DIALOGUE ON UNIVERSAL ACCESS

A summary of consultations with key stakeholders

June 2009
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Introduction

In 2006, at the UN High-level Meeting on AIDS, the world committed itself to reach universal access to HIV prevention, treatment, care and support for all people in need by 2010. Countries and partners, including civil society organizations and networks of people living with HIV, came together to review obstacles and define how to accelerate their AIDS response to achieve the newly set national targets on universal access.

Michel Sidibé, as he took office as the Executive Director of UNAIDS in January 2009, called for a renewed commitment to universal access. He restated universal access to be the corporate priority of UNAIDS and promised to make all possible efforts to enable countries to achieve their universal access targets, making HIV action an opportunity to reach all the Millennium Development Goals (MDGs). Most importantly, he called for attention to be given to the need to bring the HIV response closer to the people infected and affected by HIV and for UNAIDS to become the voice of the voiceless, of populations at higher risk and of marginalized populations. The HIV response has always been driven by movements and networks and accelerating the response can only be achieved by partnering with committed actors and stakeholders.

Although progress has been made on many fronts (i.e. accelerating access to HIV treatment and care, mobilizing increasing amounts of funding, resources and expertise to respond to the epidemic), many countries remain far from reaching their universal access targets in 2010, especially in the area of preventing new infections among populations at higher risk.

Rationale and process for a wider consultation

The dialogue on universal access was launched during the first 100 days of UNAIDS’ leadership transition and aimed to develop a shared understanding of where progress is lagging behind in the HIV response as well as to solicit inputs and suggestions for the role of UNAIDS within the new global environment in helping countries progress towards the universal access targets.

The process consisted of engaging in a number of consultations and dialogues with key partners and stakeholders to articulate the policy direction and to reconcile the differing expectations of UNAIDS. This included high-level meetings with diverse leaders. Focused
dialogues were held with Programme Coordinating Board (PCB) members and key constituency representatives, including people living with HIV, nongovernmental organizations, the private sector, foundations, the scientific community and international organizations not represented on the PCB at the global and country levels.

The objective of this consultation was to gather the views and recommendations of key partners and stakeholders in the response and to obtain insight on where UNAIDS should focus its efforts to achieve universal access by 2010 for all to HIV prevention, treatment, care and support.

External consultations

Consultation with UNAIDS Cosponsors, the Global Fund to Fight AIDS, Tuberculosis and Malaria and key implementing partners

As part of the ongoing strategic dialogue on universal access and an effective organizational and partnership response, a series of consultations was held in New York during the week 9–13 February 2009. The aim was to focus on senior management representatives of UNAIDS Cosponsors based in New York, relevant senior United Nations (UN) officials involved in global health initiatives and civil society partners, including foundations and activist groups. Key issues covered in the discussions included:

- The interface between health and development and where the AIDS response provides important opportunities—specifically universal access by 2010 and achievement of the MDGs by 2015.
- Positioning of AIDS in planned global public health initiatives.
- Strategies to build bridges and synergies to scale up action and results.
- Expectations of partners in shaping a new and shared vision of UNAIDS and the global response.
- UNAIDS and UN reform: new and improved partnerships with and among Cosponsors, more strategic use of the Unified Budget and Workplan, coordination, accountability and efficiency.

The compiled inputs from the UNAIDS partner consultation held in February 2009, as well as the list of partners consulted, are provided in Annex 1.
Consultation with civil society

The Executive Director and the consultation team had consultations with civil society representatives, including PCB nongovernmental organizations, to discuss the role of civil society in a changed environment and to look at how civil society participation could be reinforced in the repositioning of UNAIDS towards universal access.

Civil society representatives from the different constituencies, including global and regional organizations, were invited to discuss the following:

- Identifying where progress is lagging and priority actions to accelerate the response towards universal access.
- New mechanisms to improve civil society participation and to ensure meaningful representativeness of all community groups and networks of people living with HIV, to reach together the goal of universal access.
- Ways to improve partnership between civil society and UNAIDS at the country level.
- The future role of UNAIDS: how could UNAIDS better leverage the relationship between civil society and governments?

Annex 2 contains some highlights of the consultation with civil society partners.

E-dialogue on universal access

An e-dialogue on universal access was held for a period of six weeks from February to April 2009. It served as a public platform for partners to provide key recommendations for UNAIDS on what should be its priorities to reach universal access by 2010. More than 1000 people registered with the e-dialogue, 500 of whom commented on the topics posted every week. Participants came from a wide range of sectors, including bilateral donors, civil society, academia, the UN system, national governments, community groups and youth networks.

Each week participants discussed a new topic. These topics were:

- Areas where progress is lagging behind, country by country.
- Capitalizing the synergies between the AIDS, health and development agenda.
- Reaching targets and accelerating the response towards universal access.
- Focusing on populations at higher risk and addressing their needs.
- Mobilizing partnerships for collective action and building mutual accountability.
- The future role of UNAIDS in a changing global environment.
Throughout the discussion, participants highlighted some critical areas that needed focus to help to scale up the HIV response to universal access by 2010. This interaction allowed open and honest exchanges with Cosponsors and civil society representatives alike and helped to document good practices and to demonstrate the complexity of the HIV epidemics and the global response.

Details of the selected feedback from the e-dialogue on universal access and the key questions that guided the exchange of opinions are presented in Annexes 3 and 4.

**Internal consultations with UNAIDS Secretariat staff**

Internal dialogues with staff from headquarters and regional and country offices regarding UNAIDS’ role, priorities and imperatives for the future took place during the 100 first days of leadership. These dialogues solicited advice and feedback from staff and sought to galvanize their engagement in realizing a sharpened policy direction for UNAIDS.

**Country and regional level**

Discussions on universal access were set in motion at the country level. UNAIDS regional support teams and country offices were requested to reflect on the meaning of scaling-up towards universal access, identify where progress has been slow and provide innovative solutions to the challenges faced by the organization. More than 50 country offices and regional support teams responded. Annex 5 offers an overview of the key questions related to universal access and the inputs from the country offices.

**Geneva-based Secretariat**

Sessions on universal access with the Executive Director were organized with staff from all departments of the UNAIDS Secretariat, who were invited to engage in this dialogue on the future of UNAIDS. Four consultations took place between January and March 2009 that focused on the following:

- Making universal access the major priority for all the work of UNAIDS.
- Areas where UNAIDS should be focusing over the next two years to deliver results on the ground.
- Major gaps and how can we push forward on these.
- Required changes in the way we work (with Cosponsors, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), partners, communities and civil society) to support countries more effectively.
- Ways to support UN reform at the country level more strongly.
• Monitoring progress country by country.
• UNAIDS as an effective knowledge-based organization.
• Integration and coherence of the work of UNAIDS at all levels.
• AIDS responses serving broader health-care goals.

Results of the wide consultative process

The wide consultative process enabled invaluable exchanges of opinions and obtained inputs from key partners in the response to AIDS, including the UN system, Cosponsors, national governments and civil society representatives. It also helped to document good practices and to demonstrate the complexity of the HIV epidemics and the global response. The consultative process enabled the compilation of a resource for reference and inspiration that outlines the expectations of UNAIDS and the Secretariat in moving forward. The process helped to identify and clearly position the main challenges and the different approaches and gave insightful solutions on how to address them.

The consultations were a main resource of input to the UNAIDS Outcome Framework: Joint Action for Results 2009–2011, which provides guidance for the Cosponsors and Secretariat to jointly act in the nine priority areas outlined. It is to be used as a guiding document informing UNAIDS’ future policy direction, under the overarching goal of universal access to HIV prevention, treatment, care and support for all.

The annexes included in this report highlight the issues most frequently discussed and the suggestions to UNAIDS from the wide variety of stakeholders that participated in the consultations.

We would like to acknowledge the richness and the quality of the input provided and the strategic approach to the whole consultative process. The leadership of Ambassador Sigrun Mogedal and her team was central in driving this important and participatory process to inform the leadership agenda of the new Executive Director.

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1 The nine priorities of the UNAIDS Outcome Framework: Joint Action for Results, 2009–2011, are:
1. Reducing sexual transmission of HIV.
2. Preventing mothers dying and babies from becoming infected with HIV.
3. Ensuring that people living with HIV receive treatment.
4. Preventing people living with HIV from dying of tuberculosis.
5. Protecting drug users from becoming infected with HIV.
6. Empowering young people to protect themselves from HIV.
7. Removing punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.
8. Enhancing social protection for people affected by HIV.
9. Stopping violence against women and girls.
I. Programmatic focus for UNAIDS

To ensure that HIV remains at the top of the political agenda and to secure the commitment of governments and partners, UNAIDS will need to strategically position itself in the context of the broader health and development agendas. In order to maintain its leadership as the coordinating, normative and advocacy body of the UN on HIV, partners called on UNAIDS to lead a bold and courageous advocacy campaign on universal access. They urged UNAIDS to fully use its comparative advantage as a convener, broker and bridge-builder between governments, civil society and donors to expand and strengthen prevention, treatment and care services. Partners highlighted a number of critical issues and programmatic challenges that UNAIDS will need to address in order to lead a successful response to HIV.

1. Prevention as a priority mission

All partners consulted in the dialogue on universal access noted that the response is failing to prevent new HIV infections worldwide. Discussions with civil society and community groups highlighted that myths, misunderstandings and misinformation around the modes of HIV transmission are still widespread and pose significant challenges to scaling up prevention efforts. UNAIDS country offices stressed the need for prevention to become the core of UNAIDS' advocacy.

Some civil society partners consulted during this process called on UNAIDS to avoid a ‘medicalization’ of the HIV response and to strengthen work to support behaviour change that acknowledges the complex sociocultural factors of HIV transmission. Adapted and simplified prevention messages should be widely promoted, with youth and religious leaders at the centre of the solution. As an e-dialogue member mentioned, “the greatest impediment in the fight against HIV has been the lack of adequate information from which people can make informed judgments”. Innovative approaches to prevention that address the social, economic and cultural drivers of the epidemic will be key. For example, effective prevention strategies that use radio shows that target HIV or workplace programmes could be given greater attention. Civil society participants called for UNAIDS to do more to promote basic prevention services, such as health and sexual education in schools, HIV testing and prevention of mother-to-child transmission, that are designed to allow access to vulnerable populations. This will be key to scaling up prevention efforts.
Civil society repeatedly called for more targeted HIV responses that address the needs of key populations. Many argued that in most countries HIV information campaigns have focused on the general population, with key populations at higher risk being largely overlooked and rates of epidemics rising at an unacceptable rate in these groups. UNAIDS Cosponsors and the Secretariat are expected in the next few years to redirect their efforts to scale up prevention efforts for key populations at higher risk. To achieve this, supporting networks of people living with HIV, men who have sex with men, drug users and sex workers will be critical. See Annex 2 for input from the Global Forum on MSM & HIV.

There is also a pressing need to give increased attention to prevention for youth. There is evidence that young people are at present not equipped with the knowledge they need to protect themselves. UNAIDS should advocate for putting youth at the top of partners', including national AIDS commissions, the Cosponsors and governments, agendas. See Annex 2 for the Letter to Michel Sidibé from Youth Organizations, January 2009.

In the light of the deficiencies in addressing the needs of key populations at higher risk, UNAIDS country offices supported the call of civil society for a more decentralized response to HIV. Strengthened support to communities is needed to reach out to key populations and to increase their access to prevention, treatment, care and support services.

By providing a clearer picture about gaps in the availability of HIV prevention services, UNAIDS will provide a better service to partners and stakeholders to inform adequate HIV programming.

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2 Key populations at higher risk are by definition men who have sex with men, sex workers, injecting drug users, prisoners, migrants, street children, refugees, women and youth.
Suggestions to UNAIDS to address the prevention of HIV transmission were:

- UNAIDS should advocate for a strengthened focus on prevention of transmission of HIV and give greater attention to key populations at higher risk, with a focus on the socioeconomic drivers of the epidemic.
- Sexual education should be a core priority of the UNAIDS family, with an increased focus on youth and their vulnerabilities to HIV infection.
- UNAIDS should support the decentralization of HIV services and ensure that ‘hard to reach groups’ are not neglected.
- UNAIDS should support more actively the research and development of new HIV prevention technologies, evaluate their efficiencies and explore their implementation in the different contexts of the epidemic.

2. Fighting stigma and discrimination, advocating for a response based on human rights

A continuing challenge blocking efforts in prevention, treatment and support has been the underlying stigma and discrimination attached to HIV. The HIV response is still surrounded by a culture of silence and fear—of getting tested, of disclosing one’s status, of being discriminated against by community members or by health-care providers when seeking services. Discrimination and abuse of confidentiality by health-care workers continues to be a major hindrance for people to access needed HIV care and treatment services. This demonstrates the seriousness of the challenge—that stigma and discrimination persists even among the best-educated health professionals.

“Stigma and discrimination promotes the culture of silence—people fear to talk about HIV and AIDS, let alone disclose their status. Stigma, discrimination, poverty and denial, as well as lack of confidentiality, contributes to a climate of fear. This undermines prevention, care and treatment efforts and further increases the impact of the epidemic on individuals, families, communities and society at large.”

Association of Positive Youth in Nigeria, Health Link Organization

Bold advocacy against HIV-related stigma and discrimination and a response centred on human rights should be a priority for UNAIDS—this was strongly supported by the partners consulted. UNAIDS country offices will play important roles as agents of change, in advocating and providing advice to national partners on fighting stigma and discrimination and by facilitating enabling policies and legislation. There is a need in all societies to scale up capacity for an open social dialogue that promotes social inclusion and overcomes the moral judgements and fear that affect the quality of life of people living with HIV and the availability of prevention services for all.
Access of key populations at higher risk to comprehensive prevention and care programmes is in many societies hampered by laws criminalizing behaviours and the transmission of HIV. Addressing the human rights violations that continue to drive HIV vulnerability and fighting against laws and policies that criminalize men who have sex with men, sex workers and injecting drug users will be critical to reaching universal access. UNAIDS must address policy and legal impediments to the implementation of prevention strategies such as condom distribution and harm reduction strategies. It will need to foster enabling environments at the country level, through political leadership and advocacy for action in the areas of gender equality and human rights.

"The UNAIDS programme must continue, and indeed strengthen, its commitment and capacity to support governments, donors, bilateral agencies and communities to address the human rights issues in the HIV epidemic. UNAIDS must be an ‘activist’ programme within the United Nations.”

Human Rights Reference Group

Supporting the creation and strengthening of national human rights commissions and committees on ethics to monitor the application of laws affecting people living with HIV and for people working in the areas of the defence, promotion and protection of human rights was suggested by many.

Suggestions to UNAIDS to fight stigma and discrimination were:

- UNAIDS should include ‘stigma and discrimination’ as the fourth pillar in HIV response programming.
- UNAIDS should fight against the culture of silence and fear and address the human rights violations that continue and that drive HIV vulnerabilities.
- UNAIDS should act as a ‘voice of the voiceless’ and should include in its programming human rights and access to justice as well as mechanisms to bring to account those who breach the rights of the most vulnerable groups.
- UNAIDS should continue and strengthen its commitment and capacity to support governments, donors and bilateral agencies to address human rights issues and advocate against discriminatory laws.
3. Making strategic information inform HIV programming

3a. Reinforce HIV sentinel surveillance among key populations

A major challenge up to now for countries has been the weakness of sentinel surveillance systems and the lack of reliable and quality data on populations at higher risk, which has made it increasingly difficult to address their needs. Country offices noted the urgent need to reinforce sentinel surveillance systems and to better track the coverage and quality of HIV prevention for populations at higher risk in order to provide strategic data on the state of the epidemic among those populations (i.e. size estimation of key populations, prevalence and incidence rates). This in turn will inform better planning and programming. This needs to be done in greater collaboration with the specialized cosponsoring agencies, such as the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), etc. Training and reinforcing the capacities of monitoring and evaluation officers to take on these functions will be critical. UNAIDS will need to continue to promote the ‘know your epidemic’ mantra, calling for a greater focus on key populations and on the drivers of the epidemic.

An important question raised in the dialogue with partners was related to the type of strategic information needed to better inform HIV programming. Who should know what and what type of knowledge is required to achieve results? Civil society participants noted that the information and data available to them did not sufficiently portray the state of the epidemic at the national or subnational levels. Data and information from communities should be better channelled and feed into national reporting. It was suggested that UNAIDS should continue playing a key role in channelling strategic information between communities, experts, service providers and governments so that they may design enabling local policies and strategies that scale up access to services, reduce new infections and sustain treatment, care and support.

3b. Strengthen monitoring and evaluation capacities to track progress towards universal access

A major gap noted by many UNAIDS country offices is that the evidence from the monitoring and evaluation of HIV programmes and research is not sufficiently translated into the planning of programmatic responses. UNAIDS must use and convert its knowledge base into effective action. Country offices consistently mentioned the low use of strategic information (epidemiological, programmatic and financial) in decision-making.
Suggestions to UNAIDS to improve the quality of HIV data and strengthen the monitoring and evaluation of HIV programmes for universal access were:

- In collaboration with its Cosponsors, UNAIDS should focus efforts on strengthening sentinel surveillance systems to improve the quality of data and information on national HIV epidemics, especially among populations at higher risk.
- UNAIDS should support and strengthen data gathering from civil society and community groups in order to improve national reporting.
- UNAIDS will need to intensify its work with civil society to strengthen the capacity of communities in monitoring and evaluation and for it to be fully engaged in sentinel surveillance.

II. Strategic repositioning of UNAIDS

1. AIDS and the Millennium Development Goals

1a. Integrating HIV into the health agenda and strengthening health systems

Over the past years, critics have suggested that HIV programming in countries has been promoting unbalanced vertical funding and has not benefited broader health system strengthening efforts. There was a broad consensus from discussions with the Cosponsors, the Secretariat and civil society that the disease-specific response to HIV up to now should be taken out of isolation and integrated into the broader health and development agendas. Civil society pointed to the various benefits and importance of mainstreaming HIV into sexual reproductive health services and primary health-care and tuberculosis programmes (i.e. prevention, early diagnosis, increased rate of voluntary counselling and testing and condom use and reduction of sexually transmitted infections and tuberculosis infections).

*ActionAid study on primary health care*

*Highlights from ongoing research conducted by ActionAid in several countries (Sierra Leone, Nigeria, Uganda, the United Republic of Tanzania, India and Pakistan) showed that primary health care can provide vital HIV (and related) services for those who may be at risk of infection, both in terms of prevention services and in the provision of voluntary counselling and testing, enabling early diagnosis and rapid treatment and counselling at an early stage. However, it was noted that primary health systems must first be strengthened so that the quality of HIV services would not be compromised.*

UNAIDS country teams and regional support teams also supported the suggestion that HIV should be taken as an opportunity to enhance the effectiveness of the entire health-care system. HIV services can be a motor for reinforcing health systems and an example for innovative financing and possibly for harmonizing insurance systems. HIV can also be used as an advocacy tool for increasing domestic budgeting. It was suggested that UNAIDS should
take the lead in developing a comprehensive study to demonstrate the impact of HIV and the associated benefits for health systems.

UNAIDS country teams suggested that ‘health systems checks’ could be built into the development of any HIV-related project. These would identify how the proposed action may affect the broader health system and would try to maximize opportunities for serving broader health-care goals.

Some benefits of the HIV response for health systems highlighted by the Dialogue on Universal Access were:

- Better integration of services.
- Strengthened drug procurement services, laboratory capacity and blood transfusion services.
- Provision of training for health-care workers on infection prevention practices and communication skills.
- Strengthened infrastructure of tuberculosis diagnostic and care centres.
- Decentralization of HIV services to the community level, building on existing structures.
- Monitoring of tuberculosis coinfection and general prevention strengthened.
- Strengthened reproductive and sexual health services, particularly by improving condom programming.
- Improved monitoring and evaluation systems.
- Support to community-based organizations and increased community and civil society involvement.
- Experiences of partnerships with AIDS-focused nongovernmental organizations, faith-based organizations, people living with HIV and the private sector, taken as a model for other diseases.

Cosponsors called for the UNAIDS family to focus on key results and to demonstrate quick wins, particularly in the areas of prevention of mother-to-child transmission, paediatric HIV care and treatment, and sexual and reproductive health.

1b. Integrating HIV into the broader Millennium Development Goal agenda

Cosponsors strongly supported the idea that HIV response needs to be linked to the broader MDG agenda and to UN reform, while ensuring that it maintains its specificities. UNAIDS should make clear how the multisectoral development agenda can be more responsive to specific HIV challenges, country by country.
As mentioned by the Human Rights Reference Group, UNAIDS must ensure that the responses are promoting and upholding the individual human rights of people living with HIV and are linked to broader multisectorial responses, such as maternal health, sexual reproductive programmes, poverty alleviation and education.

In general, linking the universal access goals to the MDGs would provide an opportunity to consolidate goals for clearer advocacy purposes and for more integrated action on enabling policies. It offers a way to link HIV-specific indicators on universal access that are country-led and inclusive to indicators outside the health sector.

Suggestions to UNAIDS on how to better integrate HIV into the broader health and MDG agenda were:

- UNAIDS should lead research into the impact of HIV responses on the health sector.
- UNAIDS should support the integration of HIV services where appropriate.
- UNAIDS should ensure that HIV programmes strengthen systems both in the health and non-health sectors.
- UNAIDS should link the universal access goals to the MDGs for integrated actions.

2. The Joint UN Team on AIDS as the central feature to maximize the involvement of the Cosponsors

From the UNAIDS country perspective, global and regional commitments for ‘delivering as one’ are still not being translated into country commitments, and incentives should be provided to this end. Reviewing the division of labour of the Joint UN Team on AIDS will need to be undertaken carefully in order to assess expectations and to ensure that the Cosponsors deliver on their commitments. This should be done in the context of emphasizing universal access as an agreed UN commitment. Clear guidelines must be developed by regional support teams and Headquarters to clarify the respective roles and responsibilities of the Joint UN Programme of Support. For many country offices, positioning the Secretariat within the resident coordinator system is a priority if the role of UNAIDS in leading and coordinating an effective joint UN response to HIV is to be strengthened.

Cosponsoring agencies, however, called for the Secretariat to foster a culture of common purpose, aligned with national priorities and needs. At the moment, buy-in for universal access remains weak among some Cosponsors, especially in the context of low-prevalence settings and even among country partners at the national and local levels. The Secretariat should effectively use its comparative advantage as a coordinating body and convener to mobilize greater support and commitment from the Cosponsors. To better secure their commitment, Cosponsors noted that greater accountability can be achieved by regularly
reporting to their governing boards. Promoting priorities that correspond to the needs and mandates of the Cosponsors will also be helpful in increasing their full engagement.

The Unified Budget and Workplan should be seen as the cornerstone to an accountability framework for all Cosponsors. It can reinforce accountability for the resources utilized and mobilized. As expressed by country offices, the Unified Budget and Workplan needs to be adopted at all levels—global, regional and country—and by all Cosponsors.

Country and regional teams stated that focusing on a few country priorities (e.g. harm reduction, continuum of care, men who have sex with men, advocacy and resource mobilization) and improving transparency and communication within the Joint Team, the resident coordinator system and the United Nations Development Assistance Framework (UNDAF) (or equivalent) will be critical for UNAIDS. This will be key for an efficient collaboration and harmonization of efforts and funding. Minimizing duplication will be important within the context of a common HIV framework and operational plan (“Three Ones”).

Suggestions to UNAIDS around strengthening the Joint UN Team on AIDS were:

- UNAIDS should review the division of labour of the Joint UN Team and emphasize universal access as a joint commitment.
- UNAIDS should promote priorities that correspond to the needs and mandates of the Cosponsors in order to increase their full engagement.
- UNAIDS should focus on a few country priorities for an efficient collaboration and on harmonization of efforts and funding.

3. Repository for HIV guidance, best practices and knowledge

With universal access as the corporate priority, UNAIDS will need to play a leading role in monitoring progress towards achieving universal access targets by reinforcing its monitoring and evaluation and data collection capacity to track country progress. To be the leading source of strategic information, UNAIDS must develop a clear mechanism for universal access reporting to inform all Cosponsors, donors, civil society and national partners. To this end, UNAIDS will need to enhance its collaboration with key organizations (WHO, UNICEF, the US President’s Emergency Plan for AIDS Relief (PEPFAR), ministries of health, research institutions) and implementing partners (networks of people living with HIV, the media) to gather and disseminate information. UNAIDS will want to increase its role in regional harmonization and the pooling of strategic information generated by countries and facilitate inter-regional sharing of knowledge.
Consistently throughout the consultation, partners called upon UNAIDS to serve as a pool and repository for scientific data (including scientific news, best practices and advances) in order that all would have easy access to all new data and knowledge to inform HIV programming. Knowledge sharing is of critical importance, and UNAIDS should invest resources and capacity to be the leader in that niche.

To this end, it was strongly recommended that UNAIDS should push for operational and evaluative research at the country level and should strengthen its partnership with the academic community and national research institutions to identify the best and most effective methodologies and interventions for different programmatic areas and contexts. It was also recommended that UNAIDS needs to review emerging evidence and systematically translate this into guidelines and best practice documentation.

Best practices and updated strategic information need to be better communicated and diffused across all levels of the organization; this will be one of the major responsibilities of Headquarters and the regional support teams. New scientific research must be better disseminated to staff members. A major gap that has slowed down the delivery of results on the ground has been the low use of strategic information in decision-making. UNAIDS will need to focus its attention in the future in order to ensure systematic translation of strategic information into decision-making.

Exchanging experiences and sharing of information across regions and countries will be critical in helping to inform efficient and adapted HIV programmes as we reach 2010. UNAIDS will play a key role in providing information on the scaling-up of Joint UN Programmes on AIDS in different countries and in monitoring progress in reaching their universal access targets.

Suggestions to UNAIDS around sharing HIV best practices were:

- UNAIDS should develop a clear mechanism for universal access reporting in order to inform all Cosponsors, donors, civil society and national partners.
- UNAIDS should serve as a pool and repository for scientific data in order that all have easy access to all new data and knowledge.
- UNAIDS should strengthen its partnerships with the academic community and national research institutions in order to identify the best and most effective methodologies and interventions for different programmatic areas and contexts.
III. Reinforcing partnerships for an effective response

With limited human and financial resources at its disposition, UNAIDS will need to strengthen its partnerships at all levels. It should optimize partnerships and develop alliances around interventions that can overcome barriers, build a platform for broader inputs and evidence and create space for innovation and concerted action towards an optimal local response. Partnerships need to be geared towards programmatic action, building on each partner’s specific strengths and contributions. UNAIDS will need to be creative and foster innovative types of partnerships with the artistic, business, sport and fashion communities. Partnerships with the private sector and the media should be utilized in a more strategic way since they have the capacity to push HIV to the top of global and political agendas. This calls for a clearer division of labour between partners in countries and for encouraging a much stronger focus on partnering with successful national agencies and institutions.

1. UNAIDS and the Global Fund: building a strategic partnership

UNAIDS and the Global Fund need to strengthen the strategic partnership that effectively builds on and implements the existing memorandum of understanding, the “Three Ones”, the Global Task Team and the Paris and Accra declarations on aid effectiveness. The collaboration with the Global Fund should be aligned to the UNAIDS 2009–2011 Outcome Framework. The overall purpose should be to optimize the use of available funding for HIV to ensure sustainable universal access, in ways that foster effective linkages between HIV, tuberculosis and health systems, country by country.

Communication between the Global Fund portfolio manager and UNAIDS country offices is a challenge and collaboration needs to be strengthened in that respect. UNAIDS offices, along with the UN presence at the country level, should offer to serve as a key partner of the Global Fund to assist in assessing and facilitating an optimal fit between the national strategies/programmes and the proposals to the fund and their implementation. With the new national strategies application funding mechanism of the Global Fund, UNAIDS will be critical in supporting assessments of whether countries are suitable to be funded through this new approach. Monitoring and evaluation systems and strategic information represents key areas for collaboration that should be further looked into.

In this regard, more efforts could be made to reinforce the role of UNAIDS as an interface between the country coordinating mechanism, the principal recipient and subrecipients. Clarifying the role of the national AIDS commissions and the country coordinating mechanism will be helpful in order to increase the synergies between these two coordinating bodies. Within both systems, providing support to enhance the involvement of civil society, particularly of populations at higher risk and people living with HIV, should be a focus for UNAIDS.
At the country level, UNAIDS and the Global Fund will need to agree on shared messages of the profile and specific challenges of the epidemic at the national and subnational level. In the context of the financial crisis, the focus will be to reduce transaction costs and on enabling effective governance and the efficient use of resources. Targeting resources where it matters the most for scaling-up access and achieving results will be key.

Suggestions to UNAIDS to strengthen the relationship with the Global Fund were:

- UNAIDS should strengthen collaboration between the Global Fund portfolio manager and UNAIDS country offices.
- UNAIDS should provide support to enhance the involvement of civil society, particularly of populations at higher risk and people living with HIV, within the country coordinating mechanism and national AIDS commissions.
- UNAIDS should target resources where it matters the most in the context of the financial crisis.

2. Intensifying work with civil society, providing support to strengthen capacity and access to funding for communities

To reach the universal access goals in 2010 and the MDGs in 2015, individuals consulted in this dialogue urged UNAIDS to intensify its work with civil society and communities in countries. It was recommended that UNAIDS should shift from advocating for civil society participation to providing a real capacity support for programming and that UNAIDS should have an important role to play in coordinating technical assistance so that it better reaches communities.

Civil society urged UNAIDS to develop a clear strategy for strengthening their capacities. At present, it is unclear for civil society actors how to access technical support and engage with UNAIDS to request assistance. A clearer strategy would help to overcome the existing disconnect between the funding modalities of national programmes and the community response. In these times of economic crisis, it should be a priority for UNAIDS to facilitate and support community-based organizations to access resources and funding channels. Money and support are at present not adequately reaching key populations.

With UNAIDS being stretched in multiple directions at the country level, it was noted that it has been increasingly difficult for country teams to provide the right amount of assistance to civil society and reach out to the needs of key populations. UNAIDS should reassess where its direct assistance and support are most needed in order to respond effectively to the demands of the populations. Along these lines, UNAIDS should play a greater role in making
linkages between global, regional and national networks of key populations at higher risk (i.e. sex workers, men who have sex with men and injecting drug users), pooling into the expertise of these movements to make universal access a reality.

UNAIDS needs to support civil society institutions and to strengthen their capacity, knowledge and skills to build demand for universal access within communities and to request service delivery by governments and partners as a right. Supporting their increased representation, including that of community networks of key populations at higher risk, in policy-making forums should be a top priority in line with reinforcing the principle of the greater involvement of people living with HIV. Such forums may include national coordination bodies, planning and financial mechanisms such as the country coordination mechanism of the Global Fund, reviews of national strategic plans and universal access consultations. UNAIDS should continue facilitating the policy dialogue between governments and civil society actors, especially in difficult political and legal contexts.

From discussions with civil society, it was acknowledged that UNAIDS has fostered good links with the global and regional civil society groups, but challenges arise at the country level, stemming from the absence of effective communication channels. It was mentioned in some cases that UNAIDS country staff (i.e. partnership and social mobilizing officers) should be more aware of the stakeholder landscape and should engage with civil society actors in a more proactive and dynamic manner. The diversity of civil society partners was highlighted, as was the need to work with marginalized groups such as faith-based and grassroots organizations. As noted by civil society partners, engagement should not be dependent on personality type but rather on an institutionalized way of working.

Collaborating with civil society should therefore be a key priority for UNAIDS in 2009, in line with the recommendations of the Outcome Framework to “broaden and strengthen engagement with communities, civil society and networks of people living with HIV at all levels of the response.”

Suggestions to UNAIDS that came up most frequently around intensifying work with civil society were:

- UNAIDS should intensify its work with civil society and communities. UNAIDS therefore has an important role to play in better supporting civil society involvement in UNGASS (United Nations General Assembly Special Session on HIV/AIDS) country reporting, national decision-making and the country coordinating mechanism.
- UNAIDS should guide the coordination and work of the diverse civil society actors.
- UNAIDS should support community systems strengthening initiatives and play a greater role in providing assistance and transferring capacity to communities. In these
times of financial crisis, UNAIDS should help communities to develop capacities to access funding.

3. Coordinating technical support and providing assistance to the national authorities

Reinforcing technical support to national partners should continue to be a central feature of the work of UNAIDS. UNAIDS needs to assume a key role in helping countries to plan and manage technical support through national, regional and global mechanisms such as the technical support facilities. Equally, UNAIDS will continue to play a key role in helping national partners to access external financing. As an adviser on technical support, UNAIDS should identify and mobilize adequate expertise and give support to mapping assistance in relation to the needs of countries. As a technical assistance partner of national AIDS commissions, UNAIDS should continue to provide technical advice and validate enabling policies and the use of best practice in the development of national strategic plans.

To accelerate the HIV response towards the goal of universal access, it is expected that UNAIDS will serve as a technical assistance partner for universal access by:

- Providing strategic information.
- Disseminating best practices.
- Developing guidelines.
- Reinforcing the role of the regional technical support facilities.
- Supporting the capacity-building of national partners, including civil society and networks, and promoting their participation in advocacy and technical workshops on universal access.

Suggestions to UNAIDS that came up most frequently around the coordination of technical support were:

- UNAIDS should identify and mobilize adequate expertise and should give support to mapping technical assistance in relation to the needs of countries.
- UNAIDS will continue supporting the capacity-building of national partners, including civil society and networks, and promote their participation in advocacy and technical workshops on universal access.
IV. Becoming fit for purpose

Through internal consultations in countries and at Headquarters, UNAIDS Secretariat staff expressed a number of demands and highlighted some core areas needing attention in order for UNAIDS to deliver on its commitments and mandate. They noted that a number of changes within the organization need to take place quickly in order to achieve the goal of universal access by 2010.

Strengthening the capacity of UNAIDS country offices will be at the centre of the strategy of UNAIDS. UNAIDS needs to increase its visibility, advocacy, leadership and monitoring and evaluation capacities at the country level. Country offices have limited operational and financial capacities and are often not sufficiently equipped and staffed to deal with all the demands placed on them by Headquarters, the regional support teams and national partners. Strengthening country offices’ capacity in advocacy, provision of technical support, campaigning for universal access, monitoring and evaluation and resource mobilization will be essential.

Decentralizing the response of UNAIDS was mentioned as a solution to increase the effectiveness of the response in countries, and it was suggested to establish suboffices in large countries or to focus efforts and capacity where the epidemic is largest. UNAIDS country coordinators must be political agents and should play a strong advocacy and pressure role to maintain HIV at the top of the political agenda.

UNAIDS should as a priority build staff capacity and strengthen their technical skills. Country offices expressed the need to capacitate staff in key thematic areas—such as monitoring and evaluation, data utilization, harm reduction, prevention strategies—and encourage them to participate in technical workshops and seminars offered by Cosponsors. Regional support teams and Headquarters should work in collaboration to regularly update the knowledge of staff in countries on advances and new research in all thematic areas. Staff development and training must be expanded to further develop and encourage all staff to be ‘knowledge-based’ professionals. Enriching UNAIDS local offices with monitoring and evaluation country specialists will be critical, especially in small offices.

At present in the UNAIDS Secretariat teams sometimes work in isolation and accessing knowledge and information can be a real challenge. Communication must flow from countries to the Executive Director and senior management, rather than being a top-down flow. People with knowledge at all levels of the organization should be empowered to contribute to shared knowledge development. Modernizing and improving the internal communication system at UNAIDS will facilitate communication across the Secretariat and increase organizational cohesiveness and efficiency.
Finally, improving the way by which UNAIDS communicates, the channels of communication with the Cosponsors and the external environment and the flow of information between all levels of the organization will be a priority for all. Messages must be clear, joined up and focused so that there is a ‘brand’ of communication, repeated across the organization and recognized by external partners. These messages must come alive by working together and by providing a better match with the realities in the countries and by better collaboration with partners ready to contribute their insights and to add value.

Suggestions to UNAIDS to become fit for purpose were:

- UNAIDS should invest in staff development in order to develop their technical as well as leadership and negotiation skills. This will be key to ensuring that UNAIDS has credibility in leading the HIV response.
- UNAIDS should modernize and improve the internal communication system in order to facilitate communication across the Secretariat and to increase organizational cohesiveness and efficiency.

V. Way forward

To become the voice of the voiceless and to make a tangible difference to the lives of people living with and affected by HIV, the UNAIDS Secretariat will need to become a more participatory and country-focused body, aiming for flexibility and improved communication across all levels of the organization, with the goal of achieving tangible results on the ground.

Internally, UNAIDS will need to look into changing its organizational culture so that it becomes more inclusive and has a leadership that creates space for people to contribute, add creativity and give substance to the UNAIDS agenda.

In order to lead a successful response to HIV, UNAIDS will need to strategically position itself in the context of the broader health and development agendas, while expanding and strengthening its partnerships to overcome the barriers in reaching universal access to prevention, treatment, care and support.

At this time of great momentum for change, UNAIDS must use the opportunity of different assessments and evaluations to reflect on its ways of working and to provide concerted action on the strategic priorities of stakeholders. The findings and suggestions offered in the consultations, many of them reflected in this report, have formed the basis for advice given by the small facilitation team that worked for the first 100 days of transition. These will feed into the Executive Director’s leadership agenda for guiding the next steps in positioning UNAIDS to undertake its mandate in a rapidly changing global landscape.
ANNEX 1
UNAIDS partner consultations, New York, 9–14 February 2009


• The broad vision outlined by Michel is “exciting”. Though risky, it is needed to bring fresh energy into the programme (UNDP, UNFPA and UNICEF). Since 2010 is just several months away, direction-setting should be completed soon (UNDP, UNFPA).

• Universal access would make more sense if seen not just as a goal for 2010. It should be strongly linked to achievement of the MDGs by 2015 (UNDP, UNFPA).

• Resources within Cosponsors and other UN organizations, including staff with MDG expertise, are not necessarily available for bringing AIDS into the broader MDG movement. In-house advocacy and mobilization is needed (UNDP).

• Seeking synergies between AIDS and other programmes might be perceived as undermining efforts to fill specific gaps in the AIDS response (UNDP).

• There is a need for more open discussion about utilizing ‘AIDS dollars’ for programmes that contribute to the AIDS response less directly, such as those that keep girls in school (UNDP).

• Within the UNAIDS family, working jointly has paradoxically slowed things down. For example, Unified Budget and Workplan funds for gender that were earmarked as ‘interagency funds' have been poorly utilized (UNDP).

• Involvement of other Cosponsors and the Secretariat in UNFPA’s work planning on AIDS has been very helpful (UNFPA). This practice should be promoted (UNDP).

• At the country level, expectations from Joint UN Teams on AIDS should be realistic. For example, success in expanding access to condoms resulted more from collaboration with external partners than from Joint Teams (UNFPA).

• UNAIDS must look outward, not just at the UN, to move its agenda forward. For example, the presentation by Zambia in a recent meeting of hyperendemic countries proved more effective than previous communication from UN executives (UNDP).

• Joint missions by UN Interagency Task Teams and non-UN partners have been effective (UNICEF).

• The discrepancy between the large number of Joint UN Teams on AIDS and the small number of Joint UN Programmes on AIDS may be used to assess the effectiveness of Joint Teams (UNDP).
• Impediments to collaboration include insecurity on the part of some agencies about having a diminished role and less funding (UNDP) and self-importance on the part of some UNAIDS staff (UNFPA).

• Changing how UN teams work at the country level will require more incentives for collaboration, including funding support, as well as disincentives when warranted (UNDP).

• UNAIDS should not overlook the UNDAF process as a programming tool (UNFPA).

• Bilateral donors, by funding only joint programmes, may foster UN collaboration. Conversely, they may undermine joint programming by not giving it any importance when providing support to individual UN agencies (UNDP).

• Practical ‘tools’ may be developed to review relevant policies, promote evidence-based responses and prepare report cards, as UNFPA did for reproductive health (UNFPA).

• In addition to publications describing targets, it would be helpful to have UNAIDS documentation on where universal access actually is (UNDP).

• To mobilize broad support for universal access, ‘quick wins’ should be demonstrated. This can be done in the following areas: prevention of mother-to-child transmission and paediatric AIDS treatment (UNICEF) and sexual and reproductive health (UNFPA).

• Positive synergies should be sought in more areas than the four listed in the Note on Policy Direction (UNFPA, UNICEF, UNDP). The Unified Budget and Workplan should be used to facilitate synergies (UNDP).

• Political will and capacity are needed to effectively address concerns about men who have sex with men and other areas where the programme is lagging behind (UNFPA).

• Accountability should be given more emphasis by all Cosponsors. The regular reporting by UNDP and UNFPA, as well as by UNICEF, to their governing boards might also be possible with other Cosponsors (UNDP, UNFPA).

• There was a call for integrated care for women and children in the context of HIV in order to build synergies between efforts to achieve MDGs 4, 5 and 6 as well as UNGASS targets. There should be focus on high-prevalence countries where progress is lacking (WHO).

• There is a need for commitment to universal access of women and children to the full range of interventions that would improve their health and survival (WHO).

• Linkages between HIV and maternal, child and reproductive health programmes should be promoted and supported. District-level planning should be strengthened and comprehensive and integrated services should be implemented (WHO).
Feedback and key points raised by UN reform focal points (UNDP, UNICEF, WHO, World Food Programme (WFP), United Nations Development Group (UNDG))

- Michel’s call for action to achieve universal access by 2010 is a new drive that requires UNAIDS and partners to synergize their work.

- The main objective is to take AIDS out of isolation and to relate it to other areas of rights, access, laws, stigma and development. We also need to find synergies with the MDGs.

- AIDS can be an example that demonstrates that the UN is with the people.

- There were calls for discussion on what we have learned from UN coherence and to focus on opportunities where country-level work can be improved and how the UN can assist and engage countries on their commitments.

- What are the UN’s comparative advantages that can help countries overcome and identify barriers in AIDS and other cross-sectoral work? How is ‘one UN’ being moved forward at the country level?

- The ‘one UN/delivering as one’ compact is aimed at using the diversity within the UN as well as the complementarity of different parts as a strength. WHO and other agencies have been working with such advantages for system development, service improvement, and increasing primary health care.

- The UNDAF provides a framework for detailing what the UN can deliver in each country, through joint programming and other modalities. The UNDAF, however, does not encapsulate all areas of the work of the UN system at the country level. Other opportunities exist (e.g. 80% of UNDP programmes are outside of the UNDAF).

- Coherence. There has been the consistent question of how the work on AIDS informs the UN reform measures. It is critical to broaden this dialogue and see opportunities in using the lessons learnt from the ‘delivering as one’ and other reform processes to inform the work on AIDS.

- It was acknowledged that at the country level one of the biggest changes in the UN reform agenda is the functioning of the resident coordinator system and the collegiality and openness that has evolved among the UNAIDS country teams. There is a clear realization that this is critical to optimize UN system support and deliver the results in a more coherent manner.
Implications/challenges for countries

- The earlier processes where agencies consolidated their programmes within the UNDAF without necessarily mapping out modalities for operationalizing it has been seen to be ineffective and led to fragmentation. The reality of those processes had been questioned and donors had not necessarily supported them financially. This is changing with the new ways of planning and working towards common goals. Through the ‘expanded window’ and other ways, donors will look to fund UNAIDS country team programmes.

Lessons learned from UN reform and ‘delivering as one’ processes in relation to UNAIDS

- The “Three Ones” principles (one HIV/AIDS action framework (for all partners), one national AIDS coordinating authority and one agreed country-level monitoring and evaluation system) are concepts taken from UNAIDS experience that have been reflected in UNDG work and the resident coordinator system. These principles have been expanded to cover also joint funding, etc., and have been extremely beneficial to streamlining UN system support.

- The UNAIDS organization at the country level has evolved over time from the theme group concept and now comprises UNAIDS country coordinators working within the resident coordinator system, supported by the Joint UN Team on AIDS with broad representation by all UN agencies/funds/programmes and with substantial support also from the regional structures, including the regional directors teams and the regional economic commissions. The continued placement of the UNAIDS office within the resident coordinator office is critical.

- The current UNAIDS country-level organizational structure has worked well, although the limited staff in some countries are stretched very thin on the ground (e.g. Kosovo).

Opportunities for strengthening and enhancing universal access at the country level

- There is a need to sit down with everyone in the country and identify the issues that are interlinked and characteristic to the country. The next step is to have experts analyse and delegate the work.

- There is an urgent need to get a profile of the epidemic in each country, identifying where progress is lagging, followed by fast-tracking of priorities and action.

- There is a need for institutional incentives for agencies/donors to commit to the ‘delivering as one’ concept and to force changes within the UNAIDS country teams. There is a need for clarity on roles and responsibilities using the agreed division of labour among Cosponsors.
• We do have tools to support countries in establishing their national priorities. We have the lessons from the ‘delivering as one’ pilot, revised UNDAF guidelines that will be used by the 30 countries that will undergo UNDAF in 2009. By 2011 there would have been 90 new UNDAFs, which provides an excellent opportunity to redefine UN system contributions to national development priorities. There is also the ‘expanded window’ as an incentive for resources.

Operational/programmatic

• The country team is not selected as a team. Individuals are appointed to the team, so there is more of a group mentality where everyone works towards the same goal in his or her own way rather than a team mentality where everyone works together in a more close-knit fashion. This reality needs to be considered more in the outcomes expected.

• WHO has been holding weekly meetings where experts from different fields (systems, finance and medicine) come together and discuss current progress and problems in a cross-sectoral way. Within UNAIDS country teams, something similar can be promoted, where there would be a different theme for each week’s agenda for the team to discuss and focus on.

• We should not forget to utilize the regional coordination mechanism. Regional commissions can be helpful in pushing certain agendas effectively, as they have the strength of shared interests among the countries.

• (An example, the International Health Partnership and WHO’s work on the health sector, in relation to the UN).

• The International Health Partnership is a bilateral coalition based on the compact of a few selected countries for the governments, agencies and donors to focus on improving health care in order to reach the MDGs. Although this work does not currently include discussions on AIDS and other areas, opportunities exist.

• Is there a need to create compacts around AIDS at the country level?

With the progress made on the UN reform agenda and the functioning of UNDG, the Chief Executives Board, etc., and the streamlining of the functioning of UNAIDS country teams, there is no need for compacts. Once issues are identified at the country level that hinder progress on universal access, the agencies with their comparative advantage on those issues can collaborate to move the agenda. As needed, the Committee of Cosponsoring Organizations can be used to advocate globally.
UNAIDS, by its structure and mandate, is already a compact, especially with its Committee of Cosponsoring Organizations. The key question is how to transfer the commitments laid out in the compact to the country team.

Feedback and key points raised by civil society and permanent mission representatives

What is special about UNAIDS?

- **Leadership.** UNAIDS has provided bold leadership in the response to AIDS, often against challenges that seemed insurmountable.

- **Neutrality.** UNAIDS does not engage in partisan geopolitics. It has served as an impartial broker.

- **Credibility.** UNAIDS is recognized and trusted as an objective source of information and advice. Its advocacy is backed by evidence.

- **Expertise.** UNAIDS has been counted upon to provide sound technical support, not only in knowing the epidemic but also in improving programmes.

- **Understanding.** UNAIDS relates well with people most affected by HIV. It has worked closely with marginalized populations and populations at higher risk.

- **Openness.** UNAIDS has embraced the participation of civil society in various processes, including UNGASS reporting.

- **Joint programming.** UNAIDS can galvanize support and mobilize resources from its Cosponsors.

- **Convening power.** UNAIDS enjoys a unique authority to convene various stakeholders from the UN and beyond.

- **Ground presence.** UNAIDS has a network of regional and country offices that no civil society organization has. Its presence on the ground can connect institutions such as the Global Fund to people and communities.

In what areas can UNAIDS do things differently? What should it do to be more effective?

- **Leadership.** UNAIDS must not only mobilize leadership from governments, civil society and Cosponsors, it should also enable leadership within its own ranks. UNAIDS country coordinators in particular should have the political will and confidence to advance the UNAIDS agenda, as articulated by Michel, at the country level.
• Policy implementation. UNAIDS must harness relevant international resolutions more effectively for the purpose of empowering national responses. The injection of fresh energy into universal access (a goal mandated by the 2006 Political Declaration on HIV/AIDS) is a step in the right direction.

• Welding AIDS to the MDGs. UNAIDS should allay apprehensions that linking universal access to the MDGs might undermine gains made in the AIDS response. It should strive to demonstrate how the AIDS programme complements, rather than competes with, other programmes, such as those on gender, education, etc.

• Human rights. UNAIDS needs to demonstrate its commitment to human rights in the response to AIDS, especially since there has been “no real leadership” on human rights from its Cosponsors. Among many concerns, criminalization of HIV transmission should be forcefully addressed. Likewise, where governments have ignored relevant national targets (e.g. services for injecting drug users, men who have sex with men and sex workers), UNAIDS should undertake stronger advocacy.

• Aid effectiveness. UNAIDS can be a watchdog on behalf of civil society to ensure that funds committed at the global level are used effectively at the grassroots level. This proposed role may be significant in light of the current financial crisis and considering civil society’s lack of access to intergovernmental processes on aid effectiveness.

• Maximizing impact. UNAIDS can be more vocal against interventions that place a higher premium on the interests of donors than on the needs of intended beneficiaries. For example, the use of expensive consultants and branded medicines cannot be condoned where local expertise and generic drugs are available.

• Accountability. UNAIDS should be more firm in holding governments to account, including bilateral donors, whenever commitments are not met. UNAIDS must likewise hold itself accountable.

• Unity of purpose. UNAIDS should help Cosponsors overcome entrenched institutional barriers, both at the global and the country levels, in order that all agree to work according to a common agenda.

• Capacity-building. UNAIDS could play an important role in building capacity to address neglected areas or where expertise is lacking (e.g. HIV in prison settings). In terms of capacity in advocacy, civil society representatives who attend intergovernmental meetings (e.g. the follow-up to UNGASS) would appreciate support from UNAIDS.

• Coalition building. UNAIDS should involve stakeholders who were not previously involved in the AIDS response, including academics and human rights advocates. Partnership forums should be promoted more vigorously.
• Communications. UNAIDS should proactively seek to inform potential partners about its work. Foundations and corporations in particular may be encouraged to be involved in the AIDS response.

Which partnerships should UNAIDS broaden and optimize? How?

• People living with HIV. Notwithstanding the progress made, UNAIDS must reinforce its solidarity with people living with HIV. The impact of HIV on people should always be at the front and centre of the response.

• Civil society. UNAIDS should take full advantage of its network of regional and country offices to foster coordination/collaboration between civil society organizations within and across national boundaries. Its role as a broker should also be employed to bridge gaps between civil society and intergovernment organizations and the Global Fund.

• Champions of related causes. UNAIDS should ally itself with strong advocates outside the AIDS community. For example, it could take full advantage of the interest and commitment demonstrated by human rights groups.

• Governments. UNAIDS should not only promote public accountability but also should help governments deal with difficult issues at various levels, including locally. The Netherlands, as chair of the PCB next year, expects UNAIDS to strongly support priorities such as prevention services for vulnerable groups and the promotion of sexual and reproductive health.

• PEPFAR. UNAIDS should seize the opportunity presented by the Obama administration’s re-evaluation and redirection of the US foreign assistance programme, including PEPFAR. For example, it should advocate channelling resources from abstinence only and similar interventions to more effective programmes.

• Private sector. UNAIDS has to tap into the resources of the private sector. It may provide guidance for corporations and foundations that are already committed to help communities.

• Academia. UNAIDS can work more closely with academic institutions to bridge gaps in research (e.g. the lack of solid data on how AIDS programmes help to address other priorities such as health system strengthening).

• Young people. UNAIDS should have a genuine, not token, partnership with young people. In particular, adolescents should be empowered.

• Cosponsors. UNAIDS should optimize its relationship with the Cosponsors and other UN organizations. It must be more assertive in exercising its convening power and coordinating function. Joint programming should not only be a process—it should produce tangible results.
What next?

• Michel’s letter. In light of the priorities already spelled out in the UNAIDS Executive Director’s letter to partners, there should be more clarity on how the ongoing consultations would be used to influence or expand UNAIDS’ priorities.

• Second Independent Evaluation of UNAIDS. The UNAIDS road map to universal access should be informed by the forthcoming recommendations of the Second Independent Evaluation.

Beyond 2010. In anticipation of the reality that many countries will not meet their universal access targets by 2010, UNAIDS should be ready to: analyse what actually happened; present a strategy on what needs to be done next; craft messages to offset possible frustration on the part of communities; and, more importantly, encourage all stakeholders to redouble efforts to achieve universal access.
UNAIDS partner consultation, New York, 9–13 February 2009

UNAIDS Cosponsors

UNFPA
Thoraya Obaid, Executive Director (obaid@unfpa.org)
Purnima Mane, Deputy Executive Director (manep@unfpa.org)
Bettina Maas, Director, Office of the Executive Director (maas@unfpa.org)
Steve Kraus, Global Coordinator (Kraus@unfpa.org)

UNICEF
Ann Veneman, Executive Director (aveneman@unicef.org)
Saad Khoury, Deputy Executive Director (skhoury@unicef.org)
Jimmy Kolker, Global Coordinator (jkolker@unicef.org)
Thilly DeBoldt, UNAIDS Focal Point (tdeboldt@unicef.org)

UNDP
Olav Korven, Assistant Administrator (olav.korven@undp.org)
Jeffrey O’Malley, Global Coordinator (Jeffrey.omalley@undp.org)
Nadia Rasheed, UNAIDS Focal Point (nadia.rasheed@undp.org)

Office of the Secretary-General
Bob Orr, Assistant Secretary-General for Policy and Planning (orrb@un.org)
Silva Bonacito, Programme Officer (bonacito@un.org)

Department of Economic and Social Affairs
Nikil Seth, Director, Office for ECOSOC Support and Coordination (seth@un.org)
Navid Hanif, Chief, Policy Coordination Branch (Hanif@un.org)
Leslie Wade, Deputy Chief, ECOSOC Branch (wade@un.org)

DOCO
Debbie Landey, Director (Deborah.landey@undg.org)

ECOSOC
Ambassador Sylvia Lucas (Luxemburg), ECOSOC President
Leo Faber, Counsellor

**Council on Foreign Relations**

Laurie Garrett, Senior Fellow for Global Health (lgarrett@cfri.org)

Kammerle Schneider, Assistant Director, Global Health Program (kschneider@cfri.org)

Peter Navario, Fellow, Global Health Program (pnavario@cfri.org)

**International Treatment Preparedness Campaign**

David Barr (d.barr@earthlink.net)

**Participants in the partner round table**

1. Jacob Gayle, Ford Foundation (j.gayle@fordfound.org)

2. Mary Ann Torres, International Council of AIDS Service Organizations/ICASO (maryannt@icaso.org)

3. Kim Nichols, African Services Committee (Kimn@africanservices.org)

4. Jonathan Cohen, Open Society Institute/OSI (jcohen@sorosny.org)

5. Serra Sippel, Center for Health and Gender Equity (ssippel@genderhealth.org)

6. Mabel Bianco, Fundación para Estudio e Investigación de la Mujer/FEIM-JWAC (mbianco@feim.org.ar)

7. Alexandra Garita, International Planned Parenthood Federation/IPPF-WHR (agrita@ippfwhr.org)

8. Aline Lemoine, Human Rights Watch Health and Human Rights Division (hhrin1@hrw.org)

9. Kate Bourne, International Women’s Health Coalition/IWHC (kbourne@iwhc.org)

10. Lisa Carty, Center for Strategic and International Studies/CSIS (Lcarty@csis.org)

11. Marit Van Zomeren, Netherlands Mission (marit-van.zomeren@minbuza.nl)

12. Fredrika Obrant, Swedish Mission (fredrika.obrant@foreign.ministry.se)

13. Bernadette Denzinger, German Mission (wi-rendar6@newy.auswaetnges-omt.de)

14. Marlies Stecher, German Mission (Marlies.Stecher@diplo.de)

15. Stuart Burden, Philanthropy Adviser (stuart.burden@gmail.com)

16. Eric Sawyer, AIDS Activist (csawyer@iqc.org)
17. Vanessa Brocato, Community HIV/AIDS Mobilization Project/CHAMP (vanessa@champnetwork.org)

18. Dianne Stewart, Global Fund (dianne.stewart@theglobalfund.org)

19. Zonibel Woods, Ford Foundation (z.woods@fordfound.org)

20. Terry McGovern, Ford Foundation (T.mcgovern@fordfound.org)
ANNEX 2

Highlights of consultations with civil society partners

UNAIDS civil society consultation—input from the MSMGF

The Global Forum on MSM & HIV

Notes for UNAIDS consultation on civil society participation towards universal access

Identifying where progress is lagging and priority actions to accelerate the response towards universal access

- MSM epidemics are escalating everywhere we look in the global south; e.g., Commission on AIDS in Asia Report projects nearly 50% of new infections in Asia will arise from male-to-male by 2020 if no change in investment, priority and programming. Governments in Africa, Caribbean Eastern Europe and Middle East have been particularly resistant to even acknowledging and engaging although there have been some signs in change among some after the ICASA in Dakar. Also, Asian governments are now acknowledging the issue but only a few are acting in any significant way (China, Thailand, and Vietnam).

While alarming HIV prevalence estimates among MSM have been circulated in the global AIDS arena for some time, there remains a profound disconnect between this data and the proportion of resources and political will dedicated to initiatives targeting this population. A useful tool for advocates would be more authoritative yet accessible data justifying the need to reach out to this community as a key priority in the movement to end HIV/AIDS. This could possibly take the form of:

1. biomedical/epidemiologic arguments for the necessity of addressing concentrated HIV epidemics in order to maintain gains in the general population;

2. Strengthened national HIV surveillance systems that specifically measure the extent of HIV among MSM (carried out carefully, with due risks associated with disclosure), for instance data to respond to the five UNGASS indicators.
relevant to MSM\(^3\). Establishing these structures will also provide baseline data to facilitate monitoring and evaluation of progress in HIV prevention and care among MSM.

3. A greater emphasis on the human rights framework in which the dignity and rights (including the right to health and freedom from stigma and discrimination) of all people are affirmed.

New mechanisms to improve civil society participation and ensure meaningful representativeness of all community groups and networks of people living with HIV, to reach together the goal of universal access

- There is now considerable on-the-ground energy among MSM organizations with emerging regional networks and a re-vitalized Global Forum on MSM and HIV (MSMGF) - but so far very little funding investment of these groups. UNAIDS can play a helpful role by urging major donors to invest immediately in networking among MSM and their organizations - at local, national, regional and global levels.

- UNAIDS could work to urge the International AIDS Society to partner with the MSMGF to conduct an International MSM & HIV Conference in 2011 to kick-start major information exchange, consolidate networks, and skills exchange among emerging MSM practitioners, and organizations (similar to the early International Harm Reduction conferences).

- There need to be realistic means for stigmatized and criminalized populations (including MSM, sex workers and intravenous drug users) to participate meaningfully in decision-making bodies, without fear of repercussions or persecution; this will require flexibility and innovation on a per-country basis to reflect what is most appropriate and feasible the local context.

- Key affected populations’ lived experience should be recognized as the enormously valuable insight and expertise that it is, and taken seriously into consideration in formulating programs. Where direct input at stakeholder meetings is not possible, key populations could perhaps be convened separately to develop recommendations or a report that could be brought forward to the larger group, without necessarily compromising the safety or privacy of the individuals involved. Where available and readily accessible, online technology could be another avenue to facilitate input from

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\(^3\) Percentage of MSM who received an HIV test in the last 12 months and who know their results; Percentage of MSM reached with prevention programs; Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission; Percentage of men reporting the use of a condom the last time they had anal sex with a male partner; Percentage of MSM who are HIV infected.
civil society, though this will require appropriate awareness raising, promotion and outreach to key affected populations.

Ways to improve partnership between civil society and UNAIDS at the country level

- UNAIDS to ensure in-country UCC's have a positive, non-prejudicial approach to MSM issues (e.g., by instituting a training and familiarization program with input from the MSMGF).

- UCCs to be required to develop liaison relationships with existing and emerging MSM organizations - preferably fostering the development of national networks among them (including advocating with the government that this should be fostered).

- UNAIDS and MSMGF to negotiate a protocol whereby the MSMGF can indicate to UNAIDS instances where a particular UCC is operating in a prejudicial or otherwise damaging way in relation to MSM programs and issues.

- UNAIDS to develop relationships with key human rights bodies which may assist with de-criminalization of sex between men and encourage passage of anti-discrimination legislation for MSM and other sexual minorities (e.g., with UNHCR, UNDP, Human Rights Watch, IGLHRC, UK Foreign & Commonwealth Office/UK embassies).

The future role of UNAIDS: How could UNAIDS better leverage the relationship between civil society and governments?

- UNAIDS could sponsor/foster regional meetings involving government officials and MSM representatives. [Background: this worked very successfully in Asia as it provided a "neutral space" outside the country for these two groups to meet together - which had been impossible within country in many instances. The fact that other countries were doing it at the same time in the same meeting contributed to the 'legitimacy' of the exercise for the more reticent governments. The situation where government officials feel they cannot meet with MSM is likely to be the case in many African, Caribbean, E-European and Middle Eastern countries.

- UNAIDS to convene special (closed) meetings of particularly recalcitrant countries which otherwise refuse to engage with MSM organizations or individuals (e.g., as a by-invitation meeting at the Vienna IAC involving five or six ‘recalcitrant’ countries – meeting with well regarded countries modelling strategies for engaging MSM).
UNAIDS could take partner with UNDP to encourage countries to develop MSM Strategies (or sub-Strategies or National Action Plans - whichever is appropriate in the particular country) as quickly as possible given we have sound evidence these epidemics are expanding rapidly and need rapid intervention. One way to do this would be to persuade some major donors to establish a pool of funds, to be administered by UNAIDS or UNDP Regional Offices, to fund development of these country MSM Strategies/National Action Plans. The overall purpose would be to build-in national government's commitment to MSM programming in the long-term through a 'jump-start' with this 'incentive' scheme. UNAIDS/UNDP could also argue that much of the current and future HIV funds will be distributed through the GFATM - which is itself moving to require significant MSM components in country proposals. As the GFATM increasingly moves toward funding National Plans, rather than partial-component proposals, then countries which have a clear and credible MSM Strategy will be in a stronger position to have their programs funded in the increasingly competitive environment. This wouldn't require large amounts of money and would be a one-time-only expense per country.
Letter to Michel Sidibé from youth organizations

Mr. Michel Sidibé
Executive Director of UNAIDS
20, Avenue Appia
CH-1211, Geneva 27
Switzerland.

January 14, 2009

Dear Mr. Sidibé,

Young people working on HIV and AIDS (represented here by seventeen diverse youth organizations) wish to congratulate you on your recent appointment as the new Executive Director of the Joint United Nations Programme on HIV and AIDS (UNAIDS). We are pleased that you were selected for such a key position given your extensive knowledge of the issues involved in achieving universal access. We are particularly happy with your appointment because of your demonstrated commitment to gender equity, support of community involvement in the AIDS response and experience working with developing countries.

As you begin your first term, we encourage you to maintain your support in ensuring the meaningful participation of young people, especially young people living with HIV, at all levels of the HIV and AIDS response. While in the past UNAIDS has supported several youth initiatives and raised awareness about youth AIDS issues, we believe that with your appointment the agency can increase its efforts to build youth leadership and scale-up HIV prevention, treatment, care and support for young people.

We hereby urge you to prioritize the following key points:

Foster youth leadership and build the capacity of new leaders in the HIV and AIDS response:

It is vital for young people to voice their perspectives, needs and ideas to policy-makers, and for young people to meaningfully participate at all levels of decision-making and program implementation processes that impact their lives. Young leaders require significant investment through technical training, learning opportunities and mentorship by adult experts. The internship program UNAIDS has implemented for young people at headquarters is one example of a youth leadership program; the quality of the program should be improved and then extended to the regional and national level by all UNAIDS’ offices. UNAIDS could also create youth advisory panels that play a substantive role in informing program and policy design at the regional or country level.
We ask for your commitment to ensuring youth participation and leadership within key decision-making bodies at UNAIDS such as the Inter-Agency Task Team (IATT) on Young People and HIV, Technical Support Group on Most At-Risk Adolescents, as well as in local, regional and international forums where the agency is involved. UNAIDS is also a key ally in helping to mobilize crucial resources for youth-led initiatives – we ask that you continue to leverage financial resources for youth-led initiatives working towards Universal Access.

Take urgent action to achieve youth-related Universal Access targets by 2010:

We ask that you take bold leadership in guiding countries to respond effectively to stigma and discrimination towards young people, particularly young people living with HIV; to advocate for the availability and access of comprehensive sexuality-education that educates youth about all available choices and is not based on abstinence-only models; to secure youth friendly sexual and reproductive health services including information and counseling that are confidential and non-judgmental for all young people; and to design and implement youth friendly harm reduction services.

In addition, we ask you to consider the special needs and rights of young people who are part of key at-risk populations such as young injecting-drug users, young sex workers and young men who have sex with men, as well as those most affected in some regions such as young women.

We are confident that UNAIDS will greatly benefit from your expertise and leadership. We look forward to continuing our collaboration with you and your team in the future and we wish you a very productive 2009.

If you wish to contact us you can send an email to ahumadac@worldaidscampaign.org or office@youthcoalition.org.

Thank you and Best regards.
Advocates for Youth
CHOICE for Youth and Sexuality
Espolea (Mexico)
Global Youth Coalition on HIV/AIDS (GYCA)
Interfaith Youth Coalition on HIV/AIDS (IYCA – Myanmar)
International Federation of Medical Students Associations (IFMSA)
International Planned Parenthood Federation (IPPF)
International Planned Parenthood Federation – Western Hemisphere Region (IPPF-WHR)
Positive Youth Outreach
Staying Alive Foundation  
Students Partnership Worldwide  
World AIDS Campaign  
Young Positives  
Youth Coalition for Sexual and Reproductive Rights (YC)  
Youth Empowerment Against AIDS (Y.E.A.H)  

Youth R.I.S.E.  
Youth Support Forum (South Africa)  
CC.1 Kate Thompson, Chief of Civil Society Partnership Team, UNAIDS  
CC.2 Christine Ebrahimzadeh, Senior Advisor, Office of the Executive Director, UNAIDS  
CC.3 Jantine Jacobi, Senior Advisor towards Universal Access, UNAIDS  
CC.4 Sigrun Møgedal, UNAIDS and Norway’s Ambassador on HIV/AIDS
Recommendations brief to Michel Sidibé, UNAIDS Executive Director

UNAIDS Reference Group on HIV and Human Rights

Recommendations Brief to Michel Sidibé, UNAIDS Executive Director
January 2009

Context

Now more than ever, greater attention to human rights is essential to an effective response to HIV, including attaining universal access to prevention, treatment, care and support. It is also essential to the policies, expenditures and programmes of the UNAIDS programme.

On paper, the place of human rights in the response to HIV is well established. Under the leadership of Jonathan Mann and Peter Piot, WHO’s Global Programme on AIDS and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have highlighted the essential role of human rights in the response. However, for many reasons, now more than ever, the UNAIDS Executive Director and UNAIDS need to devote even greater attention to human rights in the response to HIV. Such increased attention is necessary to attain universal access to HIV prevention, treatment, care and support, itself a human rights imperative.

1. There are dangerous trends to ‘remedicalize’ the response to HIV by focusing on biomedical ‘quick fixes’ and neglecting structural issues such as human rights and gender. Such trends fail to acknowledge that AIDS often derives from and generates social inequalities, gender inequality, stigma and discrimination and other human rights abuses.

2. There are calls suggesting that limited HIV funds be reallocated from multisectoral responses towards strengthening health systems. Such calls fail to balance (a) the imperative to scale up medical and health system responses as part of the right to the highest attainable standard of health with (b) the need to address the human rights violations that continue to drive HIV vulnerability, exacerbate the epidemic’s impact, and impede access to HIV-related services. A human rights framework avoids a dangerous and distorting ‘either/or’ debate and comprises a universal framework that emphasizes the inherent dignity of all persons and the mutuality and necessity of ensuring the right to treatment and health-care services, together with the need to simultaneously address the social, economic and legal determinants of HIV.

3. In the context of the current global financial crisis, there is a real risk that the resource commitment to achieving universal access to HIV prevention, treatment, care and...
support will wane and that the expansion and sustainability of treatment and care may be brought into question. As other major global issues, including the current food crisis, which disproportionately impacts on populations affected by HIV, will be competing with HIV for political commitment and funding, it becomes even more imperative to ensure that resources to address HIV are spent both effectively and equitably.

4. Increasingly, countries are passing punitive laws that seek to ‘deter’ or ‘enforce’ certain behaviours (e.g. HIV transmission, disclosure of HIV status, respectively). Such laws will not prevent new infections or reduce vulnerability to HIV, and they will negatively impact upon both public health and human rights. At the same time, many countries fail to pass and/or enforce laws that would protect women from gender inequality and sexual violence; protect people living with HIV from discrimination; decriminalize key populations at risk and protect them from discrimination and violence; remove barriers to provision of comprehensive and evidence-informed HIV prevention, treatment, care and support; and support access to essential medicines.

5. National responses to HIV continue to fail to deal with the drivers of the epidemic or with the populations most affected by HIV infection and its impacts. In particular, they fail to:

   a. Address the actionable intersections between vulnerability to HIV infection and impact; and the legal, social and political forces that drive such vulnerabilities.

   b. Address the controversial issues at the heart of the epidemic, including gender inequality, violence against women, harmful male gender norms, age-disparate sex and underage sex, sex out of marriage, sexual violence in relationships and marriage, sex work, same sex sex, drug use, stigma and discrimination, marginalization and criminalization of populations at risk.

   c. Direct sufficient resources, programming and political commitment to the populations most affected by HIV infection and its impacts: women, young people, orphans, vulnerable children and children living with HIV, as well as criminalized and marginalized populations that often face major barriers to accessing HIV prevention, treatment, care and support: people who use drugs, sex workers, men who have sex with men and prisoners.

Therefore, the UNAIDS programme’s capacity and commitment to address human rights must be strengthened.

A major aspect of the strength of UNAIDS, under the leadership of the UNAIDS Secretariat, has been its promotion of the protection and fulfilment of human rights in the response to HIV—
consistently embracing the importance of human rights, standing by and supporting those affected, challenging the inequities at the heart of the epidemic and speaking out on behalf of the most marginalized.

Because of all the factors described above with regard to the current context, the UNAIDS programme must continue, and indeed strengthen, its commitment and capacity to support governments, donors, bilateral agencies and communities to address the human rights issues in the HIV epidemic. UNAIDS must be an ‘activist’ programme within the United Nations, expressing enduring and real commitment to human rights, training its staff on human rights, rewarding them for being strong on human rights issues and programmatic responses, and displaying leadership on human rights at all levels, including at the regional and country levels. Without this orientation based on its UN system human rights mandate, the UNAIDS programme loses its unique added value and risks becoming a second-rate development actor among many, with far fewer financial resources.
Recommendations

1. The commitment to human rights and rights-based responses to HIV throughout the UNAIDS programme should be strengthened and made more explicit.

The UNAIDS Executive Director should increase his leadership and advocacy for rights-based approaches to the HIV epidemic. This should be made concrete by:


   b. The inclusion of human rights issues in all speeches and missions by the Executive Director, including visiting organizations representing vulnerable groups and working on human rights responses to HIV.

   c. The development by the Executive Director, with the support of UNDP, of a costed strategy by which to ensure human rights input and analysis of all major initiatives and activities in the UNAIDS programme, as well as national responses to HIV.

   d. The development of a communications strategy on rights-based approaches to HIV for senior management in the UNAIDS Secretariat and senior managers in the Cosponsors working on HIV, in collaboration with UNDP.

   e. Undertaking a number of initiatives to ensure that human rights (as well as gender and the greater involvement of people living with HIV) remain corporate and cross-cutting priorities and that the UNAIDS commitment to these priorities is intensifié and elaborated, among other things by:

     - Developing a comprehensive strategy by which to ensure that the commitment to these priorities is understood, rewarded and measured throughout the programme;
     - Reviewing programme capacities and resources on these three corporate priorities;
     - Developing a strategy by which to ensure that there is greater collaboration and strategic planning regarding how different elements in the programme promote and integrate these priorities in their work, including at the national level;
     - Reviewing the placement of human rights, gender and the greater involvement of people living with HIV in the UNAIDS Secretariat, with a view to making changes that will ensure that human rights, gender and the greater involvement of people living with HIV are understood as corporate priorities, that every manager and staff member has obligations to reflect these priorities in their work and that staff performance will be judged in these terms;
     - Regularly speaking out against HIV-related human rights violations.
2. Technical capacity and financial support for programmatic responses supporting human rights in national HIV responses should be greatly expanded.

The Executive Director should ensure that there is increased commitment to the funding, planning, implementation, monitoring and evaluation of programmatic responses supporting human rights in national HIV responses. As a priority, the Executive Director should call for the development of guidance on programmes to support human rights in national responses to HIV, in the context of supporting countries towards universal access to HIV prevention, treatment, care and support. The need for this is underscored by the fact that governments frequently express commitment for rights-based responses to HIV without translating this commitment into programmatic action.

The Executive Director should promote and develop support for rights-based responses as a policy and programmatic obligation equal to that of HIV prevention, treatment, care and support. Thus, institutions and processes that provide technical assistance to national and regional responses, as well as to funding proposals and to those providing funding, should be able to provide and promote technical expertise on human rights (as well as gender and the greater involvement of people living with HIV) and on law, law enforcement and access to justice related to HIV.

The Executive Director should call for the development of a strategy by which to engage bilaterals and funding agencies and modalities to provide greatly increased funding for rights-based and gendered responses to HIV, for community empowerment and for specific programmes to support human rights in national AIDS responses.

3. Staff training on human rights, as well as enabling staff to assist countries in the development of a supportive legal environment, should be a major priority.

The development and implementation of training, core competencies and performance review indicators on rights-based approaches to HIV for all professional staff of the UNAIDS Secretariat and staff of the Cosponsors working on HIV should be an urgent priority. This

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4 These programmes include the following: ‘know your rights’ and laws campaigns; legal aid for people living with HIV and members of vulnerable and marginalized populations at higher risk of HIV, provided in various forms (formal legal services, community paralegals, community dispute resolutions under traditional laws); programmes to ensure adequate training in non-discrimination, informed consent and confidentiality for health-care workers; programmes to ensure adequate training/sensitization of police and judges in non-discrimination, non-violence and addressing violence against women; programmes to reduce stigma and discrimination against people living with HIV and those vulnerable to HIV, including people who use drugs, sex workers, men who have sex with men and prisoners; programmes to support legal audits and law reform aimed at removing barriers to HIV prevention, treatment, care and support, including for people who use drugs, men who have sex with men, sex workers and prisoners; programmes to change harmful gender norms that make men, women and young people vulnerable to HIV infection; programmes to address the sexual violence and coercion that place girls and women at risk of HIV infection; programmes to ensure urgent and sufficient attention to the provision of paediatric antiretroviral therapy; programmes to ensure adequate support for orphans and vulnerable children and caregivers; programmes to ensure that people who inject drugs and members of other vulnerable, marginalized and criminalized populations have equitable access to HIV prevention (including harm reduction measures), treatment, care and support.
training should include a commitment to the promotion of rights-based approaches to HIV and to empower and support UN system staff to exercise the ‘human rights challenge function’ where governments, the international community and donors fail to respond to the needs of those living with and most affected by HIV with sufficient political attention, resources and programming and where individual cases of human rights violations occur in the context of the response to HIV. The training should also include training on effective strategies to support an enabling legal environment.

Staff throughout the programme, as appropriate, should understand that work with parliaments, ministries of justice, the interior and migration, the police and the judiciary is essential to ensure that the legal environment is one that enables an effective, rights-based and equitable response to HIV at the national level, particularly for all those most vulnerable to infection and most affected by HIV.

4. **Expanded commitment, resources, capacity and action are needed for the promotion of gender equality and the greater involvement of people living with and affected by HIV.**

The Executive Director should ensure that a major and urgent priority of the UNAIDS programme is to shift political attention, resources and programming to the vulnerabilities and needs of women and girls. This requires more funding for and implementation of a much wider range of programmes to support women and girls, including programmes: to protect women from infection in marriage; to empower women in households affected by HIV; to keep girls in schools; to empower women/girls to refuse sex, practice safer sex and/or use condoms; to promote greater accessibility to and affordability of the next generation of female condoms; to ensure that women can benefit from equality in inheritance and property rights; and to ensure that laws exist against sexual violence, including in marriage, and that these laws are adequately enforced and accompanied by the services that women and girls who are victims of sexual violence need, including access to post-exposure prophylaxis. In addition, the vulnerabilities and needs of men who have sex with men and transgender persons, as well as men and boys more broadly and, where appropriate, lesbians and bisexuals, also need greater attention, resources, and programming. This includes: scaling up appropriate HIV prevention, treatment, care and support services for men who have sex with men and transgender people; supporting efforts to repeal laws that criminalize anal sex or sex between men or between women, which are a serious barrier to an effective HIV response; and developing and integrating efforts to challenge the impact of harmful gender norms on men and boys as well as women and girls, in the context of their potential vulnerability to HIV.

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5 Rights-based approaches to HIV seek to empower rights-holders (vulnerable and affected communities) to claim rights and duty-bearers (governments and the international community) to protect and realize rights in the context of the response to HIV; seek to ensure that HIV structures, processes, policies and programmes are implemented in ways that support human rights principles (non-discrimination, inclusion/participation, accountability, responsibility and transparency); seek to ensure that HIV structures, processes, policies and programmes further the protection and realization of human rights standards; seek to ensure that HIV structures, processes, policies and programmes include the appropriate funding and support to address rights-related drivers of the epidemic and community and individual vulnerabilities.
The Executive Director should intensify efforts throughout the programme to empower people living with HIV to realize their rights to participation, inclusion and self-determination. These efforts should include:

a. The development and implementation of training, core competencies and performance review indicators on the Greater Involvement of People Living with HIV/AIDS Principle for all professional staff of the UNAIDS Secretariat and the staff of the Cosponsors involved in HIV.

b. A programme-wide strategy to intensify the greater involvement of people living with HIV.

c. Relocation of the Civil Society Partnerships and Gender Teams to the programme side of the UNAIDS Secretariat.

d. Advocacy with funders on the need to provide increased funding for the capacity-building needs of organizations of people living with HIV, recognizing that they are often under-resourced and over-stretched and that greater involvement of people living with HIV and advocacy by them must be adequately supported.

In addition, the Executive Director should make greater and meaningful participation of vulnerable and marginalized populations at greater risk of HIV, including women, youth, people who use drugs, sex workers, men who have sex with men and prisoners, a priority of the programme, recognizing that there are human rights and public health imperatives for their involvement in the development, implementation, monitoring and evaluation of HIV policies and programmes impacting upon their lives.

5. The commitment to a multisectoral response to HIV, including community empowerment, should be renewed and strengthened.

The Executive Director should increase efforts to ensure that the response to HIV remains multisectoral as well as supportive of community and individual empowerment and protection in the face of HIV. In particular, the Executive Director should:

a. Ensure that efforts are increased to empower individuals and communities to know their rights and be able to demand them and to engage and empower different sectors in national and local government to realize those aspects of human rights critical to effective responses to HIV.

b. Resist calls to medicalize and/or reduce the response to a single sector.

c. As part of an intensified commitment to a rights-based response, seek to develop a strategy to re-energize the roles, commitments and comparative advantages of the Cosponsors and Secretariat and ensure that his own staff, as well as that of the Cosponsors, at the national level are sufficiently engaging with and supporting key sectors that have too often been ignored in the HIV response (e.g. ministries of justice,
d. Call for the development of clearer systems of accountability for the Secretariat and Cosponsors in the programme, as well as for key sectors at the country level, to support this multisectoral response.

e. Support initiatives aimed at strengthening health systems, while emphasizing that they are only one, albeit important, component of efforts to realize the right to the highest attainable standard of health and should not divert attention and resources from the need to address other critical social systems (e.g. education, justice) and the human rights violations that continue to drive HIV vulnerability, exacerbate the epidemic’s impact and impede access to HIV-related services.

f. Ensure that the UNAIDS programme develops guidance and training for all relevant staff, particularly those at the country level, to enable them to (1) monitor and avoid any negative consequences of vertical spending on HIV and (2) track, support and enhance the positive impacts of the response to HIV on health and other systems, as appropriate.

6. The commitment of the UNAIDS programme to universal access to HIV prevention, treatment, care and support should be intensified.

The Executive Director should continue and intensify his commitment to universal access. The goal of universal access is a framework for equity and accountability in the response to HIV. Reaching universal access is also a vital and necessary step in achieving key aspects of various human rights and a fundamental component of achieving several of the MDGs. As part of this commitment, the Executive Director should:

a. Ensure that the UNAIDS Secretariat more clearly delineates what is meant by ‘universal’ and ‘access’, takes a rights-based approach to universal access and speaks out about the need for countries to achieve appropriately ambitious targets.

b. Push for equitable access to prevention, treatment, care and support by marginalized communities (including sex workers, men who have sex with men, people who use drugs and prisoners).

c. Call for a fourth pillar on which universal access must rest, ‘non-discrimination’ (in particular non-discrimination against people living with HIV, against women and against marginalized populations), making this area also a programmatic obligation comparable with prevention, treatment, care and support.

d. Ensure that sufficient political, funding and programmatic attention is devoted to the realization of non-discrimination, highlighting that—as is the case with universal
access to HIV prevention, treatment, care and support—it will never be achieved without such attention.

e. Call for the development of recommended indicators in the context of achieving universal access by which to measure whether: people affected by HIV are aware of their rights and have access to remedies; sufficient programmes to address sexual violence and gender inequality in the context of HIV are in place; children affected by HIV are receiving protection and support; caregivers are benefiting from economic empowerment programmes and social support; laws and policies protecting people living with HIV and marginalized populations are in place and adequately enforced; laws and law enforcement practices that create barriers to HIV prevention, treatment, care and support have been removed.

f. Call for the reform of national intellectual property laws to ensure that public-health-related Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) flexibilities are fully incorporated into domestic legislation.

7. The UNAIDS Secretariat should support an intensified and rights-based focus on HIV prevention.

While maintaining the full commitment to achieving universal and sustainable access to HIV treatment, care and support, the Executive Director should aggressively expand the promotion and support of evidence-informed and rights-based combination HIV prevention, ensuring the appropriate balance among biomedical, behavioural and structural prevention programmes. In particular, he should:

a. Call for enhanced focus and articulation of prevention programmes to address structural vulnerabilities of HIV, necessitating the engagement of the entire UN system, in particular the Cosponsors of UNAIDS.

b. Call on the UNAIDS programme to develop modalities by which to ensure that all groups that need access to HIV prevention measures and services receive them.\(^6\)

c. Ensure that ‘combination prevention’ is promoted and that it includes greater attention to the legal, social and political barriers to the roll out of HIV prevention, in particular the criminalized or highly marginalized status of populations at higher risk and the high levels of stigma and discrimination against people living with HIV.

d. Ensure that ‘combination prevention’ also includes sufficient attention to effective social mobilization and social change communications strategies to create demand for prevention, including a call for the ‘right to prevention’.

\(^6\) Including women in long-term relationships; young people, particularly young women in age-discordant relationships; men and women in multiple concurrent partnerships; sex workers and their clients; men who have sex with men; people who use drugs; people in closed settings, including prisons, pre-trial and other detention centres, and forced drug treatment centres; and mobile populations.
e. Ensure that prevention efforts include a greater focus on people living with HIV, providing them with programmes that protect their human rights and empower them to avoid passing on the virus.

8. **Increasing the capacity within the UNAIDS programme for dedicated and strategic work on human rights is essential.**

While supporting the role of UNDP as the lead in technical assistance to countries on human rights, gender and law, the Executive Director should call for the development of a strategy of mutual engagement, support and an efficient division of labour between the UNAIDS Secretariat and UNDP regarding support to human rights, gender and law issues. This strategy should be grounded in an understanding that UNDP and the UNAIDS Secretariat bring different strengths to the area of human rights and that maintaining and increasing capacity within the UNAIDS Secretariat, at Geneva, and at the regional and country levels, for dedicated work on human rights, gender and law issues is essential to the overall strategy to intensify the UNAIDS programme commitment to human rights, gender and the greater involvement of people living with HIV. With regard to the inherent human rights mandates of the agencies in the programme, more attention should be given to efforts to bring together all the human rights and gender equality efforts of the programme into a coherent strategy—a key role for UNDP in its lead role on human rights and gender in the programme.

9. **Strong relationships should be maintained with the Office of the UN High Commissioner for Human Rights and regional human rights bodies.**

The Executive Director should maintain strong, ongoing relationships with the Office of the UN High Commissioner for Human Rights and with regional human rights institutions, calling on them to take the lead on and support many critical human rights issues related to effective responses to HIV.

10. **The influence of the UNAIDS Reference Group on HIV and Human Rights should be extended.**

The Executive Director should continue to rely on the UNAIDS Reference Group on HIV and Human Rights to provide timely advice and support on emerging human rights issues and priorities, to push and support UNAIDS to fulfil its human rights mandate and to support rights-based responses at the international, regional and country levels. The Executive Director should call for modalities to extend the engagement and influence of the Reference Group to all UNAIDS Cosponsors.
ANNEX 3

Key questions guiding the e-dialogue on universal access

- What does it mean that UNAIDS is making universal access the major priority for all of our work and what are its implications?

- What are the areas where UNAIDS should be focusing over the next two years so that we make sure that we can deliver results on the ground? What are the major gaps and how can we push forward on these?

- What do we need to change in the way we work (with Cosponsors, the Global Fund, partners, communities and civil society) to support countries more effectively? How can we push for UN reform at the country level?

- How can we monitor progress country by country?

- How do we ensure that we become an effective knowledge-based organization and that the actions we take are well informed by data and science?

- How do we, as an organization, work more effectively to make sure our work is integrated and coherent?

- How can the AIDS responses, in concrete ways, strengthen health systems and serve broader health-care goals?
ANNEX 4

Selected feedback from the e-dialogue on universal access

Topic 1. Focusing where progress is lagging behind, country by country

Where has progress been slow and how can all partners come to a shared understanding of the HIV epidemic in each country?

TakingITGlobal
International organization

I am extremely glad to be able to participate in this e-dialogue with many like-minded individuals here who are absolutely committed to eradicating HIV/AIDS. Once again thank you all for giving a voice to the many that needs it.

Many of the areas which I believe need accelerated action have been addressed in the Report on global AIDS epidemic. There are areas (e.g. universal access), however, I would love to raise.

In the report, it states that "participation of civil society is an essential part of the reporting process" and, indicated that civil society provided input in 82% of countries, and people living with HIV provided input in 75%.

Needless to say, civil society has had indeed played an important role in the fight against AIDS. To be sure, many in the developed countries thought that the AIDS epidemic would be eradicated if mountains of money were heap onto the AIDS-stricken countries. This is plain untrue and this is the first point I want to make to the third question asked: People must stop thinking that the AIDS epidemic could be easily solved with money.

If UNAIDS wants to be a convener and bring all actors together, it has to first raise awareness that the AIDS epidemic is multi-faceted, and one in which money alone cannot solve. Failing to do so would mean apathy and less engagement. Secondly, UNAIDS has to convince the actors and civil societies (from the examples in the report) that they could possibly do a lot to help fight AIDS. Many civil societies in the world are not empowered to take charge of AIDS in their own community due to the perceived herculean task. Civil societies have got to realize that even without adequate government support, itself alone could do a lot more than they are doing now. What UNAIDS could possibly do is to provide best practices, success stories or strategies to countries where civil society response is feeble. In an epidemic as huge as AIDS, we would need all the help we can get.
UNAIDS couldn't possibly do all these alone. UNDP is working alongside UNAIDS to ensure that the necessary are on the ground to facilitate the delivery of medicine etc. One cardinal part of the UNDP is democratic governance and that could be the panacea to feeble civil society response. As we all very well know, there are civil societies which have done a lot for the fight against AIDS; however, before civil society can be allowed to do so, the country needs to be democratic. Civil society is a necessary ingredient in a democracy and a democracy cannot be considered a democracy without a flourishing civil society. Democratic governance is an umbrella under which many components fall under and civil society serves as the key component. The respect for human rights, the prevalence of the rule of law and justice, I believe, could further empower civil society.

All too often, in authoritarian countries where human rights and justice are but a mirage, citizens are fearful and unsure of taking charge of matters which may very well be theirs in a democratic country. Like the recent US election where Obama won by a huge margin, we learn that people have this inherent need to participate in their own electoral process. With that understanding, an extra effort is needed to make this a reality and this brings me to the third and final point: Access.

People could be empowered to act and yet lack the process by which they could take action (the e-dialogue being a very good example where any like-minded individuals anywhere could participate). Information must be made available freely in countries where civil society is lagging. I believe with free flow of information, and, of course, access thereof could give civil society a sorely needed boost.

**UNDP**

**Cosponsor**

While the latest reports show that approximately 4 million people living with AIDS who require antiretroviral therapy are on treatment, 2 million people still died of AIDS in 2007. Despite the increase in treatment levels, there are significant disparities between countries, ranging from Namibia and Botswana who have achieved upward of 90% treatment levels to several that are have barely managed to put a fraction of those who need it on treatment.

Challenges to universal access in developing and least developed countries are multifaceted. They include a shortage of public financing, high medicine prices, health system challenges, inadequate domestic intellectual property laws and an inability to procure reasonably priced medicines to name but a few. In order to move closer towards sustainable treatment programmes, one of the important steps that developing and least developed countries can take is to incorporate public health related flexibilities and safeguards available in the WTO's
Agreement on Trade related Aspects of Intellectual Property Rights (TRIPS) into domestic intellectual property legislation.

Despite the 2001 Doha Declaration on TRIPS and Public Health which expressly confirmed the right of WTO members to use flexibilities as a tool to reduce medicine prices and to improve public health, there is still a disconnect between policy space created at the international level and the implementation of those flexibilities at a domestic level. This is a gap that can be addressed by developing country governments in partnership with organizations like WHO and UNDP, who view the implementation of intellectual property from a public health lens.

**Association of Positive Youth in Nigeria (APYIN)**
**Civil society**

Since the face case of HIV/AIDS was reported in the world, the pandemic has change the behavior of the world, the disease has killed 25 million people and infected 40 million more. It has become one of the world’s leading causes of death among both women and men aged between 15 and 59. It has inflicted the single greatest reversal in the history of human development. In other words, it has become the greatest challenge of our generation.

As the number of infections continues to increase, stigma and discrimination remains a formidable challenge to achieve universal access to prevention, treatment, care and support. HIV/AIDS-related stigma and its associated discrimination affect all aspects of HIV prevention, diagnosis, treatment and care. HIV thrives in an environment of ignorance and erodes social support for infected people, which is access to information, support, economic and legal services.

One lesson we have learnt in the Care and Support Project is that stigma and discrimination promotes the culture of silence – people fear to talk about HIV and AIDS, let alone disclose their status. Stigma, discrimination, Poverty and denial, as well as lack of confidentiality, contributes to a climate of fear. This undermines prevention, care and treatment efforts and further increases the impact of the epidemic on individuals, families, communities and society at large.

The impact of stigma on the affected individual can lead to depression, guilt and shame, as well as to behaviour that limits participation within communities and access to services intended to assist them. HIV/AIDS-related stigma constantly reminds members of the discriminated groups that they are social outcasts or even deserve to be punished. If people
are mocked or treated with hostility, they may feel uncared for and are therefore less likely to take steps to protect themselves. HIV/AIDS-related stigma and discrimination is a major obstacle to effective prevention and care for it can prevent governments (national authorities) from getting a true picture of the burden of the pandemic because people are not coming forward for testing, care and support. This compromises planning, allocation of resources and provision of services to people with HIV and for people from other highly vulnerable groups. In Nigeria more than three million people are estimated of living with HIV, but NEPWHAN does not have up two hundred thousand individual members. Others have gone underground as a result of Stigma.

Stigma and discrimination hinders prevention interventions by fostering ignorance about facts on HIV. HIV/AIDS-related stigma discourages people to get tested or when they get tested, from returning for their test results. Some avoid clinics known to be testing for HIV. Others believe that the fact that they have been tested it will eventually reach the rest of the community.

The fear of being stigmatized results in women, men and young people being unable to look after their sexual and reproductive health – accessing sexual health information, treatment and methods for HIV and sexually transmitted infection prevention, such as the condom use. Some infected individuals may choose not to change or adapt their behaviour to reduce the risk of HIV/AIDS transmission for fear that such a change would arouse suspicion and stigma.

Stigma by health-care providers nurses, doctors impacts on access to treatment in health centers and hospitals. Some medical workers, in an attempt to avoid having contact with people living with HIV/AIDS or provide care, pass patient from one health worker to another or from one hospital to another.

Stigma and discrimination has made the medical management of HIV and AIDS very stressful despite efforts to create more awareness. Social stigmatization of the disease frustrates efforts to apply the most effective medical interventions in the management of HIV and AIDS, counseling, testing and treatment. It causes individuals to shy away from tests hence treatment is delayed or not received at all. Delayed treatment can contribute to the continued spread of the Virus because people do not know their status.

Reducing stigma and discrimination is crucial to the success of Universal Access to HIV/AIDS treatment, prevention, care and support programmes, as the quality of such programmes can and do depend on the degree at which health centers and hospitals welcome and respect the rights of the individuals living with HIV/AIDS.

As we are coming closer to 2010 which is our target of universal Access, it is time for all HIV activists, Development partners around the world, to stand together, generate political pressure and demand for action from our leaders (political leaders) it is time to demand for
the promise and deceleration that they made in 2001. Let us also remember that we are
talking about life of Millions of people around the globe. It is the time to make a commitment
and say NO to stigma and discrimination surrounding people living with HIV and AIDS and
keep the Promise we made in 2001, so that we can achieve universal access by 2010.

Population Services International (PSI/Liberia)
International organization

Education. Information. The greatest impediment in the fight against HIV in Liberia has been
the lack of adequate information from which people can make informed judgments about HIV.
This has led to the proliferation of many myths about HIV transmission, with some people
believing that HIV can be spread through physical contact, whilst others harbor the myth that
mosquitoes and other blood-sucking insects are tangible vectors of HIV. This situation has in
turn has also created a huge atmosphere of stigma against people living with AIDS, as people
fear that just mere physical interactions could lead to infection. HIV positive people, fearing
discrimination from their communities, try as best as they can to keep their HIV status a
secret, and they too at times have unprotected sexual relationships with other people. But,
more dangerously, many individuals are afraid to get tested for HIV. They prefer “to not
know,” than to know because, as they unfortunately believe, “the HIV will not kill you; it is the
worry that will.” With this ‘prefer-not-to-know’ mentality, many of these people- some of whom
are already HIV positive- go about having regular, unprotected sex. In Liberia, where due to
economic problems, traditional norms and social pressure; there exists wide sexual networks
and cross-generational sex, the virus is spreading very rapidly, and no select segment of the
society is spared. Housewives, students, religious leaders, children, etc are all victims of the
scourge. We are all victims of our culture of silence.

The 2008-launched Liberia Demographic and Health Survey arguably lists the national HIV
prevalence rate as approximately 1.5 percent in a 3.5 million populated country [NOTE: A
2006 Ministry of Health and Social Welfare antenatal care survey found the national
prevalence rate to be much higher, at 5.7 percent]. These figures only represent a minute
percentage of the Liberian HIV positive population who agree to get tested. Lest we forget
that a huge population of the Liberian population is skeptical of the authenticity of the HIV
test, with some people bearing the delusion that a malaria-infected person would register
positive on an HIV test. Hence, not many people get tested for HIV. According to my personal
observation working on a youth-driven HIV programme in Liberia, only 1 out of every 5
Liberian youths is willing to do an HIV test- when lengthily counselled.

I co-host a radio show called “Let’s Talk About Sex,” which is a component of Population
Services International’s SMARTChoice programme in Liberia that promotes responsible
sexual behavior amongst young people for HIV and unintended pregnancy prevention. On the show, which is done in colloquial Liberian English and hosted by four young people, we offer basic and detailed knowledge on the transmission and prevention of HIV/AIDS. This radio show is aired on a radio station that has nation-wide coverage of Liberia. We have not yet done a monitoring and evaluation survey of the show’s content and impact because we are just in the sixth month of the show’s airing, but judging from how branded the show’s theme song, HIV prevention and “ABC” messages and hosts’ names are amongst the Liberian youth populace, I dare say that if more of our energies are focused on hard on, ‘in the face’ education, then we would be headed for somewhere up there. This may not be the same case for other countries that are far advanced in areas of HIV Information Education and Communications, but its relevance cannot be overemphasized in our Liberian situation.

AIDS is spreading at a rapid pace in Liberia, and most Liberians are quite ignorant to the virus. I recommend UNAIDS’ support of educative programmes, because even though the process of behavioral change is an arduous one, but once the messages of HIV transmission, prevention, care and treatment are vigorously manifested through the mass media and other subtle- but yet strong- reinforcement channels, then people will be armed with a myriad of information sources from which to make smart choices concerning HIV/AIDS prevention.

Peace Corps
Nongovernmental organization

I am deeply concerned about the HIV spread amongst MSM (Men who have Sex with Men) and gay men in African countries.

HIV/AIDS is known as mostly a gay epidemic in the States. In Africa, it’s spread mostly through heterosexual contact, and the media claims it has been far disconnected from any MSM activity. Just recently though, international organizations are waking up to the idea that men who have sex with men may actually be one of the driving forces of HIV in Africa.

Over the past few years, several African nations and other developing countries conducted their first ever research on men who have sex with men transmission of HIV. The results were shocking to many.

“Globally, men who have sex with men are on average 19 times more likely to contract HIV than the general population. At one end of the spectrum, men who have sex with men in Bolivia are 179 times more likely… The clandestine existence that gay communities are forced to hide away in exposes them not just to the risk of HIV, but the rest of the population too: because they are unable to live
openly as gay men, many men who have sex with men also have sexual relations with women, or are even married…

Many men who have sex with men told us they were sure that there was no risk of infection with anal penetration”, said Yves Jong, coordinator of Alternatives Cameroun’s sexual health and prevention unit…

In Mali, “the majority of [men who have sex with men] – 88 per cent according to a study have sex with both men and women, which increases the spread of the disease”…

It is appalling that no information is released or posted by UNAIDS about men who have sex with men transmission. As someone who is doing HIV/AIDS work in sub-Saharan Africa, and just now starting to do work with the gay and lesbian community, I can tell you there is a lot of misinformation around this topic. Many men don't think unprotected anal sex can spread HIV, so they don't use condoms. All of the education is heterosexual focused, so they have unprotected anal sex and then bring the HIV home to their wives.

Information and access to lubricant in sub-Saharan Africa is also a big problem. When is UNAIDS going to speak up about this thriving portion of the epidemic? Progress is lagging, far, bar behind. When UNAIDS closets the issues and refused to talk about it because African countries are more conservative than the west, it is doing a great disservice to the populations in Africa.

Injustice (heterosexism, tribalism, gender-based violence, resettling native populations) is a big reason HIV is thriving in sub-Saharan Africa: homophobia is making the epidemic worse. What is UNAIDS going to do about it?

There are fledgling LGBT organizations in Namibia, South Africa, Zimbabwe, Zambia, Malawi, Botswana and Lesotho. What is UNAIDS doing to support their HIV work?
**Topic 6. The future role of UNAIDS in a changing global environment**

**Consultant, HIV/AIDS, policy and human rights**

**Civil society**

Now more than ever, greater attention to human rights is essential to an effective response to HIV, including attaining universal access to prevention, treatment, care and support. It is also essential to the policies, expenditures and programmes of the UNAIDS Programme.

On paper, the place of human rights in the response to HIV is well established. Under the leadership of Jonathan Mann and Peter Piot, WHO’s Global Programme on AIDS and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have highlighted the essential role of human rights in the response. However, for many reasons, now more than ever, the UNAIDS Executive Director and UNAIDS need to devote even greater attention to human rights in the response to HIV. Such increased attention is necessary to attain universal access to HIV prevention, treatment, care and support, itself a human rights imperative.

1. There are dangerous trends to “remedicalize” the response to HIV by focusing on biomedical “quick fixes” and neglecting structural issues such as human rights and gender. Such trends fail to acknowledge that AIDS often derives from and generates social inequalities, gender inequality, stigma and discrimination and other human rights abuses.

2. There are calls suggesting that limited HIV funds be reallocated from “multi-sectoral responses” towards strengthening health systems. Such calls fail to balance (a) the imperative to scale-up medical and health-systems responses as part of the right to the highest attainable standard of health with (b) the need to address the human rights violations that continue to drive HIV vulnerability, exacerbate the epidemic’s impact, and impede access to HIV-related services. A human rights framework avoids a dangerous and distorting “either/or” debate and comprises a universal framework that emphasizes the inherent dignity of all persons and the mutuality and necessity of ensuring the right to treatment and health care services, together with the need to simultaneously address the social, economic and legal determinants of HIV.

3. In the context of the current global financial crisis, there is a real risk that the resource commitment to achieving universal access to HIV prevention, treatment, care and support will wane, and that the expansion and sustainability of treatment and care may be brought into question. As other major global issues, including the current food crisis that disproportionately impacts on populations affected by HIV, will be competing with HIV for political commitment and funding, it becomes even more imperative to ensure that resources to address HIV are spent both effectively AND equitably.
4. Increasingly, countries are passing punitive laws that seek to “deter” or “enforce” certain behaviours (e.g. HIV transmission, disclosure of HIV status respectively). Such laws will not prevent new infections or reduce vulnerability to HIV, and they will negatively impact upon both public health and human rights. At the same time, many countries fail to pass and/or enforce laws that would protect women from gender inequality and sexual violence; protect people living with HIV from discrimination; decriminalize key populations at risk and protect them from discrimination and violence; remove barriers to provision of comprehensive and evidence-informed HIV prevention, treatment, care and support; and support access to essential medicines.

5. National responses to HIV continue to fail to deal with the drivers of the epidemic or with the populations most affected by HIV infection and its impacts. In particular, they fail to:
   a. Address the actionable intersections between vulnerability to HIV infection and impact; and the legal, social, and political forces that drive such vulnerabilities
   b. Address the controversial issues at the heart of the epidemic, including gender inequality, violence against women, harmful male gender norms, age disparate sex and underage sex, sex out of marriage, sexual violence in relationships and marriage, sex work, same sex sex, drug use, stigma and discrimination, marginalization and criminalization of populations at risk
   c. Direct sufficient resources, programming and political commitment to the populations most affected by HIV infection and its impacts: women, young people, orphans, vulnerable children and children living with HIV, as well as criminalized and marginalized populations that often face major barriers to accessing HIV prevention, treatment, care and support: people who use drugs, sex workers, men who have sex with men and prisoners

Therefore, the UNAIDS Programme’s capacity and commitment to address human rights must be strengthened.

A major aspect of the strength of UNAIDS, under the leadership of the UNAIDS Secretariat, has been its promotion of the protection and fulfillment of human rights in the response to HIV – consistently embracing the importance of human rights, standing by and supporting those affected, challenging the inequities at the heart of the epidemic, and speaking out on behalf of the most marginalized.

Because of all the factors described above with regard to the current context, the UNAIDS Programme must continue, and indeed strengthen, its commitment and capacity to support governments, donors, bilateral agencies and communities to address the human rights issues in the HIV epidemic. UNAIDS must be an “activist” programme within the United Nations, expressing enduring and real commitment to human rights, training its staff on human rights, rewarding them for being strong on human rights issues and programmatic responses, and
displaying leadership on human rights at all levels, including at regional and country levels. Without this orientation based on its UN system human rights mandate, the UNAIDS Programme loses its unique added value and risks becoming a second rate development actor among many, with far fewer financial resources.

In its recommendations brief to Michel Sidibé, the UNAIDS Reference Group on HIV and Human Rights made a number of specific recommendations concerning UNAIDS’ future role. Implementation of these recommendations will be critical to efforts to attain universal access to HIV prevention, treatment, care and support, itself a human rights imperative. The recommendations include:

1. The commitment to human rights and rights-based responses to HIV throughout the UNAIDS Programme should be strengthened and made more explicit.

2. Technical capacity and financial support for programmatic responses supporting human rights in national HIV responses should be greatly expanded.

3. Staff training on human rights, as well as enabling staff to assist countries in the development of a supportive legal environment, should be a major priority.

4. Expanded commitment, resources, capacity and action are needed for the promotion of gender equality and the greater involvement of people living with and affected by HIV.

5. The commitment to a multi-sectoral response to HIV, including community empowerment, should be renewed and strengthened.

6. The commitment of the UNAIDS Programme to universal access to HIV prevention, treatment, care and support should be intensified.

7. The UNAIDS Secretariat should support an intensified and rights-based focus on HIV prevention.

8. Increasing the capacity within the UNAIDS programme for dedicated and strategic work on human rights is essential.

A full copy of the recommendations brief is attached and can also be obtained on the UNAIDS website at http://data.unaids.org/pub/BaseDocument/2009/20090302_hrrefgroupsidibebr....

In light of the central role of human rights, it is a pity that human rights is not a self-standing topic, as human rights require more than just an appreciation of the needs of vulnerable groups. A human rights based approach is also about accountability, openness, access to funding, non-discrimination, etc.
Caribbean Vulnerable Communities
Nongovernmental organization

The approach of UNAIDS as a "voice of the voiceless" is an excellent one, unique, timely, and very badly needed. As such I think UNAIDS must include human rights and access to justice as well as accountability mechanisms for breaching those rights. UNAIDS also needs to integrate this more firmly into its programming in acknowledging how important this is. A concrete demonstration of this would be the inclusion of stigma and discrimination as the "fourth pillar" in HIV response programming.

PAHO
International organization

Comparative advantages. UNAIDS has the advantage of from the start not appearing to compete for turf with the Cosponsors. It should thus be able to mobilize much more support, not necessarily financial in the efforts to control the epidemic. This advantage brings with it some challenges that follow naturally from any coordinating role. One of these is to avoid becoming another technical cooperation agency that does compete with others. So far it has avoided that trap, but it is a challenge nevertheless.

Country level. I continue to have doubts about the usefulness of the theme groups. Given the role of the UNDP coordinator and the fact that the major policy decisions related to coordination at the country level are taken at the level of the resident coordinator and the heads of agencies, I question the need to have another layer. I know that this view is questioned in some countries which see the theme group as the main technical forum at which coordination is done. In any case, there may be a place for revisiting these structures at the country level. The main challenge I have observed however is in ensuring that the coordinated UNAIDS response that comprises the inputs from the various agencies is truly aligned with the national plan and not an independent plan, cobbled together from the individual agency inputs. This needs strong leadership from the UNDP coordinator with assistance from UNAIDS.

Culture of common purpose. It is not so much the culture of common purpose, it is rather the execution of a common plan/programme aligned with the national requirements. If I take it that the culture is an expression of the avowed willingness to cooperate, I have never found there to be any suggestion that this does not exist. It is in the translation to action that the difficulty appears. I think that one of the most significant approaches to a common understanding and action has been in the articulation of the three ones. this concept and practice should be the golden rule at country level and be insisted upon by all resident
coordinators. My experience is that it makes sense for all country programmes and not only for HIV/AIDS.

Funding. I think the main challenge is not only the funding, but its direction. There needs to be a much greater emphasis on funding the prevention interventions that have been shown to be effective. There is still too much credence given to interventions which have not stood up to scientific scrutiny. We need much greater focus on the argument that the tendency to fund mainly treatment is not economically sustainable for certainly the smaller countries. I encourage the thrust to encourage funding for strengthening of health systems as being positive for HIV.

Young Activists Initiative Nigeria/Global Youth Coalition on HIV/AIDS
Youth group

The forth focus area of UNAIDS is to “mobilize financial resources for the epidemic”. As such, it is pertinent that UNAIDS also prioritize “monitoring progress of funds given out for HIV/AIDS programmes”. This can be actualize by setting-up country offices in-charge to monitor fund utilization and impacts.

Since so many groups are up for the fight against HIV/AIDS, the best approach to carry on result-oriented programmes is through unification. Organizations [UNAIDS, PEPFAR, Global Fund, etc] should be able to come together to share experiences and challenges, this would harness a focused and targeted impact. This is not to mean that a merge of all forces to one, but uniting to create a sure and genuine result.

Right now, different organizations working on HIV/AIDS are having tough moments in face of the current financial crisis, but then, unify approach can be a way out for the continued success in funding HIV/AIDS programmes.
-this would also, help to avoid replication of programmes

Ultimately, staging HIV/AIDS programmes in local communities is not enough, support groups and local organization should be empowered to carry on HIV/AIDS programmes. It has been found out that local organizations, especially youth groups, find it difficult to access funding to support their programmes – a case of Akwa Ibom State in Nigeria.

UNESCO
International organization

In the absence of a vaccine or cure, the best way to prevent new infections is to change the behaviours that put people at risk of HIV. Michel Sidibé said that the key to HIV prevention is universal access to sexuality education. There is evidence that young people currently are not equipped with the knowledge they need to protect themselves. Recent survey data from 64
countries indicate that only 40% of males and 38% of females aged 15-24 have comprehensive and correct knowledge about HIV and how to avoid transmission.

UNESCO is committed to working with its partners to ensure comprehensive education sector responses to HIV and AIDS and urges that education remains a core priority of the UNAIDS Secretariat and Cosponsors. Well-planned and well-implemented education that addresses sex, relationships and sexually transmitted infections, including HIV, has been found to contribute to delayed debut of sexual activity, reduced frequency of sex, reduced numbers of sexual partners, and increased protected sexual intercourse. It can also help to reduce stigma and discrimination against women, marginalized populations, and people living with HIV. Finally, school-based HIV education offers a very cost-effective means of prevention as schools provide a practical means to reach large numbers of young people from diverse social backgrounds in ways that are replicable and sustainable, which is particularly important in the current financial crisis.
ANNEX 5
Dispatches from the field: reflections from UNAIDS country offices

Concentrated epidemic

It is essential that HIV is viewed as more than a health issue. We endorse the idea that “linkages to other areas, such as gender, human rights, education, are crucial”. In the new environment it is critical that HIV not be subsumed under health; we are aware there is a push, from WHO, at the country and regional level at least, for this to happen. This event would greatly limit UNAIDS in its core mandate of coordination, and any move towards this should be strongly rejected.

1. Placement of UNAIDS physically within the resident coordinator office is a key question for us. Whilst there are benefits in being more clearly linked with the central resident coordinator system, this needs to be carefully considered to ensure that it would make for a better response to HIV across the UN in support of the country. At the country level, the firewall between the resident coordinator office and UNDP is not clear. The relationship with UNDP should not be confused. Loss of visibility could be of detriment to the UNAIDS coordination and leadership position with the international community.

2. There is a need for specific strategies and approaches for different regions. Our epidemic is very much a concentrated one, principally among young adult male injecting drug users; in this environment, we need to be careful to not stretch AIDS dollars to programmes too distant from the epidemic. In this way, programmes “such as those that keep girls in schools”, whilst very applicable elsewhere, would be of limited use here to address the HIV epidemic in an immediate and strong way and funding them may result in a shortfall of funds in areas of need given limited available funds. Finally, we note the importance of groups of people living with HIV. We endorse this but would add that, in a concentrated epidemic, other key groups (such as men who have sex with men, female sex workers and injecting drug users) are also extremely important.

3. We agree that “linking AIDS to the broader MDG agenda and UN reform without losing specificity” is as a positive step. Linking universal access goals with the MDGs would provide an opportunity to consolidate goals for clearer advocacy purposes. However, we would be wary of HIV becoming yet another health issue in the process with the upcoming high-level dialogues on the MDGs. Furthermore, it would be good if the indicators included some that were not purely health focused. The UNGASS on HIV process is important as it provides HIV-specific indicators, is inclusive of indicators outside the health sector and is country-led.
4. **UNAIDS does play a key role in ensuring aid effectiveness for HIV.** The UNAIDS country officer has a role as a watchdog to improve aid effectiveness and to ensure funds reach those who need them. Assistance to Global Fund procedures forms one example of this. Globally, we think that aid effectiveness is also the role of UNAIDS within the UN, especially given that UNAIDS is the chair of the Joint Team on HIV.

5. **People in the HIV response and community trust us.** In this country, UNAIDS has a special role—trusted convener, advocate for policy change and source of technical assistance. We are seen to embody this role more so than bilateral donors and thereby have a privileged relationship with the government. In a complex political environment, UNAIDS is seen to speak for the people in policy-making, to support the rights of people living with HIV and populations at higher risk. In this way we are a trusted adviser and partnership builder for all levels of the response.

6. **The UN takes the lead on human rights and does a good job of promoting them.** Every country has a unique view of human rights as they relate to the laws of the country. The UN is a source of policy advice and international experience in this area and our capacity in this area needs to be strengthened, especially in the context of working in joint teams. Globally, human rights need to be further recognized as a core area of our work; this is one key area that again differentiates the HIV response as separate from health.

7. **Donor fatigue, combined with the current economic downturn, may pose some threat to the response internationally.** Now that antiretroviral therapy is accessible and utilized by more people, HIV seems less frightening and less of a priority for donors. Combined with the current financial downturn (where social services are often the first to be dropped), we must ensure that HIV continues to remain a priority. We need to think seriously about how to go about this, while ensuring that HIV funds are used in a sustainable and multisectoral manner.

**Hyperendemic country**

1. **Delivering as one for HIV**

Current UN reform efforts, as recently defined by the System-wide Coherence Group, moved by the high-level panel report and corroborated by the Triennial Comprehensive Policy Review of the General Assembly, is a unique opportunity for UNAIDS to display itself as a model for UN delivery. This is the litmus test for the organization that calls itself ‘UN reform in action’. Experiences from Mozambique and other pilots show clearly that the ‘one team’ approach is effective for joint programming, catalytic for changing behaviour from an agency perspective to a UN one and a good model for increased accountability.
‘Delivering as one for HIV and AIDS’ means that agencies and individuals are more aware of their roles and responsibilities in the different layers of organizational structures due to a domestication of the division of labour. As a consequence, results are in line with the reform principles of coherent leadership, strong programming, high accountability, fair division of labour, better alignment with partners, and a clearly established framework for monitoring results. The ‘one team’ organizational structures and accountability framework—dubbed ‘management arrangements’—serve as a platform for members to flexibly and quickly respond to the need for developing a joint UN position to advocate for human rights and provide technical input according to the division of labour. Another success of the ‘one team’ approach is the appropriation of the new UN Cares programme, the UN system-wide workplace programme on HIV, which has organized outreach programmes on awareness raising and trained staff in the country through joint programming, leadership and team spirit.

2. Resident coordinator system

The cornerstone of the current UN reform is the resident coordinator system and the accountability framework that derives from this multifaceted structure that forges the future of UN engagement at the country level. The ‘one leader’ prong of the ‘delivering as one’ must not be underestimated, as it hinges the success or failure of the UN reform agenda. Similar to the joint programme concept of UNAIDS, the resident coordinator system is based on an interagency agreement that was born out of the need to harness UN resources for more effective delivery.

UNAIDS and the resident coordinator system are mutually supportive entities. The better we understand the rules, forces and limitations of one another, the more likely both are to succeed for HIV. UNAIDS country coordinators need to allow for the resident coordinator to be the leader for the HIV cause, constructing the ‘one team’ approach on the model of the resident coordinator structure. A few conditions would help for this symbiotic relationship to work effectively: UNAIDS country coordinators need to be recognized as equals to other members of the UN country team; resident coordinators need to understand UNAIDS; UNAIDS country coordinators need to understand the resident coordinator system; UNAIDS country officers need to contribute to system-wide UNAIDS country team issues (actively contributing, or leading, working groups on programmes, communication or monitoring and evaluation); and UNAIDS needs to better align its overall structure with that of the resident coordinator system.

UNAIDS should seek to build upon the resident coordinator system both globally (there is a resident coordinator system working group) and, most importantly, at the country level. Immediate and concrete measures to signal this move are required, including training to build
the mutual understanding of the systems, collocating UNAIDS country officers within resident coordinator offices and allowing resident coordinators to effectively be the first supervisors of UNAIDS country coordinators. Lastly, similar to UNAIDS, the effective implementation of global agreements on the resident coordinator system also depends heavily on the individual who serves in the country, given the large mandate to ‘convene, coordinate and mobilize’. Accordingly, UNAIDS should seek to draw from similar pools of individuals whose requirements, while necessarily more technically focused for UNAIDS country coordinators, still share strong coordination skills and diplomatic tact.

3. UNAIDS country officers and ‘host’ governments

It is paramount that UNAIDS staff enjoy the immunities and privileges that are accorded to other UN agencies, funds and programmes at the country level. The UN Economic and Social Council (ECOSOC) resolution that established UNAIDS is most often not sufficient to allow for full recognition of UNAIDS as a separate entity. This leads to disparate treatment and lack of understanding of UNAIDS and UNAIDS country coordinators and limited access to governments and other partners. The current (non-)system of accreditation is fragmented and unresponsive to the needs of UNAIDS country officers. The reliance on the working arrangements with UNDP is insufficient because it has not been translated to resident coordinators. Perhaps it has not been accepted by UNDP that UNAIDS should have an independent status, which is often confused with UNAIDS seeking to be a separate agency. This should not be negotiable for UNAIDS. Where it decides to ‘do business’ by opening a country office, UNAIDS must seek the appropriate agreement from the host government, ideally through the resident coordinator system.

The most logical route is to seek the application mutatis mutandis of the UNDP Standard Basic Agreement. For that, the UNDP needs to instruct resident coordinators to seek such an agreement with host governments. This should not be viewed as a UNAIDS wish to be an agency, rather to ensure that its staff have the appropriate immunities and privileges to work in that country. Recently, a communication was sent from the UNDP Administrator regarding UNIFEM country offices. This letter also called for the reclassification of UNIFEM country officers to representatives. Similar to resident coordinators, the UNAIDS country coordinators’ current title aptly matches the bulk of the responsibilities at the country level.

4. Need for country focus

UNAIDS has been a mighty force at the global level in bringing needed attention and resources to the epidemic. This work needs to continue to ensure sustainability of the responses and to allow for global monitoring and analysis of the AIDS epidemic. At the same time, as countries come to better understand their national epidemiological contexts, UNAIDS
moved to establish stronger coordinated field presences through more country offices and regional support teams. The responsibilities of regional support teams include strategic support and thinking that is closer to the countries. At the same time, regional support teams have been integrated into the Regional Directors Team of the UN, playing their part into the regional accountability framework of the UN. There is empirical evidence that regional support teams have added value in terms of decentralizing decisions and bringing the analysis ‘closer to the realities’ of countries. They have also assisted with coherence of strategic thinking around workplans and other planning tools.

However, the decentralization process has stopped short of the country level and regional support teams use their access to the Headquarters management system (ERP) as a way to control and not necessarily support UNAIDS country officers. Regional support team directors and staff thus behave as ‘overseers without context’ in a manner that is disempowering and de-motivating. Regional support teams have also developed regional-wide agendas that are not necessarily supportive or coordinated with UNAIDS country offices. Concrete examples include the opaqueness of non-Programme Acceleration Funds fund allocation; issuance of publications for regional purposes only (countries are not even sent copies of regional support team ESA publications); information on regional meetings on a need-to-know basis, leaving UNAIDS country officers often receiving such regional information from other UN in-country partners; focusing UNAIDS country office resources to the research agendas of regional support teams, which are not necessarily relevant at the country level.

These serious inefficiencies need to be addressed very quickly in order to restore the much needed country focus of UNAIDS. UNAIDS country officers should be given immediate access to ERP so that staff are treated equally across the organization. UNAIDS country coordinators should be evaluated by resident coordinators first, secondly by regional support team directors. Regional directors currently use the evaluation stick as a threat and as their ‘pass’ to being non-accountable—as evaluations are not 360°. UNAIDS Headquarters needs to allocate resources to UNAIDS country officers on the basis of approved workplans and not allow for the current discretionary role of fund allocation of regional support teams. UNAIDS country coordinators need to be recognized as the centrepiece of the UNAIDS architecture for the organization to carry out its country-focused mandate of coordination, partnership building, resource mobilization; and monitoring and evaluation. In sum, in the current system, UNAIDS country officers are asked to be accountable to country responses but are not given appropriate responsibilities to carry out their mandates.
5. Universal access

The goal of universal access remains ‘d’actualité’. A number of countries still have a long way to go to meet the full needs of people who need antiretroviral therapy, similarly for other prevention, treatment or care services. The potential drawback of making this the raison d’être of UNAIDS is the risk of reducing the organization to less than what it is and what it can achieve. This is a criticism similar to the over-focus of the UN’s agenda on the achievement of the MDGs. I do not question that reaching them is a laudable objective, but it has limited the aid discussions and engagement. We run the risk that as countries reach the MDGs (and universal access targets) the UN (and UNAIDS) is found to be without an appropriate agenda for engagement.

6. One management system

UNAIDS needs to have one system that binds its entire staff. Whether it is WHO or UNDP, or some other hybrid solution, the bottom line is that the organization will continue to be fragmented, with staff and development partners confused until such a unifying management principle is found. The strategic need for UNAIDS to support local solutions to the epidemic highlights this predicament, which needs to be at the top of the internal management agenda for a medium-term solution.