2004, UNHCR also:

- chaired the Interagency Advisory Group on AIDS, overseeing work devoted to conflict-affected and displaced populations;
- assisted countries, including Liberia and Sierra Leone, in integrating refugees into national strategic plans;
- secured funding to undertake field trials of a new manual (jointly produced by UNHCR, WFP and UNICEF) on HIV, food and nutrition programming;
- significantly expanded its programmatic research partnerships; and
- made progress on developing a comprehensive policy on HIV and AIDS in the workplace, with full implementation anticipated in 2005.

2. United Nations Children's Fund (UNICEF)

UNICEF, an original UNAIDS Cosponsor, has formally identified HIV/AIDS as one of its five core organizational priorities. A 2004 review of the agency's strategic plan recommended that UNICEF focus on supporting the scaling up of actions in three priority areas: (i) prevention among adolescents; (ii) scaling up of protection and support for children affected by HIV/AIDS; and (iii) care and support, both prevention of mother-to-child transmission of HIV (PMTCT), and development of PMTCT-plus which provide treatment and support for mothers, their partners and babies.

All 126 UNICEF country offices are engaged in AIDS advocacy and programming. UNICEF increased its AIDS-related expenditures from US\$ 67 million in 2001 to US\$ 120 million in 2004 (estimated figures). UNICEF has worked to leverage additional resources from multiple partners, including bilateral donors, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank. In early 2004, UNICEF had 34, 37 and 335 full-time equivalent staff working on HIV/AIDS at global, regional and country levels respectively.

Building Capacity and Leadership, including Human Rights. In 2004, UNICEF initiated planning for a major global advocacy and fundraising campaign (to be launched in 2005) for children affected by HIV and AIDS. The Fund also organized a successful high-level European Union conference on HIV/AIDS in Europe and Central Asia, significantly increasing awareness and commitment among European leaders to address the epidemic in the region. In collaboration with USAID and the UNAIDS Secretariat, UNICEF launched the biennial publication *Children on the Brink*. UNICEF extended its advocacy and technical assistance efforts through authorship of 15 publications on a range of topics, including improving estimates and projections on HIV prevalence, integrating prevention and treatment, measuring the effects of unsafe sex, trends in sexual initiation, the epidemic's effect on childhood mortality, and patterns of orphanhood.

UNICEF chaired the Secretary General's Task Force on Women, Girls and AIDS in Southern Africa. The Task Force report *Facing the Future Together* was published in July 2004 by the UN Secretariat, UNAIDS and the Global Coalition on Women and AIDS. In September 2004, in collaboration with the South Asian Association for Regional Cooperation, UNICEF coordinated a high level meeting for all Member States in the region, where the "New Delhi Consensus—Delivering on Commitments on HIV/AIDS for Children and Young People in South Asia" was adopted.

Partnership development represents an important area of focus for UNICEF's leadership and advocacy activities. UNICEF published *What religious leaders can do about HIV/AIDS: action for children and young people* and a similar publication targeting parliamentarians, using a participatory process that capitalized on forums such as the African Religious Leaders Assembly on Children and HIV/AIDS and the African Leaders Consultation on Orphans. In collaboration with the World Conference on Religions for Peace, UNICEF facilitated the development of the South Asia Inter-Religious Council on HIV/AIDS, which met for the first time in November 2004.

Prevention and Vulnerability Reduction. One-hundred and nine UNICEF country offices are implementing HIV-prevention programmes with adolescents; 77 countries have national policies, strategies and action plans to provide school-based life skills

education for HIV prevention; 63 country offices have peer-education strategies; 51 countries have youth-friendly health services; and 25 country offices are programming and implementing voluntary confidential counselling and testing.

As in prior years, UNICEF in 2004 played a leadership role in the field of prevention of mother-to-child transmission of HIV infection. UNICEF provided assistance to countries in the procurement and distribution of antiretroviral drugs for prevention of mother-to-child transmission. Activities supporting prevention scale-up included development of a first draft of the *Prevention of Mother-to-Child Transmission Review Guide*; support for regional scale-up in the Asia/Pacific, West and Central Africa, and European regions; and provision of technical support to countries in the development and implementation of prevention of mother-to-child transmission strategic plans. In Botswana and Zambia, UNICEF supported national implementation of HIV and infant feeding frameworks

Care, Support and Treatment. In 2004, UNICEF worked with partners to support the development of national policies and guidelines in Brazil for the care and support of adolescents living with HIV and AIDS. UNICEF also convened consultations in Lusaka and New York to define strategies for increasing access of children and young people to AIDS care and treatment. UNICEF and WHO jointly convened expert consultations on paediatric formulations for clinical, community and home-based care of children. In 2004, UNICEF's HIV/AIDS-related procurement support included US\$ 28 million for antiretroviral therapy in 35 countries for prevention of mother-to-child transmission, MTCT-plus and national scale up; over US\$ 3 million of test kits and laboratory equipment and supplies in more than 35 countries; approximately US\$ 5 million in medicines for opportunistic infections; and extensive technical support to countries in procurement and supply management.

Alleviating Socioeconomic Impact and Addressing Special Situations. Led by UNICEF, an increased number of partners in 2004 became engaged in accelerating the response to children affected by HIV and AIDS, guided by the principles endorsed in the *Framework for Care, Protection and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. Milestones in 2004 include completion of rapid assessments and action plans in 17 sub-Saharan African countries under the leadership of the UNAIDS Secretariat, WFP, UNICEF and USAID. The Fund convened with the World Bank the second Global Partners Forum, which brought together over 100 stakeholders to assess the state of the response to children affected by HIV and AIDS. In the Middle East and North Africa region, in collaboration with UNDP, UNHCR and ILO, UNICEF initiated a project on legal protection of children infected and affected by HIV and AIDS.

Resources, Monitoring and Evaluation. In 2004, UNICEF continued to work with partners to contribute to the development of comprehensive set of indicators a new methodology measuring the impact of HIV and AIDS on children within and outside of households, successfully testing the methodology in two countries.

3. World Food Programme (WFP)

WFP aims to integrate the delivery of food and nutrition support in HIV-related prevention, care and treatment, and impact-mitigation programmes. WFP has 14 staff working full time on HIV/AIDS in headquarters, and 60 focal point persons for HIV/AIDS in country offices and regional bureaus.

The 2004-2005 unified programme does not set forth key results for WFP, which joined UNAIDS as a Cosponsor during the current biennium. In 2004, however, WFP made important contributions towards the objectives outlined in the unified Workplan. Key achievements by WFP in 2004 include the following:

Care and Treatment. WFP provided HIV and AIDS care and treatment services to approximately 2.2 million beneficiaries in 23 countries in Africa, Asia and Central America, reaching both infected and affected individuals and their families. Services provided by WFP include antiretroviral therapy, prevention of mother-to-child transmission of HIV, home-based care, and tuberculosis-related care. To enhance the integration of food and nutrition in treatment scale-up, WFP and WHO are working to establish a strategic platform for complementary programming through concerted targeting and delivery of support services, including food assistance, training and technical guidance, and antiretroviral therapy.

HIV Prevention. WFP engaged in prevention activities in 26 countries in Africa, Asia, and Latin and Central America. WFP prevention activities emphasized programmes for school children and teachers, beneficiaries of relief operations, people living with HIV and their families, and vulnerable communities and populations. Through its own prevention program for the transport sector, WFP organized training sessions and sensitization campaigns for transportation workers under contract with WFP. WFP educated its country offices on issues relating to linkages between food support and prevention of mother-to-child transmission of HIV, issuing a guidance document entitled *Getting Started: WFP Support to the Prevention of Mother-to-Child Transmission of HIV and Related Programs*. A similar publication—*Getting Started: HIV/AIDS Education in School Feeding Programs*—supported WFP's efforts to strengthen prevention programming for school children.

Livelihood Support. WFP provided food to approximately 1.2 million HIV-affected individuals in 29 countries. WFP's Food for Work and Food for Training initiatives helped HIV-affected households learn practical skills and acquire and preserve assets to enhance their long-term self-sufficiency.

Orphans and Children Made Vulnerable by HIV/AIDS. In 2004, WFP School Feeding Programmes provided meals to an estimated 3.4 million children in 16 of 25 countries with the highest HIV prevalence. Along with UNICEF, UNAIDS and US Agency for International Development, WFP country offices participated in the Rapid Assessment, Analysis and Action Planning for Orphans and Other Children made Vulnerable by HIV and AIDS in 17 African countries.

Advocacy. Despite an increase in food-based programming by partners and WFP field offices, the role of food and nutrition in the fight against HIV and AIDS remains largely under-appreciated and/or neglected. To build and sustain support for the

integration of food and nutrition in the fight against AIDS, WFP and partners organized, or participated in, numerous international and national level consultations and workshops to advocate on the role of food in the prevention, treatment and care of HIV and AIDS. WFP also supported studies and operations research with the goal to draw attention to the importance of food and nutrition. Advocacy materials were produced, including a corporate video on food and HIV/AIDS as well as an array of newspaper articles, press releases, and letters to the editor.

HIV/AIDS in Emergencies. WFP's emergency operations in six countries in Southern Africa took into account HIV and AIDS in its targeting, programme modalities, vulnerability analysis, and rations.

HIV/AIDS in the Workplace. In 2004, WFP launched a comprehensive initiative to address HIV-related issues in the WFP workplace. The initiative aims to promote the ready access of WFP staff to information about how to protect themselves and their families from HIV infection. Through the initiative, WFP seeks to help staff members living with HIV to live positively, and to ensure that staff at all levels understand the importance of accepting and supporting their HIV-infected colleagues in a tolerant, just and compassionate workplace. Under the initiative, WFP in 2004 trained almost 2,000 staff.

Monitoring and Evaluation. WFP conducted several baseline studies in field offices for monitoring and evaluation purposes. WFP developed indicators and guidelines to help country offices prepare standard project reports.

4. United Nations Development Programme (UNDP)

UNDP assists countries in creating enabling policy, resource and legislative environments to foster effective AIDS responses. An original UNAIDS Cosponsor, UNDP recorded important achievements in the fight against AIDS in 2004.

Leadership, Including Human Rights. UNDP worked to strengthen national AIDS leadership in 40 countries. In 2004, UNDP intensified and consolidated leadership programmes in Cambodia, Ethiopia, and Ukraine, and launched new programmes in China, Nigeria, Russia and Sudan.

In its leadership activities, UNDP prioritizes collaborative efforts with UNAIDS partners. In Sudan, for example, UNDP and the UNAIDS Secretariat partnered in the launch of a comprehensive programme to strengthen social inclusion and good governance. In Lesotho, UNDP worked with the UN Theme Group on HIV/AIDS to accelerate leadership momentum for voluntary counselling and testing. In Ghana and Ukraine, UNDP and ILO collaborated in efforts to increase the involvement of the world of work in national AIDS responses. UNDP's own workplace programme, "We care," has been successfully implemented in 22 country offices and at the UNDP Headquarters.

UNDP's leadership efforts have facilitated the mainstreaming of gender issues into national AIDS responses. In Ethiopia, UNDP's leadership development programme promoted gender-sensitive legislation. In collaboration with partners both inside and outside the UN system, UNDP helped to adapt gender-focused materials and guidance for the Arab regional context and organized a forum in collaboration with other UNAIDS Cosponsors in South Asia to address gender violence and trafficking in the context of HIV and AIDS.

UNDP's efforts in promoting and protecting human rights included the formulation of draft model legislation for West Africa on the rights of people living with HIV. In addition, UNDP supported a network of people living with HIV and AIDS in Asia to release a declaration of rights, and also in collaboration with other partners promoted adoption of legal frameworks in South Asia to protect the rights of migrants and trafficked women and girls.

Prevention and Vulnerability Reduction. UNDP expanded the Community Capacity Enhancement Initiative to 10 countries in Africa, Asia and Latin America, facilitating the creation of interactive forums that convene men, women, young and old, rich and poor to explore and agree on community strategies to address AIDS epidemic. In Ethiopia, a government-supported scaling up of the initiative has contributed to a reduction in harmful practices, such as genital mutilation and bride sharing. Global, national and regional human development reports issued by UNDP have focused substantial attention on the importance of addressing fundamental determinants of transmission in national AIDS responses.

In its work with arts and the media, UNDP seeks to break the silence surrounding the epidemic, addressing the epidemic's underlying causes, change social perceptions to reduce risk and vulnerability, and position AIDS as a human development issue. UNDP's innovative work with arts and the media addressed the silence on AIDS in the Arab States region. UNDP's support has facilitated arts and media partnerships in the

Asia and Pacific region, as well as theatre productions, television programming, and HIV and AIDS-focused films in Asia, Africa, Eastern Europe and the Arab States.

Care, Support and Treatment. UNDP supported the “3 by 5” Initiative by working to build community-treatment preparedness in numerous countries, including Cambodia, Malawi, Sudan and Swaziland as well as other Southern African Capacity Initiative countries. In partnership with WHO, the African Union, and the Third World Network, UNDP is helping countries understand and navigate intellectual property issues to improve access to treatment of HIV and AIDS. The organization is also assisting countries in developing procurement and supply chain management plans to ensure access to treatment in more than 30 countries. UNDP organized a regional leadership capacity development programme for Country Coordinating Mechanisms in Latin America and the Caribbean, drawing 75 leaders from seven countries, three quarters of who later indicated that Country Coordinating Mechanisms were functioning more effectively as a result of the programme.

Alleviating Socioeconomic Impact. In 2004, UNDP supported a wide range of initiatives to promote governance and development planning, including the third interagency consultation on Development Planning and Governance. UNDP helped train a roster of 25 experts who are now available to assist in strategic/development planning and mainstreaming in the Asia and Pacific region.

UNDP is increasing its emphasis on mainstreaming HIV and AIDS into national plans in least-developed and worst-affected countries, with the aim of building human and institutional capacity relevant to achievement of the Millennium Development Goals. An interagency consultation in the Horn of Africa accelerated development of a coordinated UN strategy to address the multiple facets of the response to AIDS in the region. In seven countries, UNDP provided capacity building support to national partners in mainstreaming and integrating HIV and AIDS into the poverty-reduction strategy process.

Monitoring and Evaluation. A 2004 evaluation endorsed and commended UNDP’s strategy on HIV and AIDS, noting that activities by UNDP “have led to breakthrough initiatives that addressed stigma and discrimination, gender-related aspects of the epidemic, institutional inertia, multi-sectoral partnerships and community decisions.”

5. United Nations Population Fund (UNFPA)

UNFPA's activities under the 2004-2005 Unified Budget and Workplan primarily focus on three key areas—leadership and advocacy for an effective response, strategic information required to guide the efforts of partners, and civil society engagement and partnership development.

Leadership and Advocacy. UNFPA partnered with UNIFEM, the UNAIDS Secretariat and the Global Coalition on Women and AIDS to call attention to women's HIV-related needs, serving as convening agency for HIV prevention for girls and young women. UNFPA is developing an advocacy strategy and supporting materials on HIV prevention for women and girls, as well as a training manual for journalists.

At the XV International AIDS Conference in Bangkok, UNFPA and its partners sponsored or participated in plenary and other sessions that highlighted the importance of women-focused strategies in the response to AIDS, including promotion of gender equality, realization of women's human rights, and social and economic empowerment measures. In activities at the conference, including a plenary address by the UNFPA Executive Director, UNFPA stressed the inapplicability of the ABC³ approach to HIV prevention for many women, especially those who are coerced into sex or who are faithful to partners who themselves are not faithful.

UNFPA was a driving force in efforts to increase access to sexual and reproductive health services as a means to strengthen the global response to AIDS. In 2004, a high-level meeting, attended by the UN Deputy Secretary and the UNAIDS Executive Director, generated the *New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health*. The *Call to Commitment* advocates for effective linkages between HIV/AIDS and sexual and reproductive health services, the active involvement of people living with HIV and young people and mobilization of significantly greater resources to support this area.

UNFPA partnered with WHO in a process leading to the *Glion Call to Action on Family Planning and HIV/AIDS in Women and Children*, which emphasized the importance of linkages between reproductive health services and HIV/AIDS. The *Glion Call to Action* endorsed the comprehensive scale-up of prevention of mother-to-child transmission services that promote primary-prevention services for women and the delivery of care and treatment to women who are HIV-positive. UNFPA, WHO and the UNAIDS Secretariat launched a *Position Statement on Condoms and HIV Prevention*, which stressed the importance of correct and consistent condom use as a critical element of a comprehensive, effective and sustainable response to AIDS. The UNFPA-generated report to the International Conference on Population and Development +10 reaffirmed HIV and AIDS as a primary issue for countries, specifically noting the positive and negative impact of various cultural practices on the fight against the epidemic. UNFPA also coordinated the 6th Regional Conference on African Women Ministers and Parliamentarians from 50 countries on combating gender-based violence, which produced a regional declaration that noted the linkages between poverty, AIDS and reproductive health.

³ ABC: A for abstinence (or delayed sexual initiation among youth); B for being faithful (or reduction in number of sexual partners); and C for correct and consistent condom use, especially for casual sexual activity and other high-risk situations.

Strategic Information. UNFPA worked with partners to develop evidence-based guidance and operational programme tools for young people. In Asia, UNFPA-supported youth centres were expanded and partnerships formed to coordinate referral mechanisms to facilitate young people's access to information and youth-friendly services. In Africa, UNFPA sponsored a workshop on knowledge sharing and capacity building relating to scaling up youth-focused sexual and reproductive health services and HIV prevention; the workshop attracted 145 participants from 34 countries, one third of whom were young people. UNFPA also sponsored an inter-regional consultation on preventing HIV among young women and girls, involving 45 participants from all regions. UNFPA organized a capacity-building training initiative in Kathmandu to upgrade knowledge levels in Asia in the operational aspects of behaviour change, life-skills education, and other advocacy initiatives.

In 2004, UNFPA pilot-tested and launched the Country Commodities Manager, a tool to assist national efforts in assessing reproductive health commodity requirements, available stock, and potential shortfalls, with the goal of ensuring the coordination of all partners and stakeholders to maximize available resources. In collaboration with Johns Hopkins University, UNFPA produced materials to answer key questions about the effectiveness and use of male and female condoms. UNFPA developed planning and evaluation tools on prevention of mother-to-child transmission of HIV for project managers and facilitators, and the agency also worked with WHO to develop draft technical recommendations for sexual and reproductive health in HIV-positive women.

Civil Society Engagement and Partnership Development. Organizationally, UNFPA has numerous mechanisms for the active engagement of young people in its work, including convening Youth Advisory Panels at all levels. In Eastern Europe, UNFPA facilitated an expert consultation process that generated minimum standards for peer education. UNFPA's youth peer education programme has reached 1.7 million young people. In Latin America and the Caribbean, UNFPA sensitized parliamentarians on the importance of gender equality and youth participation in the development and delivery of youth-oriented services, supplementing advocacy and education efforts with training initiatives to enhance the participation and capacity of young people and other stakeholders in project management, monitoring and evaluation.

UNFPA collaborated with WHO, UNICEF and the UNAIDS Secretariat in developing a regional strategy for HIV-transmission prevention for pregnant women, mothers and their children in Europe, which was finalized in wide consultation with governments and civil society in the region. At the ICPD+10 meeting co-organized by UNFPA, young people from the Arab region engaged in dialogue and debate on a range of issues, including HIV and AIDS and sexual and reproductive health. UNFPA initiated a South Asia media capacity building initiative and helped facilitate joint agreement among several UNAIDS Cosponsors and the Secretariat for a comparable initiative in Armenia.

6. United Nations Office on Drugs and Crime (UNODC)

UNODC's work under the 2004-2005 Unified Budget and Workplan is undertaken in four thematic areas: (i) building capacity and leadership; (ii) prevention and vulnerability reduction; (iii) research and development; and (iv) resources, monitoring and evaluation.

In 2004, UNODC strengthened its institutional response to AIDS, formally establishing an HIV/AIDS Unit. In addition to project personnel, a regional HIV/AIDS adviser was posted in the UNODC Bangkok Regional Centre; regional HIV/AIDS advisers are under recruitment for Eastern Europe and Central Asia. The Executive Director of UNODC assumed the Chair of the CCO in July 2004, visiting China in this capacity in December 2004 for the commemoration of World AIDS Day. On 30 November 2004, UNODC launched its new AIDS advocacy campaign "Think before you start, before you shoot, before you share", for which radio and video clips in more than 40 languages were prepared.

Building Capacity and Leadership. As the UN system's focal point on drug use, UNODC engaged in a broad range of activities in 2004 to increase leadership at all levels in addressing the role of drug use in the spread of HIV. Following consultations with UNODC, the International Narcotics Control Board issued a report in 2004 that included a chapter on harm reduction, emphasizing that neither needle and syringe exchange programmes nor substitution treatment constitute a breach of existing drug control conventions. As a result of intensive discussions with UNODC (including the active participation of the UNAIDS Secretariat and WHO), the Commission on Narcotic Drugs, the UN drug control policy body, adopted its third HIV/AIDS resolution and agreed to address HIV/AIDS as a thematic issue at its 48th session in March 2005.

In March 2004, UNODC senior management, in consultation with the UNAIDS Secretariat, decided to extend its HIV/AIDS work to prison settings and to issues relating to trafficking in persons. In May 2004, the Commission on Crime Prevention and Criminal Justice agreed on a resolution for adoption by the Economic and Social Council, requesting UNODC to collaborate with WHO and the UNAIDS Secretariat to collect HIV-related information in prison settings and to provide governments with relevant programmatic and policy guidance. In preparation for the development of a paper on transnational crime submitted to the a meeting of the UN Chief Executive Board for Coordination, UNODC convened a consultation in April 2004 involving all agencies working in that field to map current HIV prevention and care activities among trafficked persons; as a result of this and other interagency consultations, UN Chief Executive Board for Coordination recommended that the UN system develop concrete joint action plans in this field.

At the XV International AIDS Conference in Bangkok, UNODC collaborated with the UNAIDS Secretariat, the International Harm Reduction Association, and the Thai Drug Users Network to organize the Leadership Forum on Injecting Drug Use. The Executive Director of UNODC participated in the Asia-Pacific ministerial meeting on HIV/AIDS that occurred prior to the Bangkok Conference.

As the convening agency on injecting drug use in the UNAIDS family, UNODC spearheaded efforts to increase the coherence and effectiveness of UN action in this area. In 2004, under the leadership of UNODC the Interagency Working Group on HIV and AIDS Prevention and Care Among Injecting Drug Users Group included prison settings in its portfolio. UN Theme Groups on HIV/AIDS in those countries where the sharing of contaminated injection equipment is a major route of HIV transmission were encouraged and supported to establish specific technical working groups on injecting drug use and HIV prevention and AIDS care in prison settings. To buttress the effort, UNODC and its partners organized a technical consultation of regional HIV/AIDS advisers for Eastern Europe and Central Asia.

Prevention and Vulnerability Reduction. Multi-country technical assistance projects are well underway in Latin America, Eastern Europe, Central, South and Southeast and East Asia, and in sub-Saharan Africa. These projects started in the first quarter of 2004 and address drug use and HIV-transmission prevention, the diversification of drug dependence treatment, policy and programme development, and advocacy.

Research and Development. As manager, in collaboration with the UNAIDS Secretariat, of the UN Reference Group on HIV/AIDS Prevention and Care Among Injecting Drug Users, UNODC oversaw issuance of reports on HIV prevalence among injecting drug users, availability of antiretroviral therapy for injecting drug users, coverage for needle and syringe exchange programmes; and HIV prevention and AIDS treatment and care in prison settings. Reports are available for downloading on the Reference Group's web site (<http://www.idurefgroup.org>).

In March 2004, UNODC launched, together with WHO and the UNAIDS Secretariat, the *Joint Position Paper on Substitution Treatment*. In May 2004, these same groups published four policy briefs on injecting drug use (available in English and Russian): *Reduction of HIV transmission through outreach; provision of sterile injection equipment to reduce HIV transmission; Reduction of HIV transmission through drug dependence treatment; and Reduction of HIV transmission in prisons*. UNODC also collaborated with UNAIDS partners in production of an advocacy guide on HIV prevention for injecting drug users. For the first time, the World Drug Report 2004, published also in June 2004, included a section on HIV and AIDS.

Resources, Monitoring and Evaluation. A UNODC-commissioned mid-term evaluation of the agency's HIV/AIDS project in Brazil was conducted in 2004. Citing Brazil's "enormous and largely successful effort to contain the spread of the HIV/AIDS epidemic in the country," evaluators said the UNODC project has contributed to such success and should be regarded as a best practice contribution. Evaluators particularly noted the project's success in the development of outreach or community-based activities in HIV prevention, along with the mobilization and the involvement of civil society organizations.

7. International Labour Organization (ILO)

The UN system focal point for the world of work, ILO pursues its activities as a UNAIDS Cosponsor under the umbrella of the ILO *Code of Practice on HIV/AIDS and the World of Work*.

Leadership and Capacity Development. ILO in 2004 provided policy guidance and advice to key regional and subregional bodies, including the African Union, the Southern African Development Community, the Economic Community of West Africa States, Association of Southern Asian Nations, and the European Union. ILO helped build AIDS-response capacity in the world of work by sponsoring training programmes, such as HIV-related trainings in 55 enterprises associated with the Indian Railways and in the transport sectors of selected African countries. ILO also supported the efforts of member states to integrate workplace components into their national strategic AIDS plans.

Scaling Up at Country Level. Through technical consultations, advisory services, and projects, ILO in 2004 supported national efforts to implement the ILO *Code of Practice on HIV/AIDS and the World of Work*. The agency undertook projects in 25 countries in Africa, Asia, Eastern Europe and the Caribbean. ILO extended the third phase of the ILO/US Department of Labor HIV/AIDS Workplace Education Programme to seven new countries, including a major programme in China. In collaboration with the German International Cooperation and Development Agency (GTZ), ILO also organized the second International Symposium on HIV/AIDS Workplace Policies and Programmes in Developing Countries.

ILO is supporting the development of guidelines and activities in key sectors, including education, health, transport, mining, hotels and tourism, and agriculture, as well as the development and production of materials for vulnerable groups, especially young people. ILO provided assistance to a joint initiative of the International Organization of Employers and the International Confederation of Free Trade Unions⁴ initiative to launch joint workplace action plans in eight African countries.

Care, Support and Treatment. In support of the “3 by 5” Initiative, ILO provided extensive policy and technical guidance to stakeholders in the world of work to promote treatment delivery through the workplace. ILO conducted a research study in Botswana aimed at the sustainability of treatment through social health. ILO is working with social security experts to monitor and respond to the impact of AIDS on insurance, including discrimination against HIV-positive workers.

International AIDS Conference. ILO participated in numerous sessions of the XV International AIDS Conference in Bangkok, providing information on the epidemic's trends and impact in the world of work. In particular, ILO used the Bangkok conference for the launch of its report, *HIV/AIDS and work: global estimates, impact and response*, as well as the *Workplace Action Kit*, which collects key policy guidance tools.

⁴ The International Organization of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) are the most representative employers and workers' organizations at the international level. The IOE represents 137 national employers from 133 countries. The ICFTU has 231 affiliated national trade union centres in 150 countries, representing 158 million members.

Tracking, Monitoring and Evaluation. ILO has assisted in the development and implementation of HIV/AIDS workplace indicators, including indicators for the UN workplace. ILO has also worked to incorporate HIV/AIDS issues in the agency's standard surveys.

Resource Mobilization. ILO strengthened the capacity of ILO constituents to mobilize resources at the local level. For example, ILO developed guidelines for accessing funding in countries, including guidance on proposal-writing. In the third round of funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, 28 proposals included a workplace component. Eleven Country Coordinating Mechanisms include ILO constituents.

8. United Nations Educational, Scientific and Cultural Organization (UNESCO)

UNESCO's competencies in education, science, social science, culture and communication gives it an interdisciplinary organizational and technical capacity that is particularly suited to working on prevention education. The backbone of its strategy is the role of education in the broadest sense in reducing the spread of HIV, and the mitigation of the epidemic's impact on education systems.

In 2004, UNESCO has significantly expanded its institutional capacity by staff increases, strengthened coordination mechanisms, and renewed emphasis on programme design as well as monitoring and evaluation. UNESCO can also report some unplanned success: during 2004 the Executive Board of UNESCO approved HIV/AIDS as one of UNESCO's three strategic responses to advancing towards the Education for All (EFA) goals. UNESCO gave the impulse for the first ever meeting of the CCO in Africa, and the Director-General announced, and the Executive Board approved, the launching of the Global Initiative on HIV/AIDS and Education with UNAIDS Cosponsors.. External and internal financing specific to the Global Initiative of US\$ 4.5 million has been secured for 2005-2006, without counting Unified Budget and Workplan funds. UNESCO's internal Management Team has begun exploring government interest for the Initiative in selected countries.

Already in 2004 under the auspices of the initiative a series of technical tools for support at country level was developed, including:

- package of briefs on the various issues on HIV/AIDS and education;
- outline and strategy for the development of implementation manuals; and
- outline for the mapping of on-going programmes and initiatives in selected countries.

UNESCO's HIV-related work focuses on the following five core tasks.

Advocacy, Expansion of Knowledge, Enhancement of Capacity. In addition to work on development of the Global Initiative, in 2004 UNESCO continued its convening role through the UNAIDS Interagency Task Team on HIV/AIDS and Education. It conducted training seminars in Africa and Asia for high-level representatives, identified and disseminated examples of best practices in the field of HIV prevention, and sponsored a highly successful small grants programme for social science. The organization developed and adapted curricula and other teaching materials. To ensure wide dissemination of methodological information UNESCO administered a network of five HIV-related clearinghouses. The Clearinghouse, established by the UNESCO International Institute for Educational Planning, for example, unites over 450 HIV/AIDS practitioners and researchers from all over the world, offers more than 1000 documents, and is recognized as a most reliable source of information on HIV and AIDS and education with the rapidly growing number of visitors. In line with the South-South Cooperation Initiative, UNESCO established a network of educators and other stakeholders involved in the work on street children and HIV and AIDS in Asia and Africa to facilitate experience dissemination.

Customizing Messages and Finding the Right Messengers. UNESCO trained journalists, undertook outreach to information and communications media, and supported community multi-media centres for HIV prevention and support services. The advocacy campaign on HIV/AIDS launched in line with Caribbean cultural

norms resulted in the readiness of the education sector of 20 Caribbean countries to provide AIDS care and support for infected and affected employees and students, and encourages the involvement of primary and secondary school systems in the HIV-prevention effort.

Reducing Risk and Vulnerability. In 2004, UNESCO adapted information, education and communications materials to support quality education for key populations and hard-to-reach groups. UNESCO also worked to build commitment and cultivate partnerships to facilitate comprehensive education responses. UNESCO worked successfully on involving nongovernmental organizations in Latin America and South Africa in HIV prevention and vulnerability reduction effort through non-formal education and self-employment, vocational training, “Adult Learning Network”, life skills programmes for local communities. In cooperation with the Ministries of Education UNESCO organized youth forums in Zambia and Swaziland in order to train in and out-of school children, with special emphasis on orphans, in peer support and counselling for HIV prevention.

Ensuring Rights and Care for Infected and Affected People. UNESCO sponsored training workshops for young people in leadership roles, collaborated with its “3 by 5” Initiative partners in preparing treatment education strategies, and worked with ILO to develop workplace policies for teachers.

Coping with Institutional Impact. UNESCO gathered data on the epidemic’s impact on formal and informal education sectors. For example, in partnership with the Education Research Network and for West and Central Africa 10 papers on the impact of HIV and AIDS on the education sector in West and Central Africa were produced, including *The Impact of HIV/AIDS on Governance, on Policy and Leadership in the Education Sector, the impact of HIV/AIDS on Enrolment, Attendance and Instruction*. UNESCO also developed models to project institutional impact, and helped build the capacity of education planners, managers and administrators to measure the impact of AIDS.

9. World Health Organization (WHO)

The 2004-2005 Unified Budget and Workplan specifies that WHO will strengthen the health-sector response to HIV/AIDS by developing global strategies and policies for the health sector; improving knowledge of the epidemic and health sector responses; producing evidence-based normative tools and guidance; and providing technical assistance to countries. The Unified Budget and Workplan also indicates that WHO will place renewed emphasis on treatment, care and support.

Since the development of the 2004-2005 Unified Budget and Workplan, WHO has significantly increased its efforts around treatment and care, while maintaining a focus on prevention. Overall, WHO efforts have expanded significantly and the focus on a number of additional areas was strengthened.

Global Strategies and Policies. At the end of 2003, WHO launched a global strategy for treating three million people with antiretroviral therapy by the end of 2005. This strategy has provided the basis for a large and rapid expansion of global efforts to scale up access to treatment, including advocacy for treatment scale-up, setting national treatment scale-up targets, and strengthening of the health sector response to HIV and AIDS.

Expanding Access to Treatment and Care. In 2004 WHO has successfully mobilized global action to scale-up treatment and care for people living with HIV and AIDS. The profile of the "3 by 5" target was raised significantly and real progress made on achieving global treatment scale-up objectives. Seventy-three countries appealed to WHO for support in scaling up national antiretroviral therapy programmes, and at the end of 2004 more than 700 000 people were being provided with antiretroviral therapy.

To improve access and affordability of HIV medicines and diagnostics, WHO created and expanded the Aids Medicines and Diagnostics Service (AMDS). The AMDS provides crucial information on pricing and availability of prequalified HIV medicines and diagnostics, plays a critical role in brokering technical assistance to countries on procurement and supply chain management, and assists countries in pooling demand for HIV medicines and commodities to drive down prices by leveraging collective scale.

Normative Tools and Guidance. In 2004, WHO produced and published more than 30 standard training packages and key guidance documents related to HIV and AIDS. For example, WHO has developed and field-tested integrated training tools that address paediatric and adult care, and also revised clinical staging of paediatric infection to facilitate clinical decision-making in resource-limited settings. Draft guidelines for integrating gender into prevention of mother-to-child transmission, voluntary counselling and testing, and treatment and care programmes were also completed and will be field tested in 2005.

Strengthening the Health Sector. Strengthening the health sector is a fundamental part of WHO's work in the area of HIV and AIDS. In 2004 WHO developed a 'HIV/AIDS health system platform' which includes activities directed at: (a) overcoming major health system constraints to scale up HIV prevention and treatment

in the short term; (b) ways to maintain results in the medium term; and (c) strengthening systems in ways that other health priorities also benefit. Activities in 2004 focused on training and health workforce planning; health financing; and information systems development.

Significant progress has also been made in training of health-service providers. More than 15 000 service providers were trained in 2004 using WHO-supported training packages. Several knowledge hubs have been created to develop training curricula, provide regional and subregional training, and develop networks of technical experts for training purposes. Training programmes are now being taken to scale, and the emphasis of training is being shifted in favour of increased participation by non-physician health workers and community groups.

Improving Knowledge of the Epidemic. WHO has provided extensive support to countries on effective use of surveillance data, including the conduct of HIV sentinel serosurveys. A new WHO tool—"Service Availability Mapping," and designed to monitor health services and the number of people on antiretroviral therapy—was tested in Botswana, Kenya, Uganda and Zambia. Working in concert with numerous partners, WHO is spearheading development an international protocol for monitoring HIV drug resistance. A major focus of WHO's technical assistance is the collection and disaggregation of service data based on sex and age, a critical priority in monitoring equity in access to HIV services.

Technical Support to Countries. Technical support to countries has been scaled up dramatically to support "3 by 5". In 2004, WHO provided technical support to 78 countries on treatment scale-up, including drug procurement and supply, counselling and testing, strategic information, training, planning, adaptation and use of normative tools and guidance. Additional support was provided to countries on issues related to HIV prevention. WHO has also provided technical assistance to countries to access and use funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank Multi-Country Aids Program and Treatment Acceleration Project, and other sources of international funding. Technical assistance was provided to 22 countries to develop proposals for round IV of the Global Fund process.

Accelerating HIV Prevention. While WHO has significantly increased its efforts to strengthen the health sector and introduce antiretroviral treatment in resource-limited settings, WHO's work on HIV prevention has continued unabated. Significant progress has been achieved in areas such as strengthening school-based prevention education, infant feeding and prevention of mother-to-child transmission, blood and injection safety, control and management of sexually transmitted infections, and drug treatment and harm reduction programmes for injecting drug users. WHO also conducted a series of global consultations on accelerating HIV vaccine development and undertook training and capacity building activities in several countries to prepare for vaccine trials.

10. The World Bank

An original UNAIDS Cosponsor, the World Bank is one of the three largest financiers of HIV/AIDS programmes. HIV/AIDS is one of seven corporate priorities of the Bank. Under the 2004-2005 Unified Budget and Workplan, World Bank activities extended to each of the six focus areas of the Workplan.

Leadership, including Human Rights. The Bank supported advocacy at the global level by co-chairing the first-ever Leadership Program for the XV International AIDS Conference on behalf of the UNAIDS family. The Bank led and/or presented in 34 sessions in Bangkok and sponsored high-level meetings on AIDS, including a consultation workshop on the Africa Multi-Country HIV/AIDS Program (MAP).

To accelerate implementation of national AIDS programmes, the Bank published two major implementation guides in June 2004: *Turning Bureaucrats into Warriors* for implementing multisector HIV/AIDS programs and *Battling HIV/AIDS: A Decision Maker's Guide to the Procurement of Medicines and Related Supplies* to facilitate treatment programs. The Bank sponsored more than 10 workshops on issues relating to expedited programme implementation and success, including monitoring and evaluation, prevention, procurement, and mainstreaming AIDS in key sectors. The Bank is actively promoting legal reforms in Bank-supported projects to combat discrimination and to ensure appropriate legal frameworks to support HIV prevention and treatment.

Four of the six Bank regions have developed regional AIDS strategies, and work is progressing on development of strategies for the Middle East and North African and Latin America and the Caribbean regions and on the Bank's overall strategy Global HIV/AIDS Program of Action. To support implementation of its AIDS strategy, the Bank has established dedicated HIV/AIDS Units in Africa (1999), South Asia (2004), the Human Development Network (2002) and the Legal Department..

Prevention and Vulnerability Reduction. The Bank provided support to WHO for development of *Guidelines on HIV-Related Care, Treatment and Support for HIV-Infected Women and Their Children in Resource Constrained Settings*. The Bank supported new prevention projects in the Caribbean, Africa, South Asia and Central Asia.

Care, Treatment and Support. In 2004, the World Bank provided significant support for initiatives to expand treatment access. The Bank provided direct technical and financial support to national antiretroviral treatment programmes in more than 17 countries. It also assisted countries such as Bhutan, Chad, Tanzania, Eritrea and Ukraine in developing treatment scale-up plans and in building sufficient and sustainable clinical capacity. In April 2004, the Bank entered into partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF, and the Clinton Foundation to make it possible for developing countries to purchase high quality AIDS medicines at low prices with Bank financing.

In June 2004, the Bank approved US\$ 60 million in funding for the Treatment Acceleration Project to promote HIV-related treatment expansion in Burkina Faso, Ghana, and Mozambique. Prepared in collaboration with WHO, this project represents the first integrated treatment operation geared to strengthen health systems while rigorously assessing the feasibility of scaling up ongoing HIV-related treatment

initiatives for vulnerable groups through partnerships of public and private actors and nongovernmental organizations.

The Bank made grants to WHO (US\$ 4 million) and the UN Economic Commission for Africa (US\$ 2 million) to provide technical and coordination support to facilitate an intercountry learning process. In addition, the Bank sponsored a study on the “Costs and Consequences of Expanding Access to antiretroviral treatment in Thailand” with expectation that the results will be of benefit to the entire region.

Alleviating Social and Economic Impact and Addressing Special Situations. The World Bank has been working on assessing the economic impact of HIV and AIDS. Economic impact analyses are underway in India, Ethiopia and Nigeria, with a similar exercise having been completed in Kenya. In these and other countries, the Bank is helping build the capacities of economists through training workshops organized jointly with the University of Heidelberg. UNICEF and the Bank have finalized a joint desk review of 19 African Poverty Reduction Strategy Papers and national AIDS strategic plans, with the aim to publish a report entitled “Poverty Reduction Strategy Papers: Do they matter for children and young people made vulnerable by HIV/AIDS”.

Research and Development. In partnership with the International AIDS Society, the Bank published and widely disseminated a special peer-reviewed supplement of the *AIDS* journal devoted to “Resistance and Adherence,” summarizing scientific evidence that treatment is feasible in resource-limited settings. The Bank sponsored a Global Survey on AIDS and Disability, which was designed to identify, foster and disseminate research, policies and programmatic interventions concerning the impact of AIDS on populations with physical, sensory, intellectual and mental health disabilities. The Bank also completed a study on the AIDS funding requirements in Africa. In collaboration with AusAID and the Asia Development Bank, the Bank also conducted a Human Development sector review in East Asia and the Pacific.

Resources, Monitoring and Evaluation. The Bank continues to enhance its AIDS activities in all regions and catalyze resources for AIDS programmes. To date, 29 African countries and four subregional programmes have received US\$ 1.1 billion under the Multi-Country HIV/AIDS Program (MAP); nine Caribbean countries and one subregional programme have received US\$ 117.65 million in MAP funding; and US\$ 1.89 billion has been committed to 34 traditional Bank projects in all regions.

Since its establishment in 2002, the Global AIDS Monitoring and Evaluation Support Team (GAMET) has recruited and trained a Country Support Team of 10 international monitoring and evaluation specialists who have made more than 139 monitoring and evaluation field-support visits to 42 countries and provided approximately 10 000 person hours of intensive monitoring and evaluation field support. The team has trained 500 people in Lot Quality Assurance Sampling to enhance management of AIDS interventions at local levels. To help guide future programmatic endeavours, the Bank undertook a joint review of its Africa Multi-Country HIV/AIDS Program to assess the continuing viability and appropriateness of the objectives, approach and design of the Multi-Country HIV/AIDS Programs.

11. The UNAIDS Secretariat

The UNAIDS Secretariat—with headquarters in Geneva, Regional Support Teams in seven subregions (strengthened or being established) and a presence in over 60 countries—undertakes a set of key functions and coordinates and supports the diverse efforts of UNAIDS Cosponsors and other partners in AIDS response.

Leadership and Advocacy. The Secretariat supported coordinated development of policies and strategies in a broad range of areas, including intensifying HIV prevention, governance and food security in Southern Africa, harmonization of AIDS response under the umbrella of the “Three Ones” principles⁵. With support from the Secretariat, multisectoral national AIDS authorities were strengthened in a majority of countries with a UNAIDS presence, including newly created authorities in Angola and Ukraine. The Secretariat provided extensive assistance to a growing number of regional AIDS initiatives.

The Secretariat has worked to coordinate the advocacy efforts of the Joint Programme. The Secretariat coordinated support and leadership for the 2004 World AIDS Campaign on Women, Girls and HIV/AIDS and prepared for the 2005 campaign, which will focus on implementation of the Declaration of Commitment. The Secretariat has been instrumental in the success of the Global Coalition on Women and AIDS, overseeing establishment of the Coalition’s Leadership Council in 2004. The Secretariat also helped develop UN Theme Groups on HIV/AIDS advocacy strategies in 16 countries.

UN System Coordination. Terms of reference for UNAIDS Country Coordinators were revised to reflect their enhanced leadership and coordination role, and 14 new Coordinators were hired and placed in countries. The guidelines for UN Implementation Support Plans on HIV/AIDS were developed and seven Asian and Middle East and North Africa countries already reported on their successful application. The Secretariat collaborated with the UN Development Group to harmonize the use of such UN system development instruments as the UN Common Country Assessment and the UN Development Assistance Framework in order to ensure that UN support on AIDS is strategic and focused on meeting the Millennium Development Goals and goals set in the UNGASS *Declaration of Commitment on HIV/AIDS*.

The Secretariat streamlined and improved the process for developing and implementing the Unified Budget and Workplan, focusing on strengthened accountability through better performance reporting. The Secretariat mobilized greater and more coherent support from the entire UN system through development of UN System Strategic Framework on HIV/AIDS. As a result of the efforts of the Secretariat, HIV/AIDS was addressed by a broad range of UN organizations and forums.

Strategic Information. The Secretariat published more than 10 new Best Practice documents in 2004 on topics ranging from the scale-up of antiretroviral treatment to the programmes for vulnerable populations, such as sex workers, men who have sex with men, and injecting drug users. As in prior years, the *2004 Report on the Global*

⁵ The “Three Ones” key principles applicable to all stakeholders in national level AIDS responses are:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners,
- One national AIDS coordinating authority, with a broad-based multi-sectoral mandate,
- One agreed AIDS country-level monitoring and evaluation system.

AIDS Epidemic and the *AIDS Epidemic Update* generated extensive media attention and served as essential information resources for the field. Capitalizing on its improved capacity to track and analyze AIDS spending, the Secretariat published two major reports on AIDS financing. Through *AIDS in Africa: Scenarios for the Future* and other means, the Secretariat disseminated the latest information on modelling and projections of the epidemic's future trends and impact.

Tracking, Monitoring and Evaluation. Training events at global, regional and national levels facilitated implementation of the Country Response Information System (CRIS) in 13 countries, with expectation that the System will be operational in 100 countries by the end of 2005. The Secretariat placed 25 specialists trained in monitoring and evaluation in UNAIDS country offices and produced three case studies on the development of unified national monitoring and evaluation frameworks. The Secretariat participated in more than 12 joint participatory government-led reviews, including those in Angola, Cambodia, Ethiopia, and Haiti.

The Secretariat published an update in June 2004 on progress in implementing the UNGASS *Declaration of Commitment*, as well as reports on the latest coverage statistics and results of the AIDS Programme Index Survey. The Secretariat developed indicator guidelines for human rights, gender, and civil society involvement, and it also initiated processes to refine indicators for blood safety, sex work, and orphans and vulnerable children. In addition, the Secretariat promoted harmonization of the monitoring and evaluation approaches of major monitoring and evaluation training providers.

Civil Society Engagement and Partnership Development. In 2004, the Secretariat intensified its collaboration with organizations of people living with AIDS, working, for example, to strengthen the capacity of an organization in Burundi to contribute to national efforts to increase access to antiretroviral therapy. The Secretariat worked to build capacity of groups at greater risk of HIV infection, e.g., sex workers in India and South Africa; injecting drug users in Nepal, migrants in China and India, groups of women in Burkina Faso and Kenya; and to forge partnerships with key sectors, e.g., national line ministries, for AIDS-related work in uniformed services in 11 countries; business, labour, sport, and religion. The Secretariat contributed to the successful establishment and functioning of partnership forums in 60 countries, trained and posted social mobilization officers in 15 countries, and reinforced the focus on civil society in UN Theme Group advocacy plans. The Global Media and HIV/AIDS Initiative, successfully implemented in 2004, generated important new media collaborations in Eastern Europe, Central Asia and other regions.

Resource Mobilization. UNAIDS facilitated six national and two subregional donor-partnership forums. The Secretariat provided technical support in the development of 88 proposals to the Global Fund, 55% of which were approved for funding. The Secretariat helped countries mainstream HIV and AIDS into development frameworks and Poverty Reduction Strategy Papers and also intensified advocacy for greater financial commitments from the corporate and philanthropic sectors.

12. Interagency activities

Joint programming within UNAIDS promotes collective action on AIDS, with particular attention to accelerating the implementation and scale-up of national efforts. Interagency programming under the current Unified Budget and Workplan produced notable achievements in 2004.

“Three Ones” Key Principles. Having led the process by which global consensus was reached on enhanced coordination at country level, UNAIDS devoted substantial attention in 2004 to actual implementation of this approach in countries. In 2004 the Joint Programme developed aims and targets for 2005 and beyond for each component of the “Three Ones” principles. A survey of 66 countries found that 82% had up-to-date national action frameworks in 2004, 95% had national authorities, and 79% had begun work on the development of monitoring and evaluation systems.

UN System Coordination at Country Level. The enhanced leadership and coordination role of UNAIDS Country Coordinators was reflected in the revised terms of reference. Fourteen new coordinators were employed and placed in priority countries. To improve coordination of UN action on the ground UN Country Teams are applying the new guidelines for UN Implementation Support Plans for country responses to HIV/AIDS. With formulation of the “Three Ones” principles and the increasing emphasis on the need for harmonization of all country efforts, the Implementation Support Plans are becoming key instruments for harmonizing the UN system response to AIDS with countries’ national AIDS strategies and overall development plans and also with funding mechanisms such as the Global Fund’s Country Coordinating Mechanisms. Seven Asian and Middle East and North Africa countries already reported that the UN plans have been developed.

UNAIDS Catalytic Support to Countries—Programme Acceleration Funds. These Funds support timely, innovative measures that accelerate programme implementation and scale-up at country level. For example, at the request of the national government, the UN Country Team in Nepal used the funds to build the capacity of the national AIDS programme and to prepare an HIV-related grant application to the Global Fund; in Nigeria, the funds were used to promote implementation of the “Three Ones” principles, contributing to a remarkable engagement of diverse civil society partners.

On the whole, 113 countries (as of April 2005) have applied for Programme Acceleration Funds, 64% of total funding of US\$ 16 million has been obligated. Areas of programmatic focus in the current biennium include:

- greater involvement of people living with HIV and AIDS (15%);
- support to implementation of “3 by 5” (9%);
- addressing the growing feminization of the epidemic (16%);
- support toward World AIDS Campaigns and other advocacy actions (10%);
- addressing sensitive or neglected areas (such as activities targeting men who have sex with men, injecting drug users, persons engaged in sex work, prison populations, etc.) (24%); and
- implementation of the harmonization agenda (“Three Ones” principles) (26%).

HIV Prevention. Under the leadership of UNODC, the interagency efforts led to the development of a joint UNAIDS strategy for HIV prevention and care in prison settings,

with the aim of catalyzing coordinated and large-scale interventions in countries that have historically received insufficient attention in this area. A new Cosponsor, UNHCR, led joint efforts to strengthen UNAIDS coordinated support for HIV-prevention efforts among refugees in West Africa. Interagency activity under the leadership of ILO strengthened efforts in linking livelihood approaches and HIV prevention among young people in order to reduce vulnerability and susceptibility to HIV infection, and also to contribute to prevention of child labour, trafficking, and sexual exploitation.

In 2004 UNAIDS launched the Global Initiative on HIV/AIDS and Education which aims to support countries in developing comprehensive education-sector-based responses to HIV and AIDS, with a focus on children and young people, especially those who are most vulnerable. Already in 2004 under the auspices of the Initiative a series of technical tools for support at country level was developed.

Care and Treatment. The UNAIDS Secretariat, UNICEF, WHO and the nongovernmental organization Médecins sans Frontières collaborated on ensuring the availability of information on the sources and prices of selected HIV-related drugs and diagnostics for people living with HIV, including the paediatric formulations. With leadership from the World Bank, interagency activities contributed to “3 by 5” by improving the quality, efficiency and transparency of the procurement of medicines and related supplies.

Coordinated Advocacy. UNAIDS was one of the co-organisers of the XV International AIDS Conference, the largest AIDS Conference to date with attendance from over 100 ministers from different sectors. UNAIDS was instrumental in introducing for the first time a Leadership Programme in the Conference, which resulted in Leadership Commitments on AIDS-supportive national policies across sectors, on scaling-up prevention, care and treatment, on increased human and financial resources. The conference also helped focus on the feminization of the epidemic. UNAIDS’ coordinated participation through working groups, joint sessions, other events, and publications was highly appreciated by donors and participants. UNAIDS also co-organised the 2nd Asia-Pacific Ministerial Meeting in Bangkok which focused on commitment for action on priorities for the region.

Strategic Information. With an active role played by UNFPA, UNAIDS undertook compilation of the evidence-base for HIV/AIDS policies and programmes for young adolescents, which helped cover a gap in our knowledge of young adolescents aged 10–14 years. Interagency activity under the leadership of ILO contributed to building the evidence for the effectiveness of interventions among young people that link livelihood approaches and HIV prevention. A new UNAIDS Cosponsor, WFP, spearheaded the research on the linkages between food security and HIV and AIDS.

Monitoring and Evaluation. UNAIDS staff provide technical support to monitoring and evaluation in at least 51 countries. Support to the development of national monitoring and evaluation plans was provided to at least 46 countries. Twenty monitoring and evaluation experts were trained and are being deployed in priority countries.

Technical Support Facilities. The main aims of the Technical Support Facilities are to improve country partners’ access to timely and quality assured technical assistance in agreed priority areas, to strengthen the capacity of national and regional partners, and to encourage a harmonized and collaborative approach to the delivery of technical assistance in support of country partner-owned and partner-led action plans. The first Technical

Support Facility will be established in Southern Africa by mid 2005, with similar processes under way in South-East Asia, West and Central Africa, and Eastern Africa.

Support to Applications for Funds to the Global Fund to Fight AIDS, Tuberculosis and Malaria . In the first four rounds of the Global Fund application process, UNAIDS provided support to the majority of HIV/AIDS proposals that were considered eligible for review by the Global Fund Technical Review Panel. Globally, 55% of the 88 proposals receiving UNAIDS support were successful.