18th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
27–28 June 2006

2004–2005 Unified Budget and Workplan
Performance Report
Unified Budget and Workplan 2004–2005

PERFORMANCE REPORT

TABLE OF CONTENTS

I. Introduction....................................................................................................5
II. Key Achievements in six Unified Budget and Workplan areas of work ......6
III. Challenges in implementing the Unified Budget and Workplan..............9
IV. Reports by agency
   1. The Office of the United Nations High Commissioner for Refugees (UNHCR) .................................................................11
   3. World Food Programme (WFP)............................................................15
   4. United Nations Development Programme (UNDP) .....................16
   5. United Nations Population Fund (UNFPA).......................................18
   6. United Nations Office on Drugs and Crime (UNODC)..................20
   7. International Labour Organization (ILO) .............................................22
   8. United Nations Educational, Scientific and Cultural Organization (UNESCO) .................................................................24
   9. World Health Organization (WHO)..................................................26
   10. The World Bank ................................................................................28
   11. Interagency activities ........................................................................30
   12. UNAIDS Secretariat ........................................................................32
I. Introduction

This report summarizes the Joint UNAIDS Programme’s activities and achievements under the 2004–2005 UNAIDS Unified Budget and Workplan. Reflecting an increase in funding of 32% over the 2002-2003 Unified Budget and Workplan, the 2004–2005 UBW sought to maintain and strengthen the leadership role of the Joint UNAIDS Programme in the response to AIDS, while significantly improving the Programme’s effectiveness in assisting countries in bringing evidence-based national programmes to scale.

The 2004–2005 Unified Budget and 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, follow-up, monitoring and evaluation.

Responding to guidance from the Programme Coordinating Board (PCB), the 2004–2005 UBW placed particular emphasis on improved monitoring, evaluation and reporting by the Cosponsors and Secretariat. In addition to increasing resources for monitoring and evaluation, the 2004–2005 Unified Budget and 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.

This comprehensive report provides a summary of the Joint Programme’s success over the 2004–2005 biennium in achieving the objectives set forth in the Unified Budget and Workplan. It amplifies information provided in an interim report submitted to the PCB in 2005. This report provides the following information:

- Section II highlights key achievements in each of the six areas of the 2004–2005 Unified Budget and Workplan;
- Section III summarizes the primary challenges which UNAIDS faced in implementing the 2004–2005 Unified Budget and Workplan;
- Section IV provides summary of major achievements of each Cosponsor and the Secretariat over the period of 2004–2005, as well as a summary of joint interagency work.

Annex I is an essential supplement to this 2004–2005 UBW performance report. It provides detailed information on all the key results of the Cosponsors, the Secretariat and interagency activities, and reports on the achievement of expected key results against the indicators.
II. Key Achievements in six Unified Budget and Workplan areas of work

Several key initiatives drove the work of the Joint Programme in the 2004–2005 biennium:

- **Strengthening country-level effectiveness.** With allocations under the Unified Budget and Workplan reflecting substantially greater emphasis on country-level activities, UNAIDS opened 10 new country offices, placed 35 monitoring and evaluation specialists and 25 social mobilization advisers in country and regional settings. Nearly all UNAIDS country teams either developed or were in the process of developing UN System Implementation Support Plans on HIV/AIDS, and a directive by the UN Secretary-General accelerated the development of joint UN system planning and programme implementation.

- **Making the money work.** UNAIDS embraced the “Three Ones” key principles as the framework for its work in countries. UNAIDS prioritized implementation of the recommendations of the Global Task Team on Improving Coordination Among Multilateral Institutions and International Donors.

- **Universal access.** On the heels of the “3 by 5” initiative—which galvanized unprecedented worldwide action to expand treatment access—UNAIDS spearheaded country-level efforts to work towards universal access to HIV prevention, treatment, care and support.

Key achievements are summarized below under each of the six main areas of the 2004–2005 UBW.

**Leadership, including human rights.** UNAIDS assisted countries in developing, revising and implementing multisectoral AIDS strategies. By the end of 2005, 90% of countries had a national AIDS strategy in place, 85% had a single AIDS coordinating body, and Heads of State/Government were personally leading national AIDS responses in at least 40 countries. UNAIDS undertook special high-level missions to eight countries to promote rapid implementation of the “Three Ones” key principles and also increased the magnitude, quality and timeliness of technical assistance to countries, in part through the creation of regional technical support facilities. Through advocacy, formal memoranda of understanding, and the convening of global stakeholder consultations, UNAIDS strengthened the engagement of civil society, women, business and industry, faith-based organizations and people living with HIV. To strengthen the human rights basis of national AIDS responses, UNAIDS reviewed draft anti-discrimination legislation and took steps to increase the human rights capacity of UNAIDS country staff.

**Prevention and vulnerability reduction.** To reinvigorate the global prevention effort, UNAIDS developed a widely embraced policy position on HIV prevention, which identifies essential prevention policies and programmatic actions. The Unified Budget and Workplan supported youth-oriented prevention activities in at least 90 countries, services to prevent mother-to-child transmission in at least 79 countries, condom provision in more than 50 countries and technical review of national policies for the...
prevention of sexually transmitted infections in nine countries. Under the umbrella of the Global Coalition on Women and AIDS, the Joint Programme undertook advocacy, technical assistance, and partnership development aimed at addressing the factors that increase women’s vulnerability to HIV. UNAIDS also prioritized policy and programmatic initiatives to reduce the vulnerability of the populations at greatest risk, including sex workers, people who inject drugs, men who have sex with men, prison inmates, migrant populations, refugees and other internally displaced people.

**Care, support and treatment.** The “3 by 5” initiative catalyzed extensive work by the Joint Programme to increase access to treatment. In the 2004-2005 biennium, the Joint Programme developed formal guidance and provided technical and financial assistance to countries with respect to selection and procurement of prequalified antiretroviral drugs, demand forecasting and supply management, training of health-care workers in the administration of antiretroviral drugs, medical management of paediatric infection, integration of HIV treatment with tuberculosis care and programmes to prevent mother-to-child transmission, and integration of food and nutrition into HIV treatment programmes. By December 2005, approximately 1.3 million people in low- and middle-income countries were receiving life-saving antiretroviral treatment.

**Alleviating social and economic impact and addressing special situations.** UNAIDS intensified its assistance to countries in integrating HIV into Poverty Reduction Strategy Papers and other development instruments. The Unified Budget and Workplan helped support the delivery of food and nutrition services to 9 million people living with HIV in 51 countries. In 2004-2005, the Joint Programme facilitated the provision of HIV prevention, treatment, care and support services to refugees in at least 20 countries. HIV prevention was integrated into operations of all UN-sanctioned international peacekeeping operations, as well as the activities of numerous national military and uniformed services.

**Research and development.** UNAIDS supported and facilitated operational research to inform strategies to expedite programme implementation and scale-up in diverse settings. In 2004–2005, UNAIDS piloted prevention initiatives in refugee settings, undertook case studies of tertiary education systems, and estimated the number of children orphaned by AIDS. The Joint Programme also worked to strengthen the capacity of countries to conduct reliable behavioural studies to inform policy and programme development. As research findings emerged, such as early evidence on the potential efficacy of adult male circumcision for the prevention of HIV, UNAIDS provided public health guidance and recommendations. Best practices were identified and guidelines developed in the education and engagement of affected communities in HIV prevention trials.

**Resources, follow-up, monitoring and evaluation.** In addition to significantly increasing its own expenditures for country-level AIDS assistance, in 2004–2005 UNAIDS provided extensive help to countries in the preparation of funding proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and bilateral donors. Proposals from countries that received assistance from UNAIDS in the development of Global Fund proposals were significantly more likely to be approved for funding than
countries that did not request such assistance. The World Bank launched a US$ 60 million initiative to accelerate programme implementation, and targeted grants from the UNAIDS Secretariat enabled UN Theme Groups and their country partners to overcome implementation bottlenecks and address other key aspects of national responses.

The placement of monitoring and evaluation specialists in countries throughout the world significantly strengthened efforts to build national monitoring and evaluation capacity. More than 90 countries used the UNAIDS Country Response Information System, and more than 120 reported on core indicators to assess progress towards implementation of the 2001 Declaration of Commitment on HIV/AIDS. Working groups were launched to develop action plans to strengthen key aspects of HIV monitoring and evaluation, and work is underway to establish a global monitoring and evaluation facility to provide countries with timely technical assistance and to facilitate the transparent flow of information to all partners.

UNAIDS continued to provide key epidemiological information on the AIDS epidemic, including country-by-country HIV prevalence in the *2004 Report on the global AIDS epidemic* and in the year-end (both 2004 and 2005) *AIDS epidemic update*. Extensive assistance to countries has improved the quality and reliability of surveillance systems and epidemiological estimates.
III. Challenges in implementing the Unified Budget and Workplan

While UNAIDS recorded important achievements in strengthening the response to AIDS in 2004–2005, there were also new challenges brought about by the ever evolving AIDS epidemic as well as by the multi-partner response that witnessed unprecedented momentum. Most salient of the challenges that UNAIDS encountered and addressed were following:

- an urgent need to translate financial and political commitment into effective and sustainable action in countries;
- facilitating country-driven processes to move towards universal access to HIV prevention, treatment, care and support;
- providing timely technical support to countries in implementing essential programmatic and policy actions to prevent HIV transmission, in expanding access to HIV therapies, in supporting children orphaned or made vulnerable by the epidemic, and in addressing the epidemic’s gender and human rights dimensions;
- further improving UN coordination at country level to enhance the UN’s coherence and effectiveness and to make the money work, pursuing harmonization and alignment;
- ensuring more adequate, timely and targeted support for country-level responses through the establishment of UNAIDS Regional Support Teams; and
- continued support for resource mobilization, policy advice and partnership development, together with the promotion of new prevention and treatment technologies.

The report of the Executive Director of UNAIDS to the 18th meeting of the PCB provides further details on the current challenges facing UNAIDS in the response to AIDS.

Some of the key challenges that impede optimal implementation of the Unified Budget and Workplan are listed below, followed by a description of actions taken by UNAIDS to address them.

- *Increasing transaction costs associated with coordinating a growing number of UN partners in the expanded response.* As one effort to reduce transaction costs, the UNAIDS Cosponsors and Secretariat eliminated a series of thematic consultations for the development of the 2006–2007 Unified Budget and Workplan, using existing meetings and forums to obtain needed input, such as meetings of Cosponsor Regional Directors.

- *Insufficient flexibility of biennial budgeting to accommodate emerging priorities.* At its annual meeting in June 2005, the PCB requested that UNAIDS “examine and propose ways and means to increase the flexibility of the UBW, including the possible establishment of a contingency fund and a mid-term review.” To
implement this PCB request, UNAIDS has embarked on a process that will result in a proposal to be submitted to the PCB at its December 2006 meeting. In the early months of the current Unified Budget and Workplan, Cosponsors and the Secretariat reviewed components of the UBW to make necessary adjustments to accommodate the universal access initiative and implementation of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors.

- **Lack of harmonization in reporting requirements of PCB and Cosponsors’ governing boards.** The Performance Monitoring and Evaluation Framework of the 2006–2007 Unified Budget and Workplan aims to streamline reporting of AIDS-related achievements by UNAIDS as a whole and by Cosponsors and the Secretariat, which will assist in meeting the reporting needs of multiple governing bodies.

- **Inherent difficulty in managing a large number (487) of key results in the 2004–2005 Unified Budget and Workplan.** The 2006–2007 Unified Budget and Workplan significantly reduces the number of key results, focusing on 16 principal results for the Joint Programme as a whole and 49 key results for individual Cosponsors and the Secretariat.

- **Variable quality of monitoring efforts under the UBW.** The performance monitoring and evaluation framework of the 2006–2007 Unified Budget and Workplan provides for joint evaluations of UNAIDS’ activities in specific areas. A new web-based UBW information system is being developed to support work planning, monitoring and reporting.
IV. Reports by agency

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

UNHCR became the 10th UNAIDS Cosponsor in June 2004. In February 2005, UNHCR launched a three-year strategic plan on refugees and HIV. UNHCR’s HIV unit now has eight staff members and conducted 17 missions in 2005.

Leadership, including human rights. UNHCR advocated for the inclusion of HIV interventions during emergencies according to the Inter-Agency Standing Committee (IASC)\(^1\) guidelines on HIV/AIDS interventions in emergency settings. In 2005, UNHCR intensified its advocacy against stigma, discrimination, mandatory testing and erroneous HIV-related perceptions regarding HIV among refugees and other displaced populations, working in particular to dispel myths that refugees invariably have high HIV infection rates. UNHCR also worked with a broad range of governmental, UN system and nongovernmental partners on regional initiatives, pilot projects and trainings. Burundi, Democratic Republic of the Congo, Kenya, Rwanda, Tanzania and Uganda joined with UNAIDS Secretariat, UNHCR and the World Bank to address the needs of conflict-affected populations, resulting in an allocation of US$ 8 million over four years to address the needs of refugees and surrounding host communities in eight camps and settlements.

Prevention and vulnerability reduction. UNHCR expanded services for voluntary counselling and testing, including mobile Voluntary Counselling and Testing for HIV (VCT). Programmes to prevent mother-to-child transmission were also expanded in several refugee camps. In Tanzania, an estimated 90% of pregnant women attending antenatal care enrol in programmes to prevent mother-to-child transmission. UNHCR also worked to improve blood safety and infection control, including the promotion of universal precautions and proper waste disposal. With the goal of enhancing services to manage sexually transmitted infections, UNHCR supplied essential drugs to treat sexually transmitted infections and strengthened behaviour change initiatives for urban refugees. In collaboration with USAID, UNHCR provide male condoms and trainings on condom programming in refugee operations in West Africa.

In countries with acute conflicts and complex situations, UNHCR worked to establish minimum prevention packages in keeping with Inter-Agency Standing Committee guidelines. Initiated in 2004 and completed in 2005, the Community Conversations initiative, undertaken in collaboration with the government of the Republic of the Congo, sought to build and reinforce HIV-related knowledge by focusing on a core group of ‘agents of change.’ UNHCR assisted six country programmes with post-exposure prophylaxis services for survivors of rape, providing specific guidance on the introduction of post-exposure prophylaxis (PEP) in broader sexual and gender-based violence programmes. A training course was conducted on the clinical management of

\(^1\) Inter-Agency Standing Committee (IASC)\(^1\) is a primary mechanism for inter-agency coordination of humanitarian assistance involving key UN and non-UN humanitarian partners.
rape survivors in accordance with the *WHO/UNHCR clinical management guidelines for rape survivors*.

**Care, support and treatment.** Refugees in more than 20 countries are now receiving antiretroviral drugs through formal and informal mechanisms as a result of consistent advocacy by UNHCR and its partners. In Ethiopia, Zambia and other countries, refugees are receiving free antiretroviral therapy for the first time. In August 2005, the Southern Africa Development Community adopted a plan of action on an integrated AIDS response for displaced populations that includes free access to antiretroviral medicines. A new partnership with South Africa’s Treatment Action Campaign (TAC) resulted in treatment literacy training for refugees and the translation of TAC materials into various refugee languages.

**Research and development.** UNHCR conducted behavioural surveillance surveys, sentinel surveillance, post-exposure prophylaxis field trials and pilot projects for the integration of HIV and nutrition. The UNHCR HIV Information System has been refined and implementing in several field sites, focusing on biological and behavioural surveys, health facility reporting, and onsite inspection checklists. Findings from UNCHR’s operational research proved valuable in the inclusion of refugees, internally displaced populations and surrounding communities in regional initiatives, such as the Great Lakes Initiative on AIDS, and in the programmes of numerous donors, including the Global Fund and the governments of the United Kingdom and the United States. A UNAIDS/UNHCR best practice publication, released in 2005, focused on integration of refugee issues into national health and HIV programmes, implementation of subregional initiatives, and coordinating multiple funding streams to maximize programme impact.

**Resources, follow-up, monitoring and evaluation.** UNHCR assessed HIV programmes in conflict and refugee settings in 17 countries in 2005, aiding in the identification of programmatic gaps, development of strategic plans and mobilization of resources.

Further details on the two key results achieved by the interagency projects supported by UNHCR are presented in Annex I on pages 82 and 83. Annex I contains no specific section on the UNHCR key results since the agency did not yet benefit from the 2004–2005 UBW core allocation.

UNICEF, an original UNAIDS Cosponsor, has formally identified HIV and AIDS as one of its five core organizational priorities. Resources allocated by UNICEF to support activities under the UBW increased by nearly 50% in 2004–2005.

*Leadership, including human rights.* With the UNAIDS Secretariat, UNICEF launched in 2004 the “Unite for Children, Unite Against AIDS” campaign, with events in more than 35 countries that generated media coverage reaching more than 450 million people worldwide. More than 30 major media outlets reported on UNAIDS activities at the 2004 International AIDS Conference in Bangkok. UNICEF and its partners supported situation analyses in numerous countries and helped countries develop national strategic plans to address HIV among children, incorporate life skills in school core curricula, and prepare for implementation and expansion of programmes to prevent mother-to-child transmission. In Lao People’s Democratic Republic, UNICEF developed monitoring tools to measure the nature and extent of HIV-related stigma and discrimination and to assess the impacts of anti-stigma efforts.

*Prevention and vulnerability reduction.* One hundred and nine UNICEF country offices engaged in activities to support HIV prevention efforts for young people, including peer education initiatives in more than 60 countries and radio and television programming in at least 43 countries. In more than 90 countries, UNICEF assisted in the development of HIV prevention curricula for in-school and/or out-of-school youth.

UNICEF supported implementation of programmes to prevent mother-to-child transmission in 79 countries. Eighty-four UNICEF country offices reported on activities advancing implementation of infant feeding policies and programmes. In both 2004 and 2005, UNICEF sponsored global consultations to examine strategies to increase access to services to prevent mother-to-child transmission. In partnership with WHO, UNICEF sponsored 13 country orientations on the UN framework on infant feeding and HIV and AIDS.

*Care, support and treatment.* UNICEF developed and disseminated a guide to paediatric HIV care and worked with WHO and the UNAIDS Secretariat to develop a new model for quantifying paediatric burden of diseases. In collaboration with WHO and Médecins sans Frontières, UNICEF issued a new publication on sources and prices for selected HIV-related medicines and diagnostics. To address potential logjams in implementation and scaling up of treatment programmes, UNICEF provided targeted technical assistance to numerous countries, such as Cameroon, China, Nepal, Rwanda and South Africa.

*Alleviating social and economic impact and addressing special situations.* In November 2005, a high-level meeting convened experts to share evidence and guidance on social welfare policies to protect children affected by the epidemic. UNICEF in 2005 assisted in surveys to monitor progress in implementing children-related provisions in the Declaration of Commitment on HIV/AIDS. UNICEF also assisted countries in the development of costed national plans of actions for orphans and vulnerable children. The
Better Care Network—an alliance of organizations and individuals concerned about children lacking adequate family care—became operational in 2004–2005, with UNICEF serving as the network’s Secretariat.

Research and development. UNICEF supported research in 80 countries to identify and characterize the elements of young people’s vulnerability to HIV, with sexually exploited girls identified as the most vulnerable population in 28 countries. UNICEF supported the review and updating of the coverage survey instruments for monitoring progress in areas related to children affected by the epidemic. These will be used in the 2006 coverage survey. UNICEF also began work on the documentation of best practices regarding male partner engagement in programmes to prevent mother-to-child transmission.

Resources, follow-up, monitoring and evaluation. UNICEF produced estimates of the number of children orphaned by AIDS, releasing these findings in the joint 2004 publication, Children on the Brink. UNICEF also surveyed the implementation of programmes to prevent mother-to-child transmission in 59 high-burden countries. UNICEF supported training workshops in approximately 30 countries on monitoring and evaluation.

More details on the UNICEF key results and reports on their achievement against the indicators can be found in Annex I, pages 5–16.
3. World Food Programme (WFP)

WFP is the food aid arm of the UN, delivering food to more than 100 million people annually. WFP fights hunger in low-income countries where victims of natural disasters, refugees, displaced people and people living in poverty face severe food shortages. In 2005, 51 of WFP’s 80 country programmes undertook HIV-related activities.

*Leadership, including human rights.* With the aim of raising awareness of the important role of food and nutrition for people living with HIV, WFP produced and disseminated numerous advocacy materials, including a corporate video on food and HIV. WFP produced guidance materials on integration of food and nutrition in tuberculosis care and in the transport sector.

*Prevention and vulnerability reduction.* WFP integrated HIV prevention into food programming in 30 countries in Africa, Asia and Latin America. For example, WFP reached school children and their teachers through prevention education linked to school feeding programmes. A pilot HIV and sexually transmitted infection prevention programme for transport workers, co-sponsored by WFP, resulted in the establishment of two wellness centres in Malawi.

*Care, support and treatment.* WFP fed more than 9 million people affected by HIV in 51 countries in 2005. Working in 36 countries, WFP integrated food and nutritional support into antiretroviral and tuberculosis treatment programmes, home-based care and programmes to prevent mother-to-child transmission.

*Alleviating socioeconomic impact and addressing special circumstances.* In 22 of the 25 countries with the highest HIV prevalence, WFP provided food and nutritional support to orphans and other children made vulnerable by the epidemic. WFP life skills programming worked to improve children’s nutritional knowledge, life skills and self-esteem in Kenya and Mozambique. WFP also provided livelihood support to families affected by HIV and integrated HIV-related activities into emergency operations in six countries.

*Resources, follow-up, monitoring and evaluation.* Analyzing data from 24 WFP projects in 18 countries, WFP determined that the average daily cost of nutritional support in programmes for HIV and tuberculosis treatment and for prevention of mother-to-child transmission is US$ 0.66. The resources needed for food and nutrition would account for 2% of global resource needs in a scaled-up comprehensive response.

WFP initiated a project to develop standardized indicators and relevant data collection and reporting tools for HIV-related food and nutritional services, with pilot testing planned in the Central African Republic, Ethiopia, Haiti and Mozambique. WFP aims to finalize a monitoring and evaluation toolkit by the end of 2006.

Further details on the achievements by the interagency project supported by WFP are presented in Annex I on pages 84. Annex I contains no specific section on the WFP key results since the Fund did not yet benefit from the 2004–2005 UBW core allocation.
4. United Nations Development Programme (UNDP)

Responding to AIDS is one of UNDP’s core priorities. UNDP assists countries in placing HIV at the centre of national development efforts, working to build the capacity of governments and civil society to undertake effective action across sectors. In 2005, the agency realigned its HIV-related focus areas in accordance with the recommendations of the Global Task Team on Improving Coordination Among Multilateral Institutions and International Donors.

Leadership, including human rights. Leadership Development Programmes were implemented in 29 countries across all regions, involving stakeholders from government, civil society and the private sector. Regional Leadership Programmes in Asia and the Pacific and in Latin America and the Caribbean focused on strengthening the capacities of AIDS service organizations and of networks of people living with HIV. UNDP implemented Community Capacity Enhancement programmes in 17 countries, supporting the ability of communities to respond effectively to the epidemic, including taking action to reduce stigma and discrimination and to minimize women’s vulnerability to HIV.

UNDP supported the development of draft model legislation to address discrimination against people living with HIV in sub-Saharan Africa and in Asia and the Pacific region. In collaboration with UNIFEM, the International Center for Research on Women, and the Global Coalition on Women and AIDS, UNDP launched an initiative to protect women’s property and inheritance rights. Leadership and Community Capacity Enhancement programmes promoted women’s equal participation and generated new initiatives to address gender inequities, while UNDP-supported programmes on mobility and HIV provided a forum to address women’s and girls’ vulnerability to trafficking.

Prevention and vulnerability reduction. UNDP worked to build support for sound AIDS responses among religious leaders in the Arab states and in Latin America and the Caribbean. In the Arab states, eminent religious leaders signed the Cairo Declaration, addressing the rights of people living with HIV and vulnerable groups.

Care, support and treatment. UNDP helped build the capacity of government and civil society in Africa, Asia and the Arab states to adapt the Trade-Related Aspects of Intellectual Property Rights (TRIPS) provisions to ensure access to affordable medicines. In Africa, UNDP co-sponsored with the African Union, WHO and the Third World Network a regional workshop on Patents and Access to Medicines, assisting 36 countries in formulating and adopting TRIPS provisions in patent and trade legislation to permit the import and manufacture of generic essential medicines.

Alleviating social and economic impact and addressing special situations. With initial implementation in seven countries, UNDP joined with the World Bank and the UNAIDS Secretariat to assist countries in integrating AIDS into Poverty Reduction Strategy Papers. UNDP supported capacity development for planning and implementation in 27 districts in southern Africa, as well as mainstreaming training sessions in 22 countries in
Latin America and the Caribbean and in 17 countries in Africa. UNDP and UN-OHRLLS embarked on a new initiative to address human and institutional capacity challenges facing least developed countries, conducting four separate country studies.

Resources, follow-up, monitoring and evaluation. To help build capacity for more effective implementation of programmes financed by the Global Fund, UNDP acted as Principal Recipient of last resort in 27 countries and assisted countries in financial management, procurement, monitoring and service delivery. Regional programmes to strengthen the organizational capacities of Global Fund Country Coordinating Mechanisms were implemented in seven countries in the Latin America and Caribbean region and in 12 countries in central and east European and central Asian states.

Corporate evaluations were undertaken for UNDP’s AIDS response in southern Africa, HIV-related activities undertaken as part of UNDP’s Global Cooperation Framework and gender mainstreaming in global, regional and country activities. These evaluations commended UNDP’s HIV-related efforts, particularly at global and regional levels, and encouraged the scaling-up of activities and an enhanced focus on gender mainstreaming at country level.

More details on the UNDP key results and reports on their achievement against the indicators can be found in Annex I, pages 17–26.
5. United Nations Population Fund (UNFPA)

With work in the core areas of young people, women and condom programming, UNFPA in the 2004–2005 UBW focused on prevention of HIV and other sexually transmitted diseases and on vulnerability reduction. UNFPA has played a leading role in advocacy, policy and programmatic guidance linking HIV and sexual and reproductive health.

Leadership, including human rights. UNFPA helped build HIV leadership and capacity among young people. In 26 countries, UNFPA Global Youth Partners completed advocacy training, launched web sites, and either completed or initiated national needs assessments and action plans. These efforts have generated solid accomplishments in several countries, including establishment of anti-AIDS clubs in Egypt and increases in municipal budget allocations for HIV prevention in the Dominican Republic. UNFPA promoted the active participation of young people in the AIDS response through Youth Advisory Panels, the UNFPA headquarter’s Special Youth Programme, sponsorship of a young person on the Global Steering Committee on Universal Access UNFPA’s Youth Peer Education network (Y-PEER) initiative—which, among other activities, supports the world’s most comprehensive electronic website for peer education, youth skills and life skills education—reached more than 2 million young people in 27 countries in eastern Europe and central Asia with integrated behavioural change communications. Y-PEER has been expanded to the Arab states region which covers 22 countries from Morocco and Algeria in the west and Yemen and Oman in the east, and coordination of the Y-PEER youth network has been transferred to a 12-member Y-PEER Youth Advisory Board.

At the global level, UNFPA participated in the Global Task Team on Improving Coordination Among Multilateral Institutions and International Donors and in the Global Steering Committee on Universal Access. Advocacy by UNFPA and partners influenced the Abuja Call to Action, which included provisions on sexual and reproductive health.

Prevention and vulnerability reduction. UNFPA worked to fill information gaps related to coverage of youth prevention services; developed technical guidance on underserved groups, such as very young adolescents; documented and disseminated good practices on youth-adult partnerships; and gathered evidence to support policy dialogue and advocacy efforts for the scaling up of HIV prevention efforts by and for young people.

In Asia, more than 100 partnerships were formed to improve the provision of HIV/STI prevention and services. Youth centres have been expanded and partnerships formed to coordinate referral mechanisms that facilitate young people’s access to youth-friendly services. In Africa, 145 participants from 34 countries, 33% of whom were young people, participated in a UNFPA workshop for scaling up HIV prevention and sexual and reproductive health for young people. Through the African Youth Alliance, UNFPA reached 750 000 young people in four countries with youth-friendly services and information. In Latin America and the Caribbean, UNFPA focused on HIV prevention among young people in especially difficult circumstances, advocacy with parliamentarians and other political leaders, and training of stakeholders.
Reducing women’s vulnerability to HIV remained a key organizational focus for UNFPA, a co-convener of the Global Coalition on Women and AIDS. The New York Call to Commitment on HIV/AIDS and Sexual and Reproductive Health and the Glion Call to Action urged greater action on linking HIV and sexual and reproductive health and on scaling up family planning and programmes to prevent mother-to-child transmission. UNFPA coordinated the 6th Regional Conference on African Women Ministers and Parliamentarians, bringing together over 200 women ministers and parliamentarians from 50 countries for high-level discussions on strategies to reduce gender-based violence and on other actions needed to achieve the Millennium Development Goals. With EngenderHealth, UNFPA developed and began implementation of a comprehensive HIV prevention intervention package for pregnant women and mothers, training 200 health-care providers in Ethiopia and Ukraine.

In 2004, UNFPA launched the Country Commodities Manager, a tool that assists 85 countries in assessing reproductive health commodity requirements, stock positions and possible shortfalls. UNFPA applied US$ 40 million in Thematic Trust Fund financing to meet emergency shortfalls in commodities, including condoms for HIV prevention in 51 countries. The Global Condom Initiative—which aims to increase access to and use of male and female condoms—is in place in 23 countries. The initiative facilitated the development of a five-year national plan in Zimbabwe to expand female condom programming, as well as initiation of a nationwide training programme on female condoms in Nigeria. UNFPA and partners also delivered reproductive health and HIV prevention information and services in 40 countries in some stage of conflict, emergency or recovery.

Care, support and treatment. UNFPA joined with WHO to develop and publish guidelines on care, treatment and support for women living with HIV and their children. UNFPA, EngenderHealth, International Community of Women living with HIV/AIDS (ICW) and other partners are collaborating on an information-gathering project designed to inform development of a framework on reproductive rights and sexual and reproductive health for women living with HIV.

Research and development. UNFPA supported sociocultural research on condom use among sexually active young people, aiding in the development and validation of promotional messages for condoms.

Resources, follow-up, monitoring and evaluation. With the goal of improving accountability, UNFPA has added to the annual country report framework indicators on implementation of the “Three Ones” principles and on linkages between HIV and sexual and reproductive health.

More details on the UNFPA key results and reports on their achievement against the indicators can be found in Annex I, pages 27–34.

2Engenderhealth is a nonprofit agency working to improve the quality of reproductive health and family planning services worldwide.
6. United Nations Office on Drugs and Crime (UNODC)

In the previous biennium, UNODC significantly enhanced its advocacy and capacity-building efforts, focusing on injecting drug use, HIV in prison settings and trafficking in persons. UNODC served as chair of the UNAIDS Committee on Cosponsoring Organizations from 1 June 2004 through 31 June 2005.

*Leadership, including human rights.* UNODC’s flagship report, *The World Drug Report*, featured a chapter on HIV/AIDS for the first time in 2005. UNODC collaborated with other UNAIDS partners in hosting a ministerial meeting in Moscow in 2005 that resulted in a formal declaration urging a stronger response to AIDS in the Commonwealth of Independent States. UNODC placed additional staff in the so-called ‘new wave’ countries in eastern Europe, central Asia, south and south-east Asia that are experiencing rapidly growing HIV epidemics among populations at risk of HIV, particularly injecting drug users (IDUs). UNODC worked towards the active involvement of people living with HIV in key country and regional activities.

Pursuant to a resolution adopted in 2004 by the Commission on Crime Prevention and Criminal Justice, UNODC organized a consultative meeting in 2005 on HIV prevention, care and support in prison settings. UNODC facilitated development of a global framework on HIV prevention and care in prison settings, which articulated general principles and proposed actions. With UNAIDS and WHO, UNODC produced a policy brief in reducing HIV transmission in prisons. With the Government of Canada and other partners, UNODC co-organized the Third International Policy Dialogue on HIV/AIDS, which specifically addressed HIV in prisons settings and stimulated the development of HIV-related policy and legislation in various countries. UNODC also took the lead in developing a toolkit on HIV in prison settings for the use of prison authorities and personnel. UNODC training projects reached prison officials, line staff and prisoners in numerous countries, including Bangladesh, Belarus, India, Maldives, Nepal, South Africa, Sri Lanka and the Russian Federation.

In September 2005, UNODC was designated the UN’s facilitating agency for coordinating the HIV response with respect to trafficking in persons. To advance joint action in this arena, working groups on research, interventions and guiding principles have been established.

*Prevention and vulnerability reduction.* UNODC launched technical assistance projects to support HIV prevention efforts among injecting drug users in Latin America; Eastern Europe; Central, South, Southeast and East Asia; Africa; and the Middle East. In East Africa and Central Asia, UNODC hosted trainings, meetings, seminars and workshops for government officials and civil society on HIV prevention. Small UNODC grants were offered to civil society organizations to develop initiatives to increase awareness and sensitization on drug use and HIV. Joint action with the UNAIDS Secretariat resulted in inclusion in the Kenya National AIDS Strategy 2006–2007 of HIV prevention measures.
for prisoners. Eleven pilot projects are initiated in South and South East Asia for prison-based programmes in HIV prevention among incarcerated drug users.

*Research and development.* To support the development of policies and intervention tools, UNODC undertook a number of assessments and surveys on HIV and prisons. One such assessment generated the development of awareness materials for use in selected prisons in Brazil.

UNODC and UNFPA agreed in October 2005 to collaborate on operational research in South-East Asia and sub-Saharan Africa to investigate the links between gender relations and vulnerability to human trafficking. The project, which will also seek to assess the HIV-related vulnerability of persons victimized by human trafficking, aims to inform the development of interventions to be piloted in the second half of 2006.


More details on the UNODC key results and reports on their achievement against the indicators can be found in Annex I, pages 35–39.
7. International Labour Organization (ILO)

The UN 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. Between 2002 and 2005, ILO increased the number of full-time technical officers supporting HIV activities from eight to 12, with such staffing present in three quarters of ILO’s field and regional offices. In 2005 alone, ILO funding for HIV-related activities increased by 64%.

Leadership, including human rights. With increased technical and financial resources, the ILO in 2004–2005 provided policy guidance and advice to the African Union, Commission on HIV/AIDS and Governance in Africa, Economic Community of West African States, South African Development Community and the European Community, as well as through the Extraordinary Summit on Employment and Poverty in Ouagadougou in September 2004. The ILO supported the launching by the International Organization of Employers and the International Confederation of Free Trade Unions of Joint Action Plans on HIV in eight African countries. ILO supported efforts to incorporate of workplace provisions into national HIV legislation and policy, which occurred in 60 countries in five regions in 2004–2005, as well as labour law reform carried out in more than 77 of ILO’s 178 member states.

Prevention and vulnerability reduction. With specific focus on gender-sensitive workplace policies, ILO’s technical cooperation activities are operational in roughly 30 countries, involving work with more than 300 enterprises and directly reaching 400,000 workers. In partnership with the United States Department of Labor, the ILO is implementing an International HIV/AIDS workplace prevention and education programme in 23 countries, with the goal of increasing the capacity of ILO’s tripartite constituents to design, implement and sustain prevention programmes and to ensure the necessary policies and legal support to overcome stigma and discrimination. In collaboration with the GTZ BACKUP Initiative—Building Alliances, Creating Knowledge, Updating Partners in the Fight against HIV/AIDS, TB and malaria, ILO is supporting the implementation of HIV education, non-discrimination and care initiatives at the enterprise level in Estonia, Latvia, Lithuania, Moldova, Mozambique, Namibia, South Africa, Swaziland, Ukraine, and Zimbabwe. Working with SIDA, ILO is supporting HIV prevention in transport sector in eight countries in Southern Africa. An ILO/UNDP collaboration is helping intensify HIV prevention in the informal economy in Zambia.

Care, support and treatment. Under the umbrella of the ILO global campaign on the extension of social protection, ILO advocates for increased access to social security in the workplace. ILO helped to develop an information package on HIV treatment literacy and education for workers and their families, and also supported development and dissemination of the Joint ILO/WHO guidelines on health services and HIV/AIDS. In Botswana, ILO supported a study on the future of health care financing, including recommendations on model policy responses to address HIV-related health insurance needs. In 77 countries, ILO provided policy and technical support regarding the
integration of a workplace component into national HIV strategies. With the aim of accelerating implementation of the workplace in the Declaration of Commitment on HIV/AIDS, ILO supported or provided training workshops at regional, subregional and country levels. Based on the ILO training manual, a range of tools was developed targeting workplace issues in different sectors.

Research and development. ILO developed and disseminated technical guidance on the impact of HIV in key economic sectors and the labour market. Key strategic information generated in 2004–2005 by ILO included global estimates of the impact of HIV on workers and an analysis of the impact of urban poverty on the risk of HIV for young working-age women. ILO also enhanced its information management through Intranet and Internet sites.

Resources, follow-up, monitoring and evaluation. ILO assisted countries in resource mobilization by developing fact sheets on funding sources and providing guidance in proposal development. Twenty-eight proposals in the Global Fund’s Third Round included a workplace component, and 10 Country Coordinating Mechanisms include ILO constituents. More than 10 workplace initiatives have received funding through the UNAIDS Programme Acceleration Funds. With respect to raising supplemental funds for AIDS, ILO’s AIDS programme works closely with the ILO Resource Mobilization Department to maintain the interest of existing donors and to secure new ones.

More details on the ILO key results and reports on their achievement against the indicators can be found in Annex I, pages 40–51.
Building on its organizational expertise and capacity in education, science, social science, culture and communications, UNESCO seeks to reduce the spread of HIV and to mitigate the epidemic’s impact on education systems. Two thirds of its UBW funding is spent in countries and regions, facilitating the implementation of context-specific approaches. Key lessons learnt by UNESCO under the 2004–2005 UBW include the importance of consistent messages across multiple delivery systems, the need to engage diverse groups in designing and implementing programmes, the valuable role of the private sector as a key partner, and the need to develop better evidence on the most effective curriculum approaches in different settings.

Leadership, including human rights. EDUCAIDS – the Global Initiative on Education and HIV/AIDS – was launched in March 2004. Under this initiative, two-page ministerial policy briefs have been developed in 30 key areas. UNESCO created and widely distributed HIV-related modules on curriculum development and educational planning. UNESCO developed, translated and adapted an advocacy tool for use in Afghanistan, Bangladesh, Cambodia, China, Indonesia, Iran, Kazakhstan, Lao People’s Democratic Republic, Pakistan, Thailand, Uzbekistan, and Viet Nam, targeting mid- and senior-level government officials.

In Burundi, Jordan, Kenya, Rwanda and Uganda, UNESCO supported the establishment of cross-sector education and HIV task forces. In 2004-2005, education ministries in the Bahamas, Barbados, Belize, Guyana, Jamaica, and Trinidad and Tobago appointed HIV focal points. UNESCO’s Division for the Promotion of Quality Education developed a guide to good policy and practice on HIV education for use by policy makers, planners and managers in the education sector. In 2004, Zambia and Zimbabwe launched national HIV policies in teachers’ colleges.

Through media activities and other efforts, UNESCO aims to reduce stigma and discrimination and promote human rights. UNESCO provided media training in three Central American countries, supported the airing of HIV messages in two popular radio soap dramas in China and Thailand, and facilitated a New Delhi workshop that generated short films for broadcast in China, Viet Nam and India. Fifteen publishers in the Caribbean gained experience in the development of culturally appropriate HIV instructional materials, with one publisher currently adapting a textbook for teachers on HIV scheduled for publication in 2006. UNESCO also supported the establishment of the Eastern and Southern Africa Media Strategy Against HIV/AIDS Network, reaching more than 900 members. A UNESCO/UNAIDS kit on HIV and human rights was adapted for use in lusophone countries, and two guides on HIV and human rights were developed for use in Arab countries.

In 2005, 350 young people from Georgia, the Russian Federation, and Ukraine participated in summer schools on sports, HIV and gender, with evaluations determining that participation significantly increased tolerance levels. With UNESCO’s support, five nongovernmental organizations in Brazil, Colombia, Costa Rica and Mexico trained 52
partner organizations to deliver HIV education programmes for marginalized populations, ultimately leading to the training of 147 staff and nearly 2000 young people.

*Prevention and vulnerability reduction.* UNESCO assisted Russia and seven countries in South-East Asia in integrating HIV prevention in national education policies. UNESCO also translated and adapted a teacher training manual on HIV prevention education for basic education for use in Cambodia, China, India, Indonesia, Kazakhstan, Lao People’s Democratic Republic, Malaysia, Mongolia, Pakistan, Sri Lanka, Thailand, Uzbekistan, and Viet Nam; Afghanistan, Bangladesh and Nepal are in the process of adapting it, as well. In addition, UNESCO facilitated the establishment of a collaborative support network of secondary schools on HIV prevention, leading to the training of 1153 school directors in Argentina, Chile, Colombia, Dominican Republic, Ecuador, Mexico and Nicaragua.

UNESCO established two global clearing houses on education and HIV, as well as regional clearing houses in Bangkok and Nairobi. As part of UNESCO’s comprehensive school health framework (FRESH), UNESCO has made available online and widely distributed an HIV toolkit, which includes classroom activities and lesson plans. Over 1500 full-text resources available for downloading from the Clearinghouse website. Major themes include national and education sector policy and strategy papers, workplace issues, higher education, prevention education in formal and non-formal settings.

*Care, support and treatment.* UNESCO and WHO convened a technical consultation on treatment education in November 2005, bringing together more than 30 experts from around the world.

*Research and development.* Research by UNESCO on educational policy, governance and advocacy in Malawi, Tanzania and Uganda led to preparation of prioritized action plans to mitigate the epidemic’s impact on education systems. In addition, 12 case studies by UNESCO of tertiary education institutions from around the world detected little knowledge of the national HIV situation. These research findings are informing follow-up decisions on data collection priorities and impact assessment exercises.

More details on the UNESCO key results and reports on their achievement against the indicators can be found in Annex I, pages 52–60.
9. World Health Organization (WHO)

An original UNAIDS Cosponsor, WHO is the UN’s focal point on health. In 2004–2005, WHO spearheaded global efforts under the “3 by 5” initiative to bring HIV treatment programmes to scale in low- and middle-income countries. Between December 2003 and December 2005, the number of people in low- and middle-income countries receiving antiretroviral therapy increased from 400 000 to 1.3 million, with especially sharp increases in utilization of antiretroviral drugs reported in sub-Saharan Africa.

Leadership, including human rights. Under the “3 by 5” initiative, WHO coordinated, developed and sustained a global advocacy and communications strategy that built global awareness and commitment on treatment issues. WHO supported more than 200 strategic collaborations and partnerships in 2004–2005 and provided technical support to more than 100 countries. WHO facilitated the development of national AIDS strategies in Guatemala and Guyana and HIV-related health sector development plans in nine African countries. With support from WHO, 40 countries incorporated into national plans recommendations from WHO’s global health sector strategy.

Prevention and vulnerability reduction. WHO piloted a new Youth-Centered Counseling Model in seven countries and assisted four countries in planning for the scale-up of programmes to prevent mother-to-child transmission. Nine countries were aided in the review of national policies for the control of sexually transmitted infections. The number of countries in sub-Saharan Africa using WHO’s recommended approach to voluntary testing and counselling increased from zero to 15. At global, regional and national levels, WHO advocacy strongly emphasized the need for treatment scale-up to be matched by the simultaneous expansion of HIV prevention programmes.

Care, support and treatment. As a major focus of WHO’s technical support to more than 100 countries in 2004–2005, WHO assisted countries in implementing simplified treatment guidelines and regimens consistent with a public health approach. Ensuring safe and reliable supplies of AIDS drugs and diagnostics was a high priority. WHO established the AIDS Medicines and Diagnostics Service, a partnership of 15 organizations that assisted governments and nongovernmental organizations in procurement and supply management for essential medications, including antiretroviral drugs. The AIDS Medicine and Diagnostics Service maintained the most comprehensive patent information available for drugs, aiding countries in selecting the most effective drugs for national formularies. To ensure that drugs meet international manufacturing and safety standards, WHO strengthened its prequalification programme and updated its Essential Medicines List.

WHO worked in at least 29 countries to support adoption of the Integrated Management of Adult and Adolescent Illness approach in health and community worker training. This protocol includes short, efficient training courses that provide health-care workers with essential skills and knowledge required to administer antiretroviral therapy. The Integrated Management of Adult and Adolescent Illness approach facilitates the task shifting recommended for antiretroviral scale-up (and for chronic care generally). The
approach reinforces local health system capacity by catalyzing partnerships, promoting uniform approaches among multiple training and technical agencies, and exponentially increasing the reach of training efforts by transferring knowledge to regional institutions.

Research and development. WHO supported or strengthened 23 research initiatives in 2004–2005. WHO supported 12 research studies in the European region, two studies in South-East Asia, and various sexual behaviour studies in high risk populations in Central America and the Caribbean. WHO initiated a study on HIV and herpes simplex virus type 2. Operational research studies were undertaken in three African countries, and WHO technical assistance helped strengthen the African AIDS Vaccine Programme.

Resources, follow-up, and monitoring and evaluation. In 2004–2005, the number of African countries applying guidelines for second generation HIV surveillance increased from 2 to 20. Five countries in Central America developed national surveillance plans, and WHO worked with 52 European countries to conduct regional HIV, AIDS and sexually transmission infection surveillance. WHO also hosts the secretariat for the HIV Resistance Network, a global network of laboratories for the monitoring of HIV drug resistance.

More details on the WHO key results and reports on their achievement against the indicators can be found in Annex I, pages 61–73.
10. The World Bank

An original UNAIDS Cosponsor, the World Bank is a major source of HIV-related financing and technical support. The Bank launched its *Global HIV/AIDS Program of Action* that articulates HIV strategies for the next three years. Five of the six Bank regions have regional HIV business plans, and work is progressing on development of a regional strategy for Latin America and the Caribbean.

*Leadership, including human rights.* To accelerate implementation of national AIDS programmes, the Bank published implementation guides on multisectoral AIDS programming in Africa and on procurement of medicines and related treatment supplies. The Bank sponsored more than 20 high-level meetings in such issues as monitoring and evaluation, procurement and supply chain management, and programme implementation and coordination. At the International AIDS Conference, the Bank co-chaired the first-ever Leadership Programme and led or participated in 34 sessions. Accelerating momentum in favour of the “Three Ones” key principles, the Bank co-chaired the Global Task Team on Improving Coordination Among Multilateral Institutions and International Donors.

*Prevention and vulnerability reduction.* In 2004–2005, the Bank developed new HIV prevention projects in the Caribbean, Africa, South Asia, and Central Asia.

*Care, support and treatment.* In support of the “3 by 5” initiative, the Bank supported improved access to treatment by providing direct technical and financial support to national treatment programmes. A partnership with the Global Fund, UNICEF and the Clinton Foundation, launched in 2004, made it possible for countries to use Bank financing for the purchase of high-quality antiretroviral drugs at low prices. The Bank widely disseminated lessons learnt on provision of antiretroviral drugs in Rwanda and Burkina Faso. The Bank provided support to WHO for the development of *Guidelines of HIV-related care, treatment and support for HIV-infected women and their children in resource constrained settings.*

In June 2004, the Bank launched the US$ 60-million Treatment Acceleration Project, approving projects in Burkina Faso, Ghana and Mozambique. A partnership with WHO, the Treatment Acceleration Project aims to accelerate treatment scale-up while strengthening national health-care system and focusing services on the most vulnerable. Under the project, treatment scale-up relies on a network of public sector, private sector, and nongovernmental players. With Bank support, WHO and United Nations Economic Commission for Africa are providing technical and project coordination support to facilitate an inter-country learning process.

*Alleviating social and economic impact and addressing special situations.* The Bank is working with the UNAIDS Secretariat and UNDP on a joint programme to integrate HIV into Poverty Reduction Strategy Papers, holding the first regional workshop in 2005 involving representatives from AIDS authorities and ministries of finance and planning from seven African countries. The Bank convened diverse experts to assist countries in
improving their HIV strategic frameworks and action plans, leading to development of a
draft tool for assessing national strategic frameworks and a draft business plan for the
Bank’s AIDS Strategies and Action Plans service. UNICEF and the Bank conducted and
published a desk review of Poverty Reduction Strategic Plans and national HIV
strategies, analyzing the impact of such plans on children and young people made
vulnerable by AIDS.

The Bank assessed the epidemic’s economic impact in South Africa and has completed
impact studies for Ethiopia and Kenya and in the eastern Europe and central Asia region.
Through training workshops jointly organized with the University of Heidelberg, the
Bank is helping build the capacities of economists in South Africa to analyze the
economic impact of HIV. The Bank published the study, Costs and consequences of
expanding access to ART in Thailand, which is expected to be useful to decision-makers
throughout the Asia region.

Research and development. In partnership with the International AIDS Society, the Bank
developed a supplement to the journal AIDS on HIV resistance and treatment adherence,
highlighting early scientific evidence of the feasibility of treatment scale-up in resource-
limited settings. Bank support enabled Yale University to conduct a global survey on
HIV and disability.

Resources, follow-up, monitoring and evaluation. Since its establishment in 2002, the
Global AIDS Monitoring and Evaluation Support Team (GAMET), housed at the Bank,
has recruited, trained and placed in the field a team of specialists to build national
capacity for monitoring and evaluation, providing assistance to date to 30 countries. The
Bank has provided technical assistance to governments in several regions to strengthen
monitoring and evaluation, assess national surveillance systems, and develop national
AIDS accounts to monitor the flow of HIV expenditures. A Bank study quantified the
financial resources needed to confront the epidemic in Africa.

More details on the World Bank key results and reports on their achievement against the
indicators can be found in Annex I, pages 74–79.
11. Interagency activities

Joint programming within UNAIDS promotes collective action on AIDS, with particular attention to accelerating the implementation and scaling-up of national efforts. In addition to substantially increasing the number of UNAIDS professional staff at country-level, the 2004–2005 Unified Budget and Workplan also incorporate significant clarification and upgrading of the status of UNAIDS Country Coordinators. In December 2005, the UN Secretary-General issued a letter directing the creation of a single UN country support programme on AIDS, including joint UN teams on AIDS at country level. These teams will work under the authority of the UN Resident Coordinator system and the UN Country Team and will be facilitated by UNAIDS Country Coordinators.

Leadership, including human rights. UNDP spearheaded a multi-agency initiative to identify and disseminate best practices with respect to legislative efforts to promote and protect the right of women to own property. In collaboration with UNIFEM and the Ethiopian government, UNDP piloted a leadership training programme for grassroots advocates for legal changes to promote women’s rights.

Prevention and vulnerability reduction. UNFPA and UNHCR collaborated in the development of a training course on the clinical management of rape, including introduction of post-exposure prophylaxis. Interagency funding supported behavioural surveillance in two refugee sites, including surrounding communities, as well as development of a manual for behavioural surveillance in such settings.

Extensive joint efforts focused on HIV in prison settings, including the adoption of a framework for HIV prevention, care, treatment and support during the February 2005 consultation with UN agencies, civil society and governments. Joint UN action facilitated the integration of HIV prevention among prisoners in Kenya’s National AIDS Strategy, as well as the implementation of awareness-raising efforts in selected prisons in Brazil.

An interagency process was initiated to develop a UN system-wide strategy to address HIV and human trafficking. As part of this process, working groups were established to devise strategies on research, interventions and guiding principles, with the expectation that regional working groups would be established in the 2006–2007 to explore region-specific strategies to address human trafficking. UNODC and UNFPA initiated a research study on gender relations and human trafficking in Ghana and Thailand.

Care, support and treatment. Interagency funding supported the development of a UNAIDS publication addressing major challenges in the treatment of HIV-infected infants and young people. Technical guidance was provided to countries in the procurement and pricing of antiretroviral drugs, including training of more than 500 supply manager and other professionals and development by 15 country teams of procurement and supply management plans.

Resources, follow-up, monitoring and evaluation. Inter-funding supported the mapping of all monitoring and evaluation studies undertaken by the Cosponsors and/or Secretariat
between 2003–2005. The exercise identified more than 50 monitoring and evaluation studies during the three-year study period and enabled Secretariat staff to note gaps in the Joint Programme’s monitoring and evaluation efforts. Results of the mapping exercise informed decisions on joint monitoring and evaluation initiatives planned for 2006.

Monitoring and evaluation tools for paediatric care and support were developed and piloted in India, Malawi and Rwanda, with further field testing planned for 2006. These tools are now available on WHO’s web site.

UNAIDS worked to improve and accelerate provision of technical support through the Technical Support Facilities (TSF). By the end of 2005, TSFs had been established in four regions. The first one was established in Southern Africa to provide technical expertise in priority areas including strategic planning, monitoring and evaluation, prevention, and for development of Technical Needs Assessments and Support Plans. Regional Interagency Reference Groups are being established in each of the regions as the governance mechanism for the TSFs. Consultations, attended by Cosponsors, key bilateral organizations, National AIDS Authorities and civil society representatives, helped shape the priorities and structure and build ownership of the TSF in each region.

In 2004–2005, UNAIDS Programme Acceleration Funds (PAF) continued to serve as an effective mechanism to support and galvanize country-level action. Ninety-five per cent of amounts budgeted for such assistance in 2004–2005 were effectively obligated. Programme acceleration funds not only help jump-start a broad range of actions at country level, but also facilitated additional resource mobilization, as reflected by the leveraging by the Indian Ocean Commission of US$ 150 000 in Programme Acceleration Funds to obtain US$ 8 million in AIDS assistance from the African Development Bank and €1.5 million from France.

More details on the UNAIDS Interagency key results and reports on their achievements against the indicators can be found in Annex I, pages 80–99.
12. UNAIDS Secretariat

The Secretariat—with headquarters in Geneva and a presence in more than 100 countries—undertakes five cross-cutting functions: leadership and advocacy; strategic information; tracking, monitoring and evaluation; civil society engagement and partnership development; and resource mobilization. The Secretariat also plays a key role to coordinate and support the diverse efforts of UNAIDS Cosponsors, other UN system organizations and partners.

Leadership, including human rights. Implementation of the “Three Ones” served as an important focus and organizing framework for the Secretariat’s assistance to countries in 2004–05. The Secretariat, in partnership with leading bilateral and multilateral organizations, undertook special missions to numerous countries to advance implementation of the “Three Ones”. The Secretariat implemented a comprehensive management plan in 2005 to improve its support to countries and other stakeholders in the implementation, harmonization and alignment of national AIDS strategies, facilitating the development of joint country-level plans and programmes and moving day-to-day oversight of the Secretariat’s country presence closer to the countries themselves. In the 2004–2005 biennium, the Secretariat placed an additional 137 national and international professional staff members in country offices. The work on the enhancement of the UNAIDS support for country-level responses included the establishment of the Regional Support Teams in seven subregions. The Secretariat worked to ground national responses in human rights, reviewing draft human rights legislation and documenting best practices in alleviating stigma and discrimination. UNAIDS launched an e-forum to promote engagement of civil society in implementation of the “Three Ones” key principles, mapped the AIDS-related activities of Catholic religious orders, and helped launch the Pan-Caribbean Business Forum on AIDS. In late 2005, the Secretariat oversaw planning for country-level consultative processes in more than 100 countries to identify national goals and challenges in moving towards universal access to HIV prevention, treatment, care and support.

Prevention and vulnerability reduction. The Secretariat oversaw development of a new UNAIDS policy position on HIV prevention. With the aim of helping countries to implement comprehensive prevention programmes that are tailored to the scale and nature of individual epidemics, the Secretariat developed programmatic guidance for countries in adopting an evidence-informed approach to scaling up HIV prevention. The Secretariat provided extensive support to the Global Coalition on Women and AIDS, which undertook advocacy, technical assistance, and partnership development to spur greater action to address the epidemic’s impact on women.

Care, support and treatment. The Secretariat worked in close partnership with WHO to support the “3 by 5” initiative. WHO-UNAIDS Secretariat reviews of country-level processes for treatment scale-up identified obstacles to programmatic expansion and rapidly mobilized UN Theme Groups to provide technical and strategic support to overcome roadblocks. Programme Acceleration Funds supported targeted proposals in 65 countries to expedite treatment scale-up. The Secretariat aided in the development of
diverse partnerships (e.g. religious leaders, treatment activists, people living with HIV) to accelerate treatment scale-up and collaborated with WHO in the organization of partnership meetings.

Alleviating social and economic impact and addressing special situations. The Secretariat partnered with UNICEF in launching the *Unite for Children, Unite Against AIDS* campaign, which seeks to increase global awareness, commitment and action on the epidemic’s impact on children. The Secretariat also partnered with the UN Department of Peacekeeping Operations to integrate HIV prevention training and services in the operations of all UN-sanctioned international peacekeeping missions.

Research and development. The Secretariat began work to identify and document key gaps in the prevention research agenda. Following a global experts consultation convened by the Secretariat, recommendations were published in *AIDS* on strategies to forge meaningful partnerships between prevention researchers and communities.

Resources, follow-up, monitoring and evaluation. The Secretariat assisted dozens of countries in developing funding proposals for the Global Fund, World Bank and other donors. With partners, the Secretariat improved the methodology for estimating resource needs, issuing a report that concluded that US$ 22 billion will be needed annually by 2008 to support a comprehensive response capable of reversing the epidemic. The Secretariat worked to build national capacity on monitoring and evaluation, sponsoring training workshops and placing 35 professional staff in country and regional offices. With support from the Secretariat, more than 120 countries reported in 2005 on core indicators to assess progress in implementing the Declaration of Commitment on HIV/AIDS. In 2004-2005, the Secretariat produced numerous publications on the epidemic’s course that garnered extensive media coverage and publicity, including the *2004 Report on the global AIDS epidemic* and annual *AIDS epidemic update* in both 2004 and 2005.

More details on the UNAIDS Secretariat key results and reports on their achievements against the indicators can be found in Annex I, pages 100–117.