



## PROGRAMME COORDINATING BOARD

**Seventeenth meeting**  
**Geneva, 27-29 June 2005**

*Provisional agenda item 6:*

### **UN System Strategic Framework on HIV and AIDS 2006–2010**

#### **Executive Summary**

The UN System Strategic Framework on HIV and AIDS 2006–2010 (UNSSF) is an instrument designed to strengthen commitment and expand the action of the UN system in its response to AIDS. The Framework serves as an important tool for coordinating UN system efforts, as well as guiding the implementation of HIV and AIDS policy and programming at global, regional and country levels.

The UNAIDS Secretariat has elaborated the UNSSF as a successor document to the UN System Strategic Plan for HIV/AIDS 2001–2005 (UNSSP) based on the findings of UNSSP mid-term Review. The InterAgency Advisory Group on AIDS (IAAG) meeting held in Geneva 7-8 February 2005 expressed its support for the UNSSF by endorsing it for submission to UNAIDS Programme Coordinating Board (PCB).

The UNSSF is intended to catalyse concrete and measurable progress throughout the UN system. It links directly to the Millennium Development Goals (MDGs) and the *Declaration of Commitment* of the UN General Assembly Special Session on HIV/AIDS (UNGASS). The strategic objectives and reporting cycle of UNSSF coincide with the Unified Budget and Workplan (UBW), jointly developed by the UNAIDS Secretariat and Cosponsors.

The document is divided into eight sections:

- Section I provides a historical perspective on the development of the UNSSF.
- Section II summarizes the state of the epidemic and identifies current challenges for global response.
- Section III identifies the goal of the UNSSF.
- Section IV summarizes the UN system's strategic objectives on HIV and AIDS.
- Section V articulates the key principles that will govern the UN system's activities under the UNSSF.
- Section VI identifies mechanisms and processes to maximize the coordination and strategic effectiveness of diverse entities in the UN system.
- Section VII describes plans for the monitoring and evaluation of the UN system's progress in achieving the goals and strategic objectives of the UNSSF.
- Section VIII places individual plans of the participating organizations in the context of the UNSSF.

The UNSSF provides that each UN system organization develops its own organizational plan on HIV and AIDS. The individual plans are however expected to be in line with the objectives, principles and the coordination process described in the UNSSF. The Unified Budget and Workplan of the UNAIDS Cosponsors and the Secretariat will represent their organizational plans under the UNSSF.

#### **Action required at this meeting**

The Programme Coordinating Board is requested to endorse the UN System Strategic Framework on HIV and AIDS for 2006-2010.



## **UN System Strategic Framework on HIV and AIDS**

The United Nations system has been engaged in the response to the global AIDS epidemic since the 1980s. As the epidemic has expanded and evolved, the UN system's engagement has similarly grown and become more diverse and comprehensive.

The UN system has recognized the response to the AIDS epidemic as one of the preeminent challenges facing today's world. The UN system's response to HIV and AIDS is guided by the Millennium Development Goals (MDGs) and the UN General Assembly Special Session (UNGASS) on HIV/AIDS. According to the Millennium Development Goals, by 2015 the world will have halted and begun to reverse the AIDS epidemic. The UNGASS *Declaration of Commitment on HIV/AIDS*—unanimously adopted by UN Member States—sets forth concrete, time-bound commitments to ensure a comprehensive and effective global response to the epidemic.

The *Declaration of Commitment* supports strong, effective and coordinated action on the part of the entire UN system. This UN System's Strategic Framework on HIV and AIDS (UNSSF) lays out the UN system's strategic direction and mechanisms for collaboration within the UN System to facilitate achievement of the targets set forth in the *Declaration of Commitment* and contribution to the Millennium Development Goals.

The document is divided into eight sections:

- Section I provides a historical perspective on the development of the UNSSF.
- Section II summarizes the state of the epidemic and identifies current challenges for the global response.
- Section III identifies the goal of the UNSSF.
- Section IV summarizes the UN system's strategic objectives on HIV and AIDS.
- Section V articulates the key principles that will govern the UN system's activities under the UNSSF.
- Section VI identifies mechanisms and processes to maximize the coordination and strategic effectiveness of diverse entities in the UN system.
- Section VII describes plans for the monitoring and evaluation of the UN system's progress in achieving the goals and strategic objectives of the UNSSF.
- Section VIII places individual plans of the participating organizations in the context of the UNSSF.

This document does not identify the specific activities to be undertaken by various UN bodies. HIV and AIDS work plans of individual UN system agencies that participate in the UNSSF should be completed by the end of 2005.

### **I. Background**

In November 1995, the UNAIDS Programme Coordinating Board (PCB) adopted the *UNAIDS Strategic Plan for 1996–2000*. It described the overall objectives and strategic approach for the Secretariat and six original Cosponsors of the UN Joint Programme on

HIV/AIDS (UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)<sup>1</sup>. Recognizing that many non-Cosponsor entities in the UN system could contribute to the global response to HIV and AIDS, the PCB in June 1999 encouraged the Secretariat and Cosponsors to intensify their efforts to develop a *UN System Strategic Plan for HIV/AIDS* for the years 2001–2005 (UNSSP). The PCB's resolution was endorsed by the *Economic and Social Council Resolution 1999/36* (28 July 1999) and by the *Administrative Committee on Coordination* (April 2000). UN entities were encouraged to work closely with the UNAIDS Secretariat and the Cosponsors to develop the UNSSP.

In 2001, 29 UN system entities<sup>2</sup> contributed to the creation of the UNSSP. Developed in accordance with the *Global Strategy Framework on HIV/AIDS*, the UNSSP sought to clarify AIDS-related roles and responsibilities 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 articulated system-wide objectives in nine areas of work and identified the responsibilities of individual UN entities in achieving these objectives.

In May-June 2001, the PCB endorsed the content and strategic direction of the UNSSP. It urged the UNAIDS Secretariat and Cosponsors to ensure the relevance of the UNSSP's global and regional activities to country-specific needs and plans. The PCB requested that the UNSSP be strengthened and updated. It also asked for further clarification on the roles, responsibilities and resource commitments of UN system entities. The PCB endorsed the UNSSP's proposed monitoring and evaluation approach and requested that a mid-term performance report be prepared by the Cosponsor Evaluation Working Group for review by the InterAgency Advisory Group on AIDS (IAAG) prior to submission to the PCB in 2004. With the aim of improving accountability, the PCB encouraged system-wide efforts to facilitate achievement of the UNSSP strategic objectives and requested that all UN entities submit their institutional HIV and AIDS plans to their governing bodies for review. Many Cosponsor Governing Bodies endorsed the individual agency contributions to the UNSSP.

Also in 2001, the first-ever UNGASS on HIV/AIDS expressed support for the UNSSP and formally recognized the need for even stronger efforts by the entire UN system. The *Declaration of Commitment* supported "greater action and coordination by all relevant organizations of the United Nations system, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in the present Declaration."

In 2004, IAAG discussed a report on preliminary findings from the UNSSP mid-term assessment. This report was prepared by the UNAIDS Secretariat in cooperation with the Cosponsor Evaluation Working Group and with active involvement of the Cosponsors and other participating agencies. The assessment found that the UNSSP has had mixed success in promoting strategic coordination. To a certain extent, the UNSSP had engaged diverse UN

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<sup>1</sup> UNAIDS/PCB(2)/95.3.

<sup>2</sup> This includes other non-UN-system international organizations, e.g., the International Organization for Migration (IOM).

entities in the action against AIDS, enhanced UN coordination on AIDS, and made some progress in streamlining AIDS issues in country-level multisectoral responses.

In response to the mid-term assessment, the IAAG determined that the UN system's strategic focus should be strengthened to address the epidemic's current and future challenges, therefore leading to the development and monitoring of the UN System's Strategic Framework on HIV and AIDS (UNSSF) for 2006–2010. The UNAIDS Secretariat submitted the UNSSP Mid-term Review to the PCB as a conference paper at its June 2004 meeting (UNAIDS/PCB/(15)04.INF.DOC.2.)

The UNAIDS Secretariat has elaborated the UNSSF for 2006–2010 as a successor document to the UNSSP, in consultation with IAAG members. The UNSSF seeks to ensure an effective system-wide response to the AIDS epidemic, while also encouraging participating agencies to take ownership of their individual plans. It is intended to catalyse concrete and measurable progress throughout the UN system. The UNSSF links directly to the UNGASS *Declaration of Commitment* and the Unified Budget and Workplan (UBW), jointly developed by the UNAIDS Secretariat and Cosponsors.

## **II. Current Situation and Challenges for Global Response**

First recognized in the early 1980s, the AIDS epidemic has rapidly become the world's most serious public health threat, imperilling several regions and erasing decades of gains in international development. An estimated 39.4 million (range 35.9–44.3 million) people were living with HIV at the end of 2004—the most ever. An estimated 3.1 million people (range 2.8–3.5 million) died of AIDS in 2004.

The number of people living with HIV has been rising in every region, compared with two years ago, with the most rapid increases occurring in East Asia, and in Eastern Europe and Central Asia. The number of people living with HIV in East Asia rose by almost 50% between 2002 and 2004. In Eastern Europe and Central Asia, there were 40% more people living with HIV in 2004 than in 2002.

Sub-Saharan Africa remains by far the hardest-hit part of the world, with 25.4 million (range 23.4–28.4 million) living with HIV as of December 2004. Sub-Saharan Africa accounts for 64% of all the world's people living with HIV and for 76% of HIV-infected women. National epidemics in sub-Saharan Africa appear to be stabilizing generally, although at extraordinarily high levels in many countries, and there is little evidence that the most severe epidemics in Southern Africa are likely to decline in the near future.

The Caribbean represents the second-most affected region, with five countries having adult HIV prevalence higher than 2%. AIDS is now the leading cause of death in the Caribbean region among adults aged 15–44. While prevalence is lower in other regions than in sub-Saharan Africa and the Caribbean, the number of HIV infections increased in every region between 2002 and 2004.

In the last three years, the response to the AIDS epidemic has been stepped up significantly. Funding has increased considerably. Donors, UN system agencies and partners are exploring ways of channelling AIDS resources more quickly and efficiently to where they are most needed. The cost of antiretroviral medicines has tumbled, and concerted efforts are being made to extend treatment to people in low- and middle-income countries whose lives depend on it. Progress has been made in HIV prevention efforts and more funding is now available. However the global response to AIDS remains underfunded; meaningful progress is accompanied by numerous critical challenges. The UN system can play a key role in response to these challenges:

- *An Expanding Epidemic.* Although the Millennium Development Goals envision the beginning of a worldwide reversal of HIV and AIDS by 2015, at present the epidemic continues to expand. Since 2000, the number of people living with HIV has increased by approximately 20%. The years 2003 and 2004 saw more new HIV infections, more AIDS deaths and more children orphaned than ever before. While today more is known than ever before about how to prevent new infections and how to preserve the lives of people living with HIV, available measures have yet to halt the epidemic's expansion.
- *Rapidly Spreading Epidemics in Populous Countries.* Especially disturbing is the epidemic's rapid spread in some of the world's most populous countries, such as China, Indonesia and the Russian Federation. Primarily due to China's rapidly growing epidemic, the number of people living with HIV in East Asia increased by nearly 50% between 2002 and 2004. In many respects, the epidemic's future will be determined by the world's success in preventing a major outbreak of HIV in heavily populated countries where overall prevalence remains relatively low.
- *Feminization of the Epidemic.* The epidemic's burden on women and girls continues to grow. In 2004, just under half of all people living with HIV were female. In sub-Saharan Africa, women represent 57% of all people living with HIV, with young women aged 15–24 having infection rates that are three times higher than young men of the same age. Surveys in diverse countries indicate that women and girls often have little basic knowledge about HIV and AIDS. Even when women are educated about how to protect themselves against infection, the many economic, social and legal impediments they experience on a day-to-day basis make it difficult—and sometimes impossible—to avoid exposure to HIV. If the global epidemic is to be reversed, substantially stronger and more effective action will be required to reduce the vulnerability of women and girls, enable them to reduce their risk of infection and ensure the delivery of effective care and treatment to those who are already living with HIV.
- *Young People at Risk.* People aged under 25 account for one-half of all new HIV infections. Young women and girls are at particular risk. In South Africa, Zambia and Zimbabwe, young women (15–24) are three to six times more likely to be infected than young men and represent three quarters of all young people living with HIV. In Eastern Europe and Central Asia, extraordinarily large numbers of

young people are injecting drugs, using contaminated injecting equipment and practicing high risk sexual behaviour. In the region, more than 80% of reported infections are among people younger than 30 years of age. In 2004, children under 15 years of age constituted 13% of new global HIV infections and 17% of annual AIDS deaths worldwide. By 2010, 18 million children in Africa will have lost one or both parents to AIDS. Curbing the epidemic's expansion and mitigating its impact demands dramatically more intensive efforts to empower young people to protect themselves, and effective delivery of proven interventions that will reduce the risk of mother-to-child transmission.

- *Diversity of the Epidemic.* Although it is common to speak of a single global epidemic, the AIDS epidemic manifests itself as a multitude of smaller, widely diverse epidemics. No single approach can effectively address the widely varying circumstances in which HIV transmission occurs. For instance, while heterosexual transmission is the primary mode of transmission in sub-Saharan Africa and the Caribbean, the use of contaminated injecting equipment among injecting drug users is a major driver of the epidemic in parts of Asia, Latin America and Eastern Europe. For the Latin American region as a whole, men who have sex with men account for the largest percentage of HIV infections. In the hardest-hit region of sub-Saharan Africa, infection patterns often differ markedly among subregions and between rural and urban areas. Given the enormous diversity of the AIDS epidemic, the global crisis can best be addressed through a comprehensive response that is sufficiently adaptable to national and local circumstances. In developing responses, there is a need to take into account the varying nature of the epidemic—including local transmission patterns and sources of vulnerability—to ensure more informed responses.
- *Growing Impact.* In Southern Africa—where all but one country are experiencing HIV prevalence in excess of 10%—the epidemic's long-term devastation is becoming increasingly apparent. In nine countries in the region, average life expectancy has fallen below 40 years. The AIDS epidemic is steadily undermining the fundamental structures of society in Southern Africa—robbing education systems of teachers, depriving public and private sectors of essential personnel and exacting incalculable hardships on households and communities. AIDS impacts upon social and health issues, economics, culture and demography. For this reason AIDS must be addressed as a development issue and mainstreamed into the development agendas of the UN system organizations.
- *Strengthening National Efforts.* Surveys reveal a steady increase in the number of countries adopting comprehensive policy frameworks to address the AIDS epidemic. Nevertheless, current efforts, including in the areas of policy, legislation, human and financial resources, remain far short of what is required. Many heavily-affected countries have yet to adopt meaningful legal provisions to prohibit discrimination against people living with HIV or members of vulnerable populations. Allocations of domestic resources to respond to AIDS remain insufficient in most countries, and available resources are often not directed to

programmes for the populations in greatest need. Effective management and service-delivery systems remain insufficient in most countries with a growing “implementation gap” between plans and services that are actually reaching people and communities. While expressions of political commitment on AIDS have increased in recent years, it is vital that words of support be followed by concrete actions to strengthen national responses.

- *Ensuring Harmonization and Effective Use of Increased Resources.* Between 2001 and 2004, global funding for AIDS increased from US\$ 2.1 billion to US\$ 6.1 billion—a major change in the worldwide response. However, substantially higher funding levels will be required in future years to finance a comprehensive response. UN action on HIV and AIDS must focus unprecedented attention on country-level efforts to ensure that these resources are used to maximum effect. At the country level, effective use of resources largely depends on coordinated efforts and improved accountability. Together with national governments, bilateral donors and other stakeholders, UNAIDS is working towards the implementation of the “Three Ones”. This approach provides for one agreed national action framework to provide the basis for coordinating the work of all partners, one national AIDS coordinating authority with a broad-based multisectoral mandate, and one country-level monitoring and evaluation system.
- *Bringing Proven Strategies to Scale.* A number of countries in different regions are demonstrating progress in slowing infection rates and delivering effective treatments to those already infected. Globally, however, the reach of current programmes remains inadequate. Worldwide, only one in five people at risk of infection have meaningful access to HIV-prevention services. In sub-Saharan Africa, home to nearly two out of three people living with HIV, coverage of HIV-prevention services is even lower than in other regions. Efforts to scale up treatment and accelerate prevention, e.g., the “3 by 5” initiative<sup>3</sup>, promise further increases in coverage. As confirmed in the *Talloires* meeting<sup>4</sup>, the UN is also taking action on evidence-based responses. However, despite the improvements, coverage remains uneven and in several respects, highly unsatisfactory. While as many as six million people worldwide need antiretroviral therapy, only 700 000 individuals in low- and middle-income countries were receiving it as of December 2004. To accelerate the scaling-up of essential prevention, care and treatment services, funding increases must be matched by effective measures to build and sustain national capacity. It is also urgent that in coming years, increased efforts and resources are focused on scaling up activities for prevention, treatment, care and support for children affected by HIV and AIDS. With an increased number of UN and other intergovernmental organizations actively involved in the response to HIV and AIDS, there is a need for increased coordination at the country level.

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<sup>3</sup> Initiative of WHO, UNAIDS and their partners with a target to get three million people on ARVs by the end of 2005.

<sup>4</sup> A global consultation held in Talloires, France, 25–28 May 2004 organized by WHO, UNAIDS, UNFPA and UNICEF, under the aegis of the UNAIDS InterAgency Task Team on Young People (IATT/YP).



A massive effort is needed to achieve a response on a scale that matches that of the global AIDS epidemic.

### **III. Goal**

The UNSSF has an overarching goal of ensuring that UN system organizations, individually and collectively, contribute to the Millennium Development Goal of halting and beginning to reverse the spread of HIV and AIDS<sup>5</sup> by 2015 and meeting the targets of the UNGASS *Declaration of Commitment* through:

1. Greater action and coordination of all relevant organizations of the UN system in response to the AIDS epidemic<sup>6</sup> and HIV and AIDS issues effectively addressed in the UN workplace.
2. Strengthened partnerships to mainstream HIV and AIDS issues in the development and humanitarian agendas of the UN system organizations.

### **IV. Strategic Objectives**

To achieve this goal, the UN system will pursue eight strategic objectives<sup>7</sup>. The first seven objectives focus on substantive achievements needed to halt and begin to reverse the epidemic by 2015 in accordance with Goal Six, Target Seven of the Millennium Development Goals. The eighth objective emphasizes enhanced coordination and effectiveness of the UN system. As noted below, each of the UNSSF's strategic objectives directly follow the guidance of the *Declaration of Commitment*.

#### **1. Build capacity and leadership**

##### ***Declaration of Commitment***

The *Declaration of Commitment* recognizes that “strong leadership at all levels of society is essential for an effective response to the epidemic.” To ensure and sustain robust leadership for an unprecedented worldwide response, the *Declaration* reflects global commitment to:

- strengthen national strategies, financing and programmes for HIV and AIDS, and to integrate such initiatives into mainstream development planning;
- accelerate global and regional responses to the epidemic; and
- improve the coordination and effectiveness of the UN system in responding to HIV and AIDS.

<sup>5</sup> *Millennium Development Goals, Goal Six, Target Seven.*

<sup>6</sup> *UNGASS Declaration of Commitment, Paragraph.44.*

<sup>7</sup> Please refer to the attached table in the Annex I to see how the objectives are responding to the identified challenges. The strategic objectives may be reviewed during the period of the Framework due to emerging challenges and priorities and based on the biennial progress reports.

In pursuit of Strategic Objective One, the UN system will collectively seek to achieve the following outcomes:

(a) Coordinated, coherent, effective UN action, with stronger leadership, strategic positioning, capacity and increased accountability of the UN system to support responses to AIDS at global, regional, subregional, national and local levels, including cities and communities.

(b) Increased awareness of the AIDS epidemic, its trends and impact, as well as effective approaches to curb the epidemic and strengthen leadership among government authorities, decision-makers and key opinion leaders at all levels to take action and enable expanded responses.

(c) Broad-based partnerships that include government at national, regional and local levels, people living with HIV, civil society/nongovernmental organizations, community-based organizations, women, young people, faith-based organizations, the private sector, business and labour organizations, philanthropic entities, intergovernmental organizations for action on AIDS at global, regional and country levels.

(d) Countries enabled to implement the “Three Ones” principle to “make the money work”. This includes establishing or strengthening of a single national AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral AIDS action framework which drives alignment of all partners, including at the decentralized level, and one agreed national AIDS monitoring and evaluation system capable of producing high quality estimates on the status and trends of the epidemic, its impact, and the response to it<sup>8</sup>.

(e) Strengthened capacity of international, national and local partners including governments, to implement effective programmes, taking into account the issue of human capacity in communities and workplaces.

## **2. Protect and promote human rights**

### ***Declaration of Commitment***

The *Declaration of Commitment* recognizes that the global response must be grounded in respect for human rights. The *Declaration of Commitment* reflects global commitment to ensure that measures are in place to eliminate all forms of HIV and

<sup>8</sup> The reference is made to the “Three Ones” principle which encompasses:

“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 multisectoral mandate;

One agreed country-level Monitoring and Evaluation System.”

AIDS-related discrimination, ensure the full enjoyment of all human rights by people living with, or made vulnerable by HIV and AIDS and advance the rights and social status of women.

In pursuit of Strategic Objective Two, the UN system will collectively seek to achieve the following outcomes:

(a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting the human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.

(b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.

### **3. Strengthen and accelerate HIV prevention and vulnerability reduction**

#### *Declaration of Commitment*

“Prevention must be the mainstay of our response,” according to the *Declaration of Commitment*. Through clear, time-bound targets, the *Declaration* commits the global community to: a strengthening and acceleration of efforts to prevent new infections (with particular attention to women, men, young men and especially young women, newborns, migrants and mobile workers); implementation of universal precautions in health-care settings; and the promotion of effective prevention in the world of work. The *Declaration* also urges implementation of strategies to reduce the vulnerability that increases HIV risk and/or exacerbates the epidemic’s impact on individuals, families and communities.

In pursuit of Strategic Objective Three, the UN system will collectively seek to achieve the following outcomes:

(a) Countries enabled to establish, implement and scale up HIV prevention responses, particularly addressing the needs of children and young people, women and groups at high risk of exposure to HIV such as injecting drug users, sex workers, men who have sex with men, migrants and mobile workers.

(b) Policies and programmes implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection.

(c) Countries enabled to develop, implement and scale up strategies, policies and programmes that identify and address factors that make individuals and

communities vulnerable to, and at greater risk of HIV infection. This has to be done at national, regional and local levels.

(d) Countries enabled to adopt and implement national policies and strategies to build and strengthen governmental, family and community and household capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.

(e) UN entities to scale up HIV prevention within the UN workplace.

#### **4. Facilitate the provision of care, support and treatment**

*Declaration of Commitment*

The *Declaration of Commitment* recognizes care, treatment and support as fundamental elements of an effective response to the epidemic. The *Declaration* commits countries to the adoption and implementation of comprehensive care strategies, including the provision of antiretroviral drugs and needed psychosocial care for individuals, families and communities affected by HIV and AIDS.

In pursuit of Strategic Objective Four, the UN system will collectively seek to achieve the following outcomes:

(a) National, regional and international strategies adopted and under implementation to strengthen health-care systems to provide equitable delivery of services for the diagnosis, support, care and treatment of HIV, including expanded capacity to procure and deliver an uninterrupted supply of HIV medicines and diagnostics. Synergy between prevention and treatment, care and support must be harnessed.

(b) Countries enabled to strengthen family-based care system and community-based care system to provide and monitor treatment, support to people living with HIV, including treatment literacy and adherence, and equitable access to HIV-related medicines, taking into account the unequal burden of AIDS on women in many regions.

(c) Public-private partnerships actively promoted to scale up coverage in provision of care, treatment and support, and prevention in countries.

(d) Major increase of coverage in provision of care, treatment and support, and prevention in the UN workplace.

## **5. Alleviate socioeconomic impact and address special situations**

### *Declaration of Commitment*

The *Declaration of Commitment* recognizes that diminishing the epidemic's socioeconomic impact requires investment in sustainable development, as well as shorter-term interventions to address the acute needs of populations particularly affected by HIV and AIDS. The *Declaration* commits the global community to:

- evaluate and address, through multisectoral strategies, the social and economic impact of HIV and AIDS;
- develop and implement national policies and strategies that provide a supportive environment to children orphaned and made vulnerable by HIV and AIDS and that prevent discrimination against and promote de-stigmatization of such children;
- relieve the epidemic's impact on women and girls;
- effectively address special situations, such as emergency situations and HIV and AIDS among peacekeepers and national uniformed services;
- develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with HIV and affected by AIDS and those at greatest risk of HIV in consultation with representatives of employers and workers, taking account of established international guidelines on HIV and AIDS in the workplace.

In pursuit of Strategic Objective Five, the UN system will collectively seek to achieve the following outcomes:

(a) Countries enabled to integrate HIV and AIDS as emergency and development issues, into national, local and sector development processes and instruments. This includes development and implementation of sector-specific strategies to alleviate the economic and social impact of the AIDS epidemic, with particular attention to women, girls and children affected by HIV and AIDS as well as human resource protection.

(b) National, subregional and international policies and strategies adopted to incorporate HIV and AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural disaster situations.

## **6. Strengthen HIV and AIDS-related research and development and develop mechanisms for follow-up, monitoring and evaluation**

### *Declaration of Commitment*

In the absence of a cure, the *Declaration of Commitment* recognizes that strengthened research and development is crucial to the global response to the epidemic. The *Declaration* commits the global community to increase investments in HIV and AIDS-related research and development, enhance development of national and international research infrastructures, and carry out independent ethical evaluations of all research protocols. The *Declaration* also calls for development and implementation of appropriate mechanisms to monitor and assess progress in implementing the commitments set forth in the *Declaration*.

In pursuit of Strategic Objective Six, the UN system will collectively seek to achieve the following outcomes:

- (a) Up-to-date sex- and age-disaggregated data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response;
- (b) operational research on effective responses;
- (c) promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.

## **7. Mobilize resources**

### *Declaration of Commitment*

The *Declaration of Commitment* envisions a dramatic and sustained increase in resources to respond to HIV and AIDS. The *Declaration* calls on the global community to mobilize, by 2005, annual expenditures on HIV and AIDS in low- and middle-income countries of between US\$ 7 billion and US\$ 10 billion, drawing on multiple sources. To further the extraordinary resource mobilization required by the global epidemic, the *Declaration* endorses establishment of a global health fund and the launching of a global fundraising drive.

In pursuit of Strategic Objective Seven, the UN system will collectively seek to achieve the following outcomes:

(a) Mobilization and use of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector and individuals in the response to AIDS.

(b) Countries in need, regardless of prevalence, enabled to identify and access human and technical resources for priority AIDS activities.

**8. Strengthen commitment, action and joint accountability of the broader UN system**

*Declaration of Commitment*

The *Declaration of Commitment* envisions greater action and coordination by all UN system organizations, including full participation in the development and implementation of a strategic HIV and AIDS plan, which is to be guided by the provisions of the *Declaration*. Under the *Declaration*, the UN system is to report regularly on progress in implementation of the *Declaration* and ensure the integration of HIV and AIDS into all appropriate UN activities.

In pursuit of Strategic Objective Eight, each organization participating in the UNSSF will seek to achieve the following outcomes:

- (a) Elaboration, regular update and implementation of its own plan and strategy on HIV and AIDS, including reporting on its own UN workplace response;
- (b) Establishment and strengthening of UN coordination structure on AIDS, including enhancement of the role of and support to the IAAG focal point, with a mandate and authority to represent the organization in the UNSSF coordination mechanism;
- (c) Incorporation of AIDS-related issues wherever appropriate in both new and existing UN legal instruments (e.g., conventions, agreements, resolutions) as well as in the organization's programmatic activities;
- (d) Regular reporting to the organization's governing body on implementation of its contribution to the UNSSF;
- (e) AIDS addressed in meetings of the organization's governing body when considering issues under the organization's mandate that may have HIV and AIDS implications;
- (f) Greater accountability on AIDS-related issues through regular reporting that may already exist under the organization's auspices, in addition to the performance monitoring under the UNSSF;

- (g) Inclusion of AIDS on the agenda of all appropriate UN conferences and meetings.

## **V. Principles**

In implementing the UNSSF, the UN system will be guided by the following principles.

- *Respect for human rights*, and active engagement of *people living with HIV and affected by AIDS* and vulnerable groups in policy development and strategic dialogue as central to the response.
- *National and local leadership and ownership of multisectoral and multipartner responses* that respond to country and community needs and harmonization of resources, strategies and monitoring and evaluation efforts consistent with the “Three Ones” principles.
- *Timely, comprehensive and evidence-informed actions* addressing prevention, care, treatment and impact mitigation.
- *Gender inequalities, stigma and discrimination addressed* recognizing that they are major obstacles to provision of and access to prevention, care and treatment services.
- *Equitable and affordable access to* prevention methods, treatments and the results of scientific breakthroughs *to all*.
- *Sustainable and long-term responses and “Making the money work”*.
- *National and subregional capacity-building for effective implementation, including human capacity*.
- *Transparency and accountability*.

## **VI. Coordination Mechanisms and Process**

The UNSSF will rely on the following three mechanisms to promote coordination under this framework.

### 1. UNAIDS Programme Coordinating Board (PCB)

PCB is the governing body of UNAIDS with membership composed of 22 government representatives, UNAIDS Cosponsors, and five nongovernmental organizations. It is the global policy body on AIDS issues within the UN system. As UNAIDS has a leadership role in coordinating and supporting the UN system response to AIDS, the PCB will review and approve the UNSSF and provide strategic directions. The PCB will also



review the biennial progress reports of the UNSSF achievements and promote the implementation of the UNSSF through the Governing Boards of participating agencies.

## 2. Governing Boards of the participating organizations

Governing Boards of the participating organizations should regularly include an item on AIDS as relevant to their mandates in their sessions' agendas. To ensure implementation of the UNSSF, each organization should develop its HIV and AIDS plan consistent with the UNSSF. Taking note of PCB decisions concerning the UNSSF, Governing Boards should provide strategic direction of the plans of their respective organizations and approve them. Governing Boards should also periodically review the implementation of the plans<sup>9</sup>.

## 3. The Committee of Cosponsoring Organizations (CCO)

The Committee of Cosponsoring Organizations serves as a standing committee of the PCB to consider matters of major importance to UNAIDS and to provide input into the policies and strategies of the Joint Programme. It is composed of: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. All members of the CCO constitute a key group of members of the InterAgency Advisory Group on AIDS, able to provide major inputs to the UNSSF. As PCB members they are also able to support and advocate for the UNSSF through the UNAIDS governing board. CCO coordinates UNAIDS input into development and review of the UNSSF. It also coordinates the Unified Budget and Workplan (UBW) which is considered the key component of individual AIDS plans of the Cosponsors and the UNAIDS Secretariat. CCO develops and approves the principal results of the UBW which are completely in line with the UNSSF outputs under seven strategic objectives.

## 4. InterAgency Advisory Group on AIDS (IAAG)

The IAAG is a unique UN system-wide platform on AIDS because of its inclusive character and broad participation of United Nations entities and a few other intergovernmental organizations. The UNAIDS Secretariat serves as a secretariat to the IAAG.

The IAAG will play a leadership role in coordinating the UNSSF development and monitoring. The IAAG will review and endorse the UNSSF and take note of individual agency plans. The IAAG will also act as an advisory body on all UNSSF-related issues.

The IAAG will review implementation of UN-system efforts on HIV and AIDS. The IAAG will prepare a report on the implementation of the UNSSF every two years to coincide with preparation of the biennial performance report of the UNAIDS Unified Budget and Workplan. This will minimize the burden on UNAIDS cosponsoring organizations, and provide complementarity. The biennial UNSSF progress report

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<sup>9</sup> Performance reporting of the UNAIDS Cosponsors under the UNAIDS Unified Budget and Workplan on performance monitoring indicators, along with other reporting mechanisms that may exist under the Cosponsor's auspices, will constitute reports of the Cosponsor organizations under UNSSF.

endorsed by the IAAG will be presented to the CCO and will be used as an input in the development of the UNAIDS Unified Budget and Workplan.

Each participating organization will appoint an IAAG focal point. The mandate of the focal points should be clearly defined within each organization. Each organization should ensure that focal points have the authority and organizational standing to mobilize the support for coordination mandated by the UNSSF. The Focal Points will be the key to the development of individual agency plans under the UNSSF and for performance monitoring of the UNSSF.

The following two processes will promote coordination under this framework.

#### 1. UN Coordination Process on HIV and AIDS Response at the Country Level

At the country level, the UN system Implementation Support Plan (UN-ISP) is a tool that serves as the primary vehicle for coordinated UN support to the national AIDS response. Each UN-ISP should contain a clear statement of the UN's strategic contribution in support of the AIDS National Plan or national HIV and AIDS priorities focusing on those areas where the UN has a comparative advantage and can bring added value.

Country-based coordination mechanisms, such as the UN Theme Group on HIV and AIDS, UN Country Teams and the Resident Coordinator System should reflect the spirit of UN reform by making effective use of the revised and updated Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) processes and tools. The process of developing a UN-ISP is aligned with these tools—especially the UNDAF Results Matrix. Whereas the UNSSF provides an overall framework that describes the strategic direction and identifies enhancing mechanisms for collaboration of the UN system organizations in general, the UN-ISP is a country level tool developed by UN Country Teams in support of national needs and priorities. To a certain extent the link between UNSSF and UN-ISP is established through individual plans of the participating agencies which identify the agencies' vision and strategic priorities. The vision and strategic priorities must be reflected in the agencies' contributions to the UN-ISP.

The country-based coordination mechanisms should also proactively develop and periodically assess the UN system's success in coordinating its support for the national response.

An example of a country-level approach, which is now recognized as key to effective coordinated national responses on AIDS, is the "Three Ones" principles. The support of the UN system will focus increasingly on these guiding principles of harmonization. The "Three Ones" 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 multisectoral mandate

- One agreed country-level Monitoring and Evaluation System<sup>10</sup>.

## 2. UN Coordination Process on Thematic Issues

The UN system addresses certain thematic areas relevant to AIDS through a coordination process that includes the UNAIDS Secretariat, Cosponsors, other UN agencies and partners working at the global and regional levels. In most circumstances, a convening agency is identified to lead the coordination process for each thematic issue. The goal of a convening agency is to ensure that policy advice and strategic guidance is adequately provided to, and on behalf of the UN system in all aspects relating to the specified area of work<sup>11</sup>. It is the responsibility of the convening agency to convene one of the following interagency mechanisms to help it meet its responsibilities to the UN system:

- *Interagency task teams (IATTs)*—approved by the CCO to support a convening agency. The objective of the IATTs is to provide policy, programmatic and strategy guidance to the UN system or to coordinate and harmonize policy guidance and programming in areas where UN system agencies have overlapping mandates and no convening agency has been designated. IATTs should be “product driven”, with a clear purpose, defined outputs and an agreed timeline. An IATT can be considered established following CCO endorsement and agreement on budget.
- *Interagency working groups*—convened as required, often with open-ended terms of reference, to share information and harmonize approaches among participating individuals or representatives but with limited status with respect to articulating or having attributed to it official positions. Interagency working groups do not have direct access to Unified Budget and Workplan funds.
- *Reference Groups*—established either on a standing or ad hoc basis and comprising internationally recognized experts. These reference groups help the convening agency with such tasks as providing programmatic guidance or advice and helping establish a roster of technical expertise.
- *Series of consultations or an individual meeting*—with different partner constituencies and/or experts convened to harmonize a policy or strategy position or to address a particular problem or issue.

## **VII. Monitoring and Evaluation**

Reports on the UN system’s progress under the UNSSF with inputs from participating agencies will be generated by the UNAIDS Secretariat with approval of the IAAG Chair and submitted to IAAG every two years. This cycle will coincide with the performance reporting of UNAIDS under the UNAIDS Unified Budget and Workplan. IAAG will

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<sup>10</sup> Coordination of National Responses to HIV/AIDS—Guiding principles for national authorities and partners, UNAIDS, 2004

<sup>11</sup> “Convening Agencies: Role and Responsibilities”, UNAIDS Secretariat, 8 April 2002.

review the biennial reports and submit them to the PCB. The High Level Committee on Programmes (HLCP) and the High Level Committee on Management (HLCM) will be informed as appropriate.

Drawing on the existing indicators for monitoring the implementation of UNGASS and UBW, the UNAIDS Secretariat, together with the Cosponsor Evaluation Working Group, the UNAIDS Monitoring and Evaluation Group (MERG) and the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET), will be responsible for identifying indicators to monitor and assess the progress of the UN system in meeting the goals and objectives in the UNSSF.

The participating UN entities will identify the objectives and outcomes in the UNSSF that correspond best to their mandate. They will then update or develop their own individual plans, aligning agency efforts according to the objectives and outcomes set forth in the UNSSF<sup>12</sup>. They will periodically submit performance reports under the UNSSF to their Governing Boards, linking agencies' results to specific objectives and outcomes in the UNSSF.

The monitoring of resource flows will be done annually through the UNAIDS Secretariat's collaboration with the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Secretariat. Each organization's financial commitment to AIDS response will be monitored through this official OECD reporting system. It will be evaluated through the UNAIDS Global Resource Tracking Consortium and reported annually in the UNAIDS publication "Financing the Expanded Response to AIDS".

### **VIII. Individual Plans of the Participating Organizations**

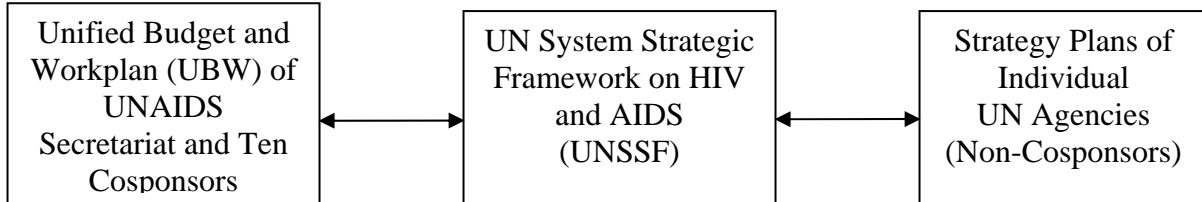
The framework will be supplemented by individual organizations' plans and strategies on HIV and AIDS. With the adoption of the UNSSF, it is expected that the participating organizations update or develop their individual plans in line with the goals, objectives, principles and coordination process described in the UNSSF. The individual organizational plans should be prepared in a form appropriate to the entity's own institutional setting, objectives, strategies and expected results and be endorsed, approved or reviewed by their governing board or other relevant mechanism. Participating organizations are encouraged to discuss specific common work programmes with other partners in preparing their individual plans.

The Unified Budget and Workplan of the UNAIDS Cosponsors and the Secretariat will represent their organizational plans under the UNSSF. The Unified Budget and Workplan will be complemented by the corporate plans and strategic frameworks of UNAIDS Cosponsors to supply details of country-level work. The examples of such plans and frameworks are the UNICEF Medium Term Strategic Plan (MTSP), UNFPA and UNDP

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<sup>12</sup> HIV/AIDS programmes of UNAIDS Cosponsors and the UNAIDS Secretariat will be formalized every two years under the UNAIDS Unified Budget and Workplan.

Multi-Year Funding Framework (MYFF) and Inter-Country Programme and UNHCR Strategy Plan on HIV and AIDS<sup>13</sup>.



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<sup>13</sup> Four factors contribute to links between the UNSSF and the UBW: (i) a common foundation (the UNGASS *Declaration of Commitment*); (ii) clear linkages between the UNSSF objectives and UBW principal results; (iii) UBW programmes of Cosponsors and the Secretariat as individual agency contributions to the UNSSF; and (iv) a common performance-monitoring cycle and basis.

**ANNEX I**

**Table indicating how the specific outcomes in the strategic objectives correspond to the challenges identified.**

<b>Challenges</b>	<b>Specific Outcomes in Strategic Objectives</b>
<p><i>An Expanding Epidemic.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(a) Coordinated, coherent, effective UN action, with stronger leadership, strategic positioning, capacity and increased accountability of the UN system to support responses to AIDS at global, regional, subregional, national and local levels, including cities and communities.</p> <p>(b) Increased awareness of the AIDS epidemic, its trends and impact, as well as effective approaches to curb the epidemic and strengthen leadership among government authorities, decision-makers and key opinion leaders at all levels to take action and enable expanded responses.</p> <p>(c) Broad-based partnerships that include government at national, regional and local levels, people living with HIV, civil society/nongovernmental organizations, community-based organizations, women, young people, faith-based organizations, the private sector, business and labour organizations, philanthropic entities, intergovernmental organizations for action on AIDS at global, regional and country levels.</p> <p><b>2. Protect and promote human rights</b></p> <p>(a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting the human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.</p> <p>(b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.</p> <p><b>3. Strengthen and accelerate HIV prevention and vulnerability reduction</b></p> <p>(a) Countries enabled to establish, implement and scale up HIV prevention responses, particularly addressing the needs of children and young people, women and groups at high risk of HIV exposure such as injecting drug users, sex workers, men who have sex with men, migrants and mobile workers.</p> <p>(c) Countries enabled to develop, implement and scale up strategies, policies and programmes that identify and address factors that make individuals and communities vulnerable to, and at greater risk of HIV infection. This has to be done at national, regional and local levels.</p>

	<p>(e) UN entities to scale up HIV prevention within the UN workplace.</p> <p><b>4. Facilitate the provision of care, support and treatment</b></p> <p>(a) National, regional and international strategies adopted and under implementation to strengthen health-care systems to provide equitable delivery of services for the diagnosis, support, care and treatment of HIV, including expanded capacity to procure and deliver an uninterrupted supply of HIV medicines and diagnostics. Synergy between prevention and treatment, care and support must be harnessed.</p> <p>(b) Countries enabled to strengthen family-based care system and community-based care system to provide and monitor treatment, support to people living with HIV, including treatment literacy and adherence, and equitable access to HIV-related medicines, taking into account the unequal burden of AIDS on women in many regions.</p> <p>(c) Public-private partnerships actively promoted to scale up coverage in provision of care, treatment and support, and prevention in countries.</p> <p>(d) Major increase of coverage in provision of care, treatment and support, and prevention in the UN workplace.</p> <p><b>5. Alleviate socioeconomic impact and address special situations</b></p> <p>(b) National, subregional and international policies and strategies adopted to incorporate HIV and AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural disaster situations.</p> <p><b>6. Strengthen HIV- and AIDS-related research and development and develop mechanisms for follow-up, monitoring and evaluation</b></p> <p>(a) Up-to-date sex- and age-disaggregated data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response;</p> <p>(b) operational research on effective responses;</p> <p>(c) promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.</p>
<p><i>Rapidly Spreading Epidemics in Populous Countries.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(a) Coordinated, coherent, effective UN action, with stronger leadership, strategic positioning, capacity and increased accountability of the UN system to support responses to AIDS at global, regional, subregional, national and local levels, including cities and communities.</p>

- (b) Increased awareness of the AIDS epidemic, its trends and impact, as well as effective approaches to curb the epidemic and strengthen leadership among government authorities, decision-makers and key opinion leaders at all levels to take action and enable expanded responses.
- (c) Broad-based partnerships that include government at national, regional and local levels, people living with HIV, civil society/nongovernmental organizations, community-based organizations, women, young people, faith-based organizations, the private sector, business and labour organizations, philanthropic entities, and intergovernmental organizations for action on AIDS at global, regional and country levels.

## **2. Protect and promote human rights**

- (a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.
- (b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.

## **3. Strengthen and accelerate HIV prevention and vulnerability reduction**

- (a) Countries enabled to establish, implement and scale up HIV prevention responses, particularly addressing the needs of children and young people, women and groups at high risk of HIV exposure such as injecting drug users, sex workers, men who have sex with men, migrants and mobile workers.
- (c) Countries enabled to develop, implement and scale up strategies, policies and programmes that identify and address factors that make individuals and communities vulnerable to, and at greater risk of HIV infection. This has to be done at national, regional and local levels.

## **4. Facilitate the provision of care, support and treatment**

- (a) National, regional and international strategies adopted and under implementation to strengthen health-care systems to provide equitable delivery of services for the diagnosis, support, care and treatment of those infected with HIV, including expanded capacity to procure and deliver an uninterrupted supply of HIV medicines and diagnostics. Synergy between prevention and treatment, care and support must be harnessed.
- (b) Countries enabled to strengthen family-based care systems and community-based care systems to provide and monitor: treatment; support to people living with HIV (including treatment literacy and adherence); and equitable access to HIV-related



	<p>medicines, taking into account the unequal burden of AIDS on women in many regions.</p> <p>(c) Public-private partnerships actively promoted to scale up coverage in provision of care, treatment and support, and prevention in countries.</p> <p>(d) Major increase of coverage in provision of care, treatment and support, and prevention in the UN workplace.</p> <p><b>5. Alleviate socioeconomic impact and address special situations</b></p> <p>(b) National, subregional and international policies and strategies adopted to incorporate HIV and AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural disaster situations.</p> <p><b>6. Strengthen HIV and AIDS-related research and development and develop mechanisms for follow-up, monitoring and evaluation</b></p> <p>(a) Up-to-date sex- and age-disaggregated data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response;</p> <p>(b) operational research on effective responses; and</p> <p>(c) promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.</p> <p><b>7. Mobilize resources</b></p> <p>(a) Mobilization and use of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector and individuals in the response to AIDS.</p>
<p><i>Feminization of the Epidemic.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(c) Broad-based partnerships that include government at national, regional and local levels, people living with HIV, civil society/nongovernmental organizations, community-based organizations, women, young people, faith-based organizations, the private sector, business and labour organizations, philanthropic entities, intergovernmental organizations for action on AIDS at global, regional and country levels.</p> <p><b>2. Protect and promote human rights</b></p> <p>(a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting the human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.</p>

	<p>(b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.</p> <p><b>3. Strengthen and accelerate HIV prevention and vulnerability reduction</b></p> <p>(b) Policies and programmes implemented to empower women and adolescent girls to reduce their vulnerability and to protect themselves from the risk of HIV infection.</p> <p>(d) Countries enabled to adopt and implement national policies and strategies to build and strengthen governmental, family and community and household capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.</p> <p><b>6. Strengthen HIV- and AIDS-related research and development and develop mechanisms for follow-up, monitoring and evaluation</b></p> <p>(a) Up-to-date sex- and age-disaggregated data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response;</p> <p>(b) operational research on effective responses; and</p> <p>(c) promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.</p>
<p><i>Young People at Risk.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(c) Broad-based partnerships that include government at national, regional and local levels, people living with HIV, civil society/nongovernmental organizations, community-based organizations, women, young people, faith-based organizations, the private sector, business and labour organizations, philanthropic entities, intergovernmental organizations for action on AIDS at global, regional and country levels.</p> <p><b>3. Strengthen and accelerate HIV prevention and vulnerability reduction</b></p> <p>(a) Countries enabled to establish, implement and scale up HIV-prevention responses, particularly addressing the needs of children and young people, women and groups at high risk of HIV exposure such as injecting drug users, sex workers, men who have sex with men, migrants and mobile workers.</p> <p>(d) Countries enabled to adopt and implement national policies and strategies to build and strengthen governmental, family and community and household capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.</p> <p>(e) UN entities to scale up HIV prevention within the UN workplace.</p>
<p><i>Diversity of the Epidemic.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(a) Coordinated, coherent, effective UN action, with stronger leadership, strategic</p>

	<p>positioning, capacity and increased accountability of the UN system to support responses to AIDS at global, regional, subregional, national and local levels, including cities and communities.</p> <p><b>2. Protect and promote human rights</b></p> <p>(a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting the human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.</p> <p>(b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.</p> <p><b>3. Strengthen and accelerate HIV prevention and vulnerability reduction</b></p> <p>(c) Countries enabled to develop, implement and scale up strategies, policies and programmes that identify and address factors that make individuals and communities vulnerable to, and at greater risk of HIV infection. This has to be done at national, regional and local levels.</p> <p>(e) UN entities to scale up HIV prevention within the UN workplace.</p>
<p><i>Growing Impact.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(b) Increased awareness of the AIDS epidemic, its trends and impact, as well as effective approaches to curb the epidemic and strengthen leadership among government authorities, decision-makers and key opinion leaders at all levels to take action and enable expanded responses.</p> <p><b>2. Protect and promote human rights</b></p> <p>(a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.</p> <p>(b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.</p> <p><b>3. Strengthen and accelerate HIV prevention and vulnerability reduction</b></p> <p>(c) Countries enabled to develop, implement and scale up strategies, policies and programmes that identify and address factors that make individuals and communities vulnerable to, and at greater risk of HIV infection. This has to be done at national, regional and local levels.</p>

	<p><b>5. Alleviate socioeconomic impact and address special situations</b></p> <p>(a) Countries enabled to integrate HIV and AIDS as emergency and development issues, into national, local and sector development processes and instruments. This includes development and implementation of sector-specific strategies to alleviate the economic and social impact of the AIDS epidemic, with particular attention to women, girls and children affected by HIV and AIDS as well as human resource protection.</p>
<p><i>Strengthening National Efforts.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(d) Countries enabled to implement the “Three Ones” principle to “make the money work”. This includes establishing or strengthening of a single national AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral AIDS action framework which drives alignment of all partners, including at the decentralized level, and one agreed national AIDS monitoring and evaluation system capable of producing high quality estimates on the status and trends of the epidemic, its impact, and the response to it<sup>14</sup>.</p> <p>(e) Strengthened capacity of international, national and local partners including governments, to implement effective programmes, taking into account the issue of human capacity in communities and workplaces.</p> <p><b>2. Protect and promote human rights</b></p> <p>(a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.</p> <p>(b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.</p> <p><b>3. Strengthen and accelerate HIV prevention and vulnerability reduction</b></p> <p>(c) Countries enabled to develop, implement and scale up strategies, policies and programmes that identify and address factors that make individuals and communities vulnerable to, and at greater risk of HIV infection. This has to be done at national, regional and local levels.</p>

<sup>14</sup> The reference is made to the “Three Ones” principles which encompass:  
“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 multisectoral mandate; and  
One agreed country-level Monitoring and Evaluation System.”

	<p><b>4. Facilitate the provision of care, support and treatment</b></p> <p>(a) National, regional and international strategies adopted and under implementation to strengthen health-care systems to provide equitable delivery of services for the diagnosis, support, care and treatment of HIV, including expanded capacity to procure and deliver an uninterrupted supply of HIV medicines and diagnostics. Synergy between prevention and treatment, care and support must be harnessed.</p> <p>(b) Countries enabled to strengthen family-based care system and community-based care system to provide and monitor treatment, support to people living with HIV, including treatment literacy and adherence, and equitable access to HIV-related medicines, taking into account the unequal burden of AIDS on women in many regions.</p> <p>(c) Public-private partnerships actively promoted to scale up coverage in provision of care, treatment and support, and prevention in countries.</p> <p>(d) Major increase of coverage in provision of care, treatment and support, and prevention in the UN workplace.</p> <p><b>5. Alleviate socioeconomic impact and address special situations</b></p> <p>(a) Countries enabled to integrate HIV and AIDS as emergency and development issues, into national, local and sector development processes and instruments. This includes development and implementation of sector-specific strategies to alleviate the economic and social impact of the AIDS epidemic, with particular attention to women, girls and children affected by HIV and AIDS as well as human resource protection.</p> <p>(b) National, subregional and international policies and strategies adopted to incorporate HIV and AIDS disaster preparedness, risk reduction, awareness, prevention, care and treatment plans and interventions in conflict and post-conflict, humanitarian crisis and natural disaster situations.</p> <p><b>7. Mobilize resources</b></p> <p>(a) Mobilization and use of financial resources from national budgets, donor countries, nongovernmental and intergovernmental organizations, philanthropic entities, the private sector and individuals in the response to AIDS.</p> <p>(b) Countries in need, regardless of prevalence, enabled to identify and access human and technical resources for priority AIDS activities.</p>
<p><i>Ensuring the Effective Utilization of Increased</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(d) Countries enabled to implement the “Three Ones” principle to “make the money work”. This includes establishing or strengthening of a single national AIDS</p>

<p><i>Resources.</i></p>	<p>authority with a broad-based multisectoral mandate, a single agreed national multisectoral AIDS action framework which drives alignment of all partners, including at the decentralized level, and one agreed national AIDS monitoring and evaluation system capable of producing high quality estimates on the status and trends of the epidemic, its impact, and the response to it.<sup>15</sup></p> <p><b>6. Strengthen HIV and AIDS-related research and development and develop mechanisms for follow-up, monitoring and evaluation</b></p> <p>(a) Up-to-date sex- and age-disaggregated data, information and knowledge on the status, trends and impact of the AIDS epidemic and the response;</p> <p>(b) operational research on effective responses;</p> <p>(c) promotion of research on HIV vaccines and microbicides and other female-controlled methods and therapeutics.</p>
<p><i>Bringing Proven Strategies to Scale.</i></p>	<p><b>1. Build capacity and leadership</b></p> <p>(d) Countries enabled to implement the “Three Ones” principle to “make the money work”. This includes establishing or strengthening of a single national AIDS authority with a broad-based multisectoral mandate, a single agreed national multisectoral AIDS action framework which drives alignment of all partners, including at the decentralized level, and one agreed national AIDS monitoring and evaluation system capable of producing high quality estimates on the status and trends of the epidemic, its impact, and the response to it.<sup>16</sup></p> <p><b>2. Protect and promote human rights</b></p> <p>(a) Countries adopt and implement laws, regulations, policies and programmes aimed at promoting and protecting human rights of individuals affected by HIV and AIDS and members of vulnerable groups, including those aimed specifically at addressing stigma and discrimination.</p> <p>(b) UN entities promote human rights norms in their action relating to HIV and AIDS response, including fighting stigma and discrimination in the UN workplace.</p>

<sup>15</sup> The reference is made to the “Three Ones” principles which encompass:  
 “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 multisectoral mandate; and  
 One agreed country-level Monitoring and Evaluation System.”

<sup>16</sup> The reference is made to the “Three Ones” principles which encompass:  
 “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 multisectoral mandate; and  
 One agreed country-level Monitoring and Evaluation System.”

**3. Strengthen and accelerate HIV prevention and vulnerability reduction**

- (d) Countries enabled to adopt and implement national policies and strategies to build and strengthen governmental, family and community and household capacities to provide a supportive environment for girls and boys affected by HIV and AIDS.
- (e) UN entities to scale up HIV prevention within the UN workplace.

**4. Facilitate the provision of care, support and treatment**

- (a) National, regional and international strategies adopted and under implementation to strengthen health-care systems to provide equitable delivery of services for the diagnosis, support, care and treatment of HIV, including expanded capacity to procure and deliver an uninterrupted supply of HIV medicines and diagnostics. Synergy between prevention and treatment, care and support must be harnessed.
- (b) Countries enabled to strengthen family-based care system and community-based care system to provide and monitor treatment, support to people living with HIV, including treatment literacy and adherence, and equitable access to HIV-related medicines, taking into account the unequal burden of AIDS on women in many regions.
- (c) Public-private partnerships actively promoted to scale up coverage in provision of care, treatment and support, and prevention in countries.
- (d) Major increase of coverage in provision of care, treatment and support, and prevention in the UN workplace.

**7. Mobilize resources**

- (b) Countries in need, regardless of prevalence, enabled to identify and access human and technical resources for priority HIV and AIDS activities.