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**Coordination, programme and other questions: Joint
United Nations Programme on Human Immunodeficiency
Virus/Acquired Immunodeficiency Syndrome (UNAIDS)**

Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), prepared pursuant to Council resolution 1999/36.

* E/2001/100.



Report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Summary

The present report was prepared in response to Council resolution 1999/36 in which the Secretary-General was requested “to transmit to the Council at its substantive session of 2001 a comprehensive report prepared by the Executive Director of the Joint United Nations Programme on HIV/AIDS, in collaboration with other relevant organizations of the United Nations system, on the progress made in the response to the epidemic and its impact on reducing the transmission of HIV and increasing the quality and accessibility of care, treatment and support for people living with HIV or AIDS”. During its meeting of 29 June 1999, the Programme Coordinating Board (PCB) of UNAIDS, in its decisions and conclusions, noted that, in 2001, a single document should be prepared to meet reporting requirements previously covered by the biennial progress report to PCB and the biennial report to the Council on HIV/AIDS. In order to meet the requirements of those requests, the report submitted by the Executive Director of UNAIDS to PCB is also being submitted to the Council as a conference room paper (E/2001/CRP.2).

The present report describes the status of the epidemic, the United Nations system support to an expanded response, the country-level response, and the efforts of the UNAIDS secretariat, the co-sponsors and other partners towards more effective and coordinated action.

Together with Governments, the UNAIDS secretariat, the seven co-sponsors and other United Nations system organizations, the corporate sector and non-governmental organizations are working at various levels to fight the epidemic. The role of the UNAIDS secretariat has been to lead, strengthen and support an expanded response. This has been done mainly through facilitation and coordination, best practice development and advocacy. Experiences in co-sponsorship show positive results at the country, regional and global levels. However, challenges remain, including scaling up effective interventions through comprehensive programmes so that they benefit much larger populations; further improvements in planning efforts required for a strengthened United Nations system response; and increased resource mobilization commensurate with the needs of the epidemic.

The report concludes with a list of recommendations for action. The Economic and Social Council is invited to review this report for possible endorsement of its recommendations.

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The list of abbreviations used can be found in the conference room paper containing the report of the Executive Director to the Programme Coordinating Board of UNAIDS (E/2001/CRP.2).

I. Introduction

1. This report covers major developments concerning the HIV/AIDS epidemic and key aspects of the United Nations system response since the last substantive discussion on HIV/AIDS issues in the Economic and Social Council. During the period in question — from July 1999 to May 2001 — the AIDS epidemic has been recognized as a genuine emergency threatening human welfare and prosperity in large parts of the developing world. There has been a quantum leap in the scope and scale of national and international responses to HIV/AIDS. The activity of the Joint United Nations Programme on HIV/AIDS (UNAIDS)¹ and key partners reflects the new environment. The actions and developments documented in the present report are not an exhaustive listing of all the HIV/AIDS-related work of the United Nations system but, rather, highlight crucial actions essential for the effective coordination of the response to the epidemic.

2. The period under review has seen the start of a process of “doing business differently”. It has laid the groundwork for a more mature, focused, and coordinated response to the epidemic from United Nations system organizations as well as from a much wider set of national and international partners. The Economic and Social Council is requested to provide guidance on the challenges identified in the report.

II. Status of the epidemic

3. The most recent estimates underscore the continuing concentration of the epidemic in developing countries: of the more than 36 million people living with HIV at the end of 2000, some 95 per cent were in the developing world. Sub-Saharan Africa is the worst hit region. Even though the number of new infections in some countries is stabilizing, in the eight African countries with HIV prevalence of at least 15 per cent, approximately one third of today’s population of 15-year-olds can expect to die from AIDS. In the Caribbean region, AIDS is already the primary cause of death among young men and women. There are steep rises of new infections in Eastern Europe and Latin America. In Asia, some 7 million people are living with HIV. In industrialized countries, the disproportionate impact of HIV in minority communities and the risk of complacency are also of growing concern. The epidemic is having a severe

impact in hard-hit regions, reversing hard-won development gains in life expectancy and health as well as economic and social development.

4. Children and young people are among the most affected by HIV/AIDS. Millions of children have been orphaned by AIDS, and tens of millions more will lose one or both parents to the pandemic over the next 10 years. Increasing numbers of children are living in households with an HIV-infected member, and children are taking on the responsibilities of caring for sick parents, generating income and producing food. Women are more vulnerable to infection than men owing to a mix of biological and cultural factors. This is especially true for young girls. Studies among various African populations indicate that rates of HIV infection in young women aged between 15 and 19 may be up to six times higher than rates among young men.

III. United Nations system support to an expanded response

5. Over the past two years, UNAIDS has effectively promoted HIV/AIDS as a priority on international agendas and has emphasized the importance of leadership in all sectors (national and community governments, civil society, international community, donors and private sector). During the period under review, HIV/AIDS has assumed an increasingly prominent place on the global, national and community political agenda.

6. Within the United Nations itself during the past two years, HIV/AIDS has received one of the highest priorities, with outstanding commitment from the Secretary-General and increasing commitment from co-sponsors and other United Nations partners. The leadership role of the United Nations is typified by the deliberations of the Security Council, which addressed HIV/AIDS on three occasions during the reporting period, and by the Secretary-General’s personal leadership and call to action in April 2001 around five priority areas. This kind of leadership is needed to drive forward the efforts of all levels of society against the epidemic.

7. The General Assembly special session on HIV/AIDS (June 2001) will be a high-water mark in the political response to HIV/AIDS. It is a unique opportunity to secure global commitment to enhanced

coordination of national, regional and international efforts against the epidemic. Governments are expected to commit themselves to a political declaration to fight against HIV/AIDS. It will be the critical opportunity to put HIV at the top of the global political agenda and to mobilize greatly increased resources. The UNAIDS secretariat has been designated the substantive secretariat of the special session, and the co-sponsors are heavily engaged in all aspects of preparation.

8. The UNAIDS approach to the epidemic over the biennium has been multifaceted. Progress has been achieved in advancing both the prevention and the care agendas. Although continuing innovation in the means of prevention is required, much of the challenge ahead lies in expanding access to key commodities and scaling up interventions known to be effective. The United Nations system has made significant progress in promoting best practice and sound policy and providing technical support and networks, capacity-building and advocacy. UNAIDS has disseminated information to enhance the understanding of effective prevention information. Raising awareness about the risks of HIV infection and promoting behaviour change to prevent infection have been shown to be effective. Special emphasis was placed during the biennium on prevention programming in the education sector, an area in which the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) are providing leadership, as well as on prevention of HIV transmission from mother to child and on promotion of the female condom. The United Nations International Drug Control Programme (UNDCP) is focusing its activities on implementing effective drug abuse and HIV/AIDS prevention activities.

9. During the past two years, the agenda for increasing access to care and support has been dramatically transformed. At the beginning of the reporting period, doubts remained about whether antiretroviral therapy could be safely prescribed in resource-poor settings, and drug prices remained exorbitantly high. Now, while enormous challenges lie ahead in strengthening health infrastructure and generating sustainable national and international sources of financing for drug procurement, the issue of access to HIV-related medicines has a high political profile nationally and internationally, including within the United Nations human rights system. At its fifty-

seventh session, in April 2001, the Commission on Human Rights adopted a resolution on access to medication in the context of pandemics such as HIV/AIDS. With the United Nations as facilitator and partner, the advocacy of civil society, the initiatives of a number of major research and development pharmaceutical companies, and generic competition have combined to reduce significantly the prices of HIV drugs, beginning to bring them within reach of a greater number of people living with HIV in developing countries. One unintended consequence of the focus on antiretrovirals has been the way in which it has overshadowed care intervention. UNAIDS is committed to redoubling its assistance to Governments and civil society in developing comprehensive care plans, featuring voluntary counselling and testing, psychosocial support, prophylaxis and treatment of opportunistic infections, and palliative care, and in increasing their capacities to provide antiretroviral drugs consistent with their national care plans.

10. Some progress in the cross-cutting areas of human rights and gender and in achieving greater involvement of people living with HIV and of vulnerable populations, including young people, has been achieved over the biennium. The United Nations target of a 25 per cent reduction in HIV infections in people aged 15-24 has helped to focus on the needs of those people.

IV. UNAIDS and the country-level response

11. At the end of 2000, 64 countries had completed national strategic plans on HIV/AIDS, and 28 others were developing them. UNAIDS has supported decentralized planning efforts at the district and community levels and has promoted synergy with other multilateral and bilateral partners within the framework of national strategies. One of the gaps in its work — a lack of adequate attention to care and treatment — is in part owing to the limited capacity of UNAIDS to keep up with governmental demands for support in preparing plans to expand access to care. Nonetheless, UNAIDS supported the development of 16 care plans during the past year and greatly increased its consultant base for technical resources in early 2001 in order to intensify support in this area. UNAIDS has also consistently stressed the need for planning and

implementation to focus on catalysing local and community responses to the epidemic.

12. The extensive review of the mechanisms for United Nations coordination and engagement at the country level and within the different regions reveals considerable progress over the biennium, particularly in the operation of United Nations theme groups on HIV/AIDS, the development of national strategic plans for HIV/AIDS, mainstreaming HIV/AIDS into a broader development framework, and intraregional collaboration. The extent of this progress, however, varies among countries.

13. During the reporting period, many United Nations theme groups on HIV/AIDS have demonstrated increasing effectiveness in supporting national coordination mechanisms. Several United Nations resident coordinator reports for 2000 singled out the theme groups on HIV/AIDS as the most active and successful of all such system theme groups. Many groups have broadened the scope of their efforts, to include advocacy, resource mobilization, support for national programme development, and facilitating exchanges of experiences within regions. Theme groups now increasingly focus on integrating HIV/AIDS into the United Nations Development Assistance Framework (UNDAF) and other development frameworks, such as the poverty reduction strategy papers (PRSP) process and the common country assessments (CCA). The much wider distribution among the various co-sponsors of responsibility for chairing theme groups indicates greater engagement among more co-sponsors. Continuing constraints include the lack of sufficient incentives to encourage maximum participation by members, the reluctance of co-sponsors to programme substantial resources through theme group mechanisms, and the absence of a systematic mechanism to ensure early warning and prompt intervention in the case of theme groups experiencing problems.

14. Mainstreaming HIV/AIDS into development frameworks is one of the priorities of the UNAIDS secretariat. Throughout the period, the UNAIDS secretariat, UNDCP, the United Nations Development Programme (UNDP), UNICEF, the World Bank and WHO worked to mainstream AIDS, by giving it a very prominent place analytically and operationally. Global advocacy and technical work on methodologies and standard content of PRSPs and the heavily indebted

poor countries (HIPC) were undertaken. Work was also carried out in more than a dozen African countries, including Burkina Faso, Cameroon, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Uganda, United Republic of Tanzania and Zambia. This was achieved in part through the placement of a small, temporary technical assistance team in Africa and through the development of a tool kit for mainstreaming HIV/AIDS programmes into development agenda, with the World Bank.

15. The development and implementation of United Nations integrated workplans has progressed in all regions, with some 60 per cent of the theme groups in sub-Saharan Africa now well advanced in this effort. The value of a single coherent United Nations plan, with common analysis, strategic priorities and a shared monitoring and evaluation framework, is evident. Not all unified plans, however, have evolved to the same level of comprehensiveness or strategic orientation; some remain the sum-of-the-parts of the individual United Nations programmes.

16. As countries complete their plans and move into implementation, UNAIDS has intensified its support for more precise costing of plans and for mobilizing resources. Cost projections are part of the essential toolkit for resource mobilization and now feature more prominently as a focus of UNAIDS support to Governments. Successful round tables for resource mobilization have been held in several countries, and others are planned in the near future. UNAIDS programme acceleration funds (PAF), while modest, are being used increasingly to leverage additional funds. Additional support for national resource mobilization and mainstreaming of HIV/AIDS into broader development frameworks comes from the processes relating to PRSP and the HIPC initiative, as well as from important public/private partnerships on AIDS.

17. Although the resources available for the support of national responses from the UNAIDS secretariat are very modest, they represent a significant proportion of the UNAIDS core biannual budget. During the period 1998-1999, US\$ 22.9 million in strategic planning development funds (SPDF) were channelled by the secretariat through the United Nations theme groups, with the dual aims of stimulating broader partnerships at the country level and consolidating a more strategic and coordinated United Nations system response. In 2000, SPDF was renamed the Programme Acceleration

Fund (PAF), which is intended to support three main areas of work. They are:

(a) Designing and developing strategic plans, United Nations integrated work plans, and grant or loan programmes addressing HIV/AIDS, including World Bank credits and debt relief programmes;

(b) Filling funding gaps in existing United Nations system integrated workplans;

(c) Initiating major new and innovative priority activities identified through the strategic planning process.

V. UNAIDS co-sponsors and secretariat

18. The individual and collective activity of co-sponsors and the secretariat over the biennium has made a significant contribution to the wider dissemination of knowledge about the epidemic and “best practices” in responding to it. Through collaboration within the United Nations system and increased activity by co-sponsors and key partners, extensive information about HIV/AIDS has been made widely available, the policy response to the epidemic has been enhanced and communication strategies, to facilitate a greater understanding of the epidemic and to promote a better environment for prevention, care and impact alleviation, have been greatly improved.

19. During past two years, the best practice collection has grown substantially, with greater sensitivity to local needs and wider dissemination to improve outreach. A continuing challenge for the next biennium is to promote wider use of the wealth of knowledge reflected in the collection, to increase its strategic orientation, and to tailor the presentation to the needs of policy makers and managers.

20. During the past two years, UNAIDS has carried out a wide range of advocacy efforts, which have led to increased coverage of HIV/AIDS-related issues by the media. The challenge for the future is to harness the power of communication networks of all kinds to ensure that HIV/AIDS-related messages are conveyed accurately and persuasively, and are appropriately targeted.

21. Regarding policy and strategy coordination, policies were harmonized in such areas as prevention

of mother-to-child transmission, voluntary counselling and testing, ethics concerning vaccine development and disclosure of HIV status. With regard to strategy coordination, extensive progress was made in preparing the Global Strategy Framework on HIV/AIDS, endorsed by PCB in December 2000, and the United Nations System Strategic Plan.

22. The development of the Global Strategy Framework and the advent of a special session of the United Nations General Assembly on HIV/AIDS provided new opportunities for UNAIDS to develop a broad strategy for global action. With regard to policy coordination in specific thematic areas, co-sponsors, other United Nations system organizations and the secretariat over the biennium contributed to policy guidance in prevention of mother-to-child transmission, voluntary counselling and testing, ethics and disclosure etc.

23. The five-year evaluation of UNAIDS work and activities is now under way. The evaluation will assess the extent to which UNAIDS has met its goals and core objectives, examine the extent to which those core objectives are realistic, and review their relevance for the challenges of the next five years.

24. Other important activities related to evaluation include:

(a) Preparing detailed guidelines and indicators for monitoring and evaluating national AIDS programmes;

(b) Implementing an AIDS programme effort index in 40 countries (part of efforts to improve assessment of the national and international efforts in response to HIV/AIDS);

(c) Developing a monitoring and evaluation framework for the International Partnership against AIDS in Africa (IPAA), which includes an outline monitoring and evaluation plan and a set of indicators at country, regional, and global levels;

(d) Developing a common monitoring and evaluation framework for a subregional UNAIDS initiative, focusing on youth in the countries of the region of the Southern African Development Community (SADC).

Joint missions involving the World Bank and the UNAIDS secretariat have been conducted in Ethiopia and Zimbabwe, and a guide, *United Nations System*

Integrated Planning in Support of the National Response to HIV/AIDS, has been prepared for the theme group. A monitoring and evaluation technical resource network in southern Africa has been established.

25. In June 1999 PCB encouraged the UNAIDS secretariat and co-sponsors to intensify their efforts towards developing a United Nations system strategic plan for HIV/AIDS, 2001-2005, in consultation with the United Nations system and other partners. Also in 1999, an Economic and Social Council resolution urged co-sponsors and other United Nations system organizations to develop and submit their proposed plans. Discussions during the meeting of the Administrative Committee on Coordination in April 2000 further consolidated the process. The United Nations System Strategic Plan, now developed, incorporates the plans and strategies of 29 United Nations organizations working on HIV/AIDS. It identifies the strategies and partnerships necessary for the United Nations to support countries in the achievement of global goals and highlights the special contribution of the United Nations system in that respect.

26. Over the biennium, progress has been made in developing cooperation frameworks with non-co-sponsoring organizations, including the Food and Agriculture Organization of the United Nations (FAO) in July 1999; the Organization of African Unity (OAU) in September 1999 and the International Labour Organization (ILO) in June 2000.

27. Strengthening governance and co-sponsorship has two key dimensions: first, supporting the Programme Coordinating Board and the Committee of Co-sponsoring Organizations; and secondly, encouraging the United Nations system to address HIV/AIDS.

28. During the biennium PCB met three times. At its eighth meeting (28-29 June 1999), it approved the UNAIDS unified budget and workplan for 2000-2001. Other items discussed were the International Partnership against HIV/AIDS in Africa (IPAA) and the UNAIDS and United Nations response at the country level. At its ninth meeting (25-26 May 2000, Geneva), PCB endorsed a framework for action as the strategy of IPAA and the process for developing a coordinated strategy in the education sector to support and strengthen regional and national responses to HIV/AIDS. In May 2000 the Contact Group on

Accelerating Access to Care and Treatment was set up, as a forum for the exchange of information, views and strategic recommendations. In December 2000 PCB endorsed the Strategic Framework for Global Leadership on HIV/AIDS, affirming that its guiding principles, expanded response approach and leadership commitments were universally applicable and should be rapidly translated into action at the country level.

29. The Committee of Co-sponsoring Organizations (CCO), which guided the secretariat in the preparation of the unified budget and workplan and reviewed the Strategy Framework for Global Leadership, met twice in the past biennium. CCO gave policy advice on the prevention of mother-to-child transmission of HIV and approved the criteria for co-sponsorship of UNAIDS. It also supported, through advice on UNAIDS to co-sponsor country staff, the importance of country-level action and cooperation and guidance on a multisectoral response to HIV/AIDS and on HIV/AIDS in the United Nations workplace.

VI. Conclusions

30. The key challenges confronting UNAIDS for the coming biennium include the following:

(a) Promoting a shift from pilot projects and small-scale interventions for preventing transmission of the virus to more comprehensive prevention programmes, including successful approaches for preventing transmission among young people, and taking into account the particular transmission dynamics and stage of the epidemic in different regions and countries;

(b) Promoting expanded access to existing HIV-related commodities (e.g., male and female condoms, microbicides and diagnostic equipment and materials) through increases in financing from international and national sources and promotion of the integration of public health concerns in trade policies;

(c) Further strengthening coordinated action at the country level, through support to the development and implementation of national strategic plans and national AIDS commissions, and through the development of United Nations integrated workplans;

(d) Demonstrating the links between the activities and accomplishments of UNAIDS and their actual impact on the response to the epidemic — i.e.,

through improving, monitoring and evaluation mechanisms;

(e) Promoting the development of comprehensive care strategies that include the full range of care interventions, including voluntary counselling and testing, psychosocial support, and access to HIV-related medicines, consistent with national plans and priorities;

(f) Enhancing UNAIDS capacity to support policy development and coordination within and between global, regional and national levels concerning prevention, care, impact alleviation and specific thematic issues;

(g) Expanding civil society in the response, through enhanced partnerships with associations of people living with HIV/AIDS, community-based organizations, religious groups, non-governmental organizations working in relevant sectors and the private sector;

(h) Mobilizing the financial resources necessary to counter the epidemic, including international assistance and national and community-level funding;

(i) Promoting the development of financial mechanisms that can deliver with greater speed and efficiency the transfer of resources to countries and communities, with clear accountability and the lowest possible transaction costs.

31. The Economic and Social Council is invited to support action to address the above-listed challenges and to follow up on the relevant recommendations adopted by the General Assembly at its special session on HIV/AIDS.

Notes

¹ UNAIDS refers to the seven co-sponsors — UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank — and the UNAIDS secretariat.

Annex

United Nations system response

The purpose of this annex, an updated extract from the report of the Secretary-General to the special session of the General Assembly on HIV/AIDS, is to give a brief summary of responses to HIV/AIDS under way or anticipated by United Nations system organizations and agencies.

United Nations Children's Fund

UNICEF has set the following programme priorities:

(a) To ensure that all young people know the facts about HIV and how to prevent it. This includes programmes for injecting-drug users, on the control of sexually transmitted infections (STIs) and youth life skills, and on lifestyle promotion;

(b) To support efforts to expand access to services to prevent parent-to-child transmission of HIV, which includes clearer guidance on the use of antiretroviral therapy and infant feeding in the context of prevention of mother-to-child transmission (PMTCT) projects, access to voluntary counselling and testing, and the reduction of stigma and discrimination for women living with HIV;

(c) To provide care and support by strengthening programming for orphans and vulnerable children infected/affected by AIDS and by expanding life skills training for young people. In this context, UNICEF is positioning schools as the hub in every community in the struggle against AIDS. It is working with ministries of education to dedicate time and attention to the introduction of life skills into the curricula and learning of young children. It is also negotiating with the private sector for low-cost supply of essential HIV/AIDS-related drugs;

(d) To protect young people and women from HIV in situations of conflict and emergency;

(e) To support UNICEF staff members affected by HIV/AIDS, which includes a core set of services for UNICEF staff and dependants.

UNICEF has integrated the above-mentioned priorities into all of its programming at the country level and globally. It is in the process of stepping up its response in the key areas of prevention of mother-to-child transmission and care and support for children infected/affected by HIV. It is also paying particular attention to the new flashpoints for the pandemic — the Commonwealth of Independent States/Baltic countries, South Asia and the Caribbean — besides its ongoing work in Africa and South-East Asia.

United Nations Development Programme

HIV/AIDS is one of UNDP's main corporate priorities. The role of UNDP is to help countries address the governance challenge of the epidemic, focusing on four areas of intervention:

(a) Promoting robust and action-oriented advocacy for leadership at all levels, political commitment and the mobilization of actors and institutions well beyond the health sectors;

(b) Helping countries to develop capacity for action and to plan, manage and implement their response to the epidemic, including the integration of HIV/AIDS into poverty reduction strategies, and the reallocation of resources (including debt relief savings) towards prevention, care and impact mitigation;

(c) Promoting a human rights framework and gender perspective in all aspects of the response;

(d) Providing special assistance to the worst affected countries to help mitigate the impact on human development, establish governance structures and provide essential services. As coordinator of United Nations system activities at the country level, UNDP also plays a pivotal role in ensuring a coherent and mutually reinforcing response by UNAIDS co-sponsors, bilateral donors and private foundations, through the United Nations theme groups on HIV/AIDS and the United Nations Development Assistance Framework (UNDAF).

United Nations Population Fund

The UNFPA contribution to combating HIV/AIDS derives from its long experience and expertise in negotiating and ensuring access to family planning services globally, a precedent in enabling UNFPA to address sensitive issues with national counterparts, including Governments. Since the International Conference on Population and Development (Cairo, 1994), by ensuring access to reproductive health services and programming for female and male condoms, working through its extensive network of field offices and technical experts in the country support team, UNFPA has been at the forefront of prevention activity and programming.

Within the UNFPA policy framework, prevention of STIs, including HIV, continues to be an integral component of reproductive health. At the country level, UNFPA works closely with United Nations partners, international agencies and national counterparts to provide assistance for STI and HIV/AIDS prevention. Such support includes advocacy, education and information for the promotion of safe sexual behaviour, including voluntary counselling and testing; improving access to and use of condoms; training of reproductive health-care providers on HIV prevention in relation to family planning, antenatal and safe delivery practices; and research on the integration of HIV prevention into reproductive health programmes and socio-demographic consequences of the epidemic. Meeting the needs of youth and adolescents forms a special focus of UNFPA support at all programming levels — national, regional and global. Adolescents need the knowledge and life skills to make responsible decisions and positive choices in life. UNFPA is contributing towards this through support in many countries for the development of educational curricula, by including information on reproductive health in general and HIV/AIDS in particular, gender issues, sexuality and family life; improving access to information, counselling and clinical services; promoting greater participation of youth and advocacy efforts, both for girls and boys, based on the key messages of the Conference and its five-year review.

United Nations Educational, Scientific and Cultural Organization

Within the United Nations system UNESCO has been assigned special responsibility for education. Ignorance is a major reason why the epidemic is out of control. The need for preventive education flows from the types of ignorance associated with the epidemic, particularly in the most affected developing countries: the fact that most of those infected do not know it, the sparse knowledge about the disease itself, misconceptions about possible remedies, and faulty knowledge leading to prejudice and discrimination. Hence, preventive education is at the top of UNESCO's agenda. Preventive education must make people aware that they are at risk, and why, and how infections can be reduced. However, knowledge is often not enough to change behaviour.

Preventive education must address mentalities and the cultures within which they are embedded in order to generate the attitudes, provide the skills and sustain the motivation necessary for changing behaviour to reduce risk and vulnerability. UNESCO's priority in preventive education is directed towards five core tasks:

(a) Advocacy at all levels: in particular, UNESCO will engage ministries, agencies and non-governmental organizations under its mandate, such as those for education, science, culture, communication and sports, plus civil society and the private sector;

(b) Customizing the message: development of effective and culturally sensitive messages towards target groups, first for those most at risk;

(c) Changing risk behaviour and vulnerability: promoting education programmes — formal and non-formal — so that all young people know the facts about HIV/AIDS and how to prevent it and act on this knowledge in schools that are safe and environments that are protective, particularly of girls;

(d) Caring for the infected and affected: the knowledge, attitude and skills needed to provide care for the infected and affected are a vital part of any programme in preventive education. Care providers must be actively engaged and supported in their efforts to address the epidemic in communities around the world;

(e) Coping with the institutional impacts: the increased demands for care and the loss of professionals stretches already overburdened health and education systems. Hence a critical task is to protect the core functions of key social, economic and political institutions under the onslaught of HIV/AIDS.

UNESCO will therefore develop and disseminate tools for monitoring, assessing and responding to the impact of the epidemic on schools, students, teachers and other key institutions at the country level.

United Nations International Drug Control Programme

UNDCP objectives related to HIV/AIDS are to prevent the spread of the epidemic linked to the abuse of drugs; undertake community outreach projects; develop legislation; and integrate demand reduction efforts into broader social welfare and health promotion policies. UNDCP has supported the development of projects in five Central Asian countries to strengthen their capacity in policy formulation, planning and the management of HIV/AIDS and sexually transmitted diseases (STDs) and drug abuse prevention. A subregional project in the southern cone of Latin America promotes common methods and standards to conduct epidemiological surveillance. UNDCP is participating in the regional response to the problems created by the spread of the abuse of amphetamine-type stimulants and HIV/AIDS in Central and Eastern Europe and, in collaboration with other United Nations agencies, has developed country projects to assist Governments in coordinating and managing HIV/AIDS, STDs and drug-abuse prevention and care activities. In East Asia, the development and implementation of policies and programmes for a community-based response to support demand reduction and prevent the spread of HIV through drug injection is also a priority.

World Health Organization

WHO is intensifying its support for member States' efforts and is doing so within the context of the wider multisectoral response to HIV, reflecting the overarching importance of good sexual and reproductive health. The priorities for intensified action now include support for countries' efforts to prevent

and manage sexually transmitted infections; provide voluntary counselling and testing through health services; implement and monitor interventions to prevent mother-to-child transmission of HIV; ensure care and support for people living with HIV/AIDS; and implement other cost-effective interventions, relevant to specific settings. Particular attention is paid to the interests of populations who are at high risk or are especially vulnerable, including sex workers and injecting drug users. WHO continues to recognize the importance of meeting the particular needs of young people and gives special attention to relieving the impact of HIV/AIDS on health systems (including the particular HIV infection risks experienced by health workers). Thus, WHO priorities include supporting and coordinating high-quality research on HIV/AIDS, providing technical support for programme development, implementation, monitoring and evaluation, and surveillance of HIV infection and its behavioural determinants. In some cases, support is provided through links with programmes on reproductive health, essential drugs, disease surveillance, the provision of health information, vaccine development, blood safety or substance use.

WHO has strengthened its normative functions and the technical capabilities of WHO regional and country teams. Regional and country offices are focusing particular attention on strengthening the health-sector responses to the epidemic and have prime responsibility within the United Nations system for issues related to care and support of people living with HIV/AIDS and for the availability of prevention and treatment for sexually transmitted infections. WHO regional offices are recruiting specialists to act as focal points for specific areas of work, including voluntary counselling and testing, prevention of mother-to-child transmission and other essential components of HIV/AIDS work; the coordination of HIV activities within health systems; and surveillance (with an emphasis on behavioural issues). Additional qualified staff, including national programme officers, are to be placed in countries. Subregional technical teams are being established to provide direct support to countries and facilitate the management of regional technical networks.

WHO is also developing a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS

for 2001-2005, as requested by the World Health Assembly in its resolution WHA53.14. The process includes wide consultation with Governments, non-governmental organizations, WHO regional offices and country representatives, collaborating centres and experts. The global strategy proposes three main tactics: reducing the risks of HIV infection; decreasing people's vulnerability to HIV infection; and lessening the epidemic's overall impact on people's lives and on development.

World Bank

The World Bank has made HIV/AIDS a top institutional priority, both for analysis and action. The Bank placed HIV/AIDS at the centre of the global development agenda during the April 2000 meetings of world finance ministers, detailing the severe threat the epidemic poses to development around the world. It has expanded the economic analysis of the impact of AIDS and, in collaboration with the UNAIDS secretariat, has produced detailed estimates of the costs of mounting comprehensive national HIV/AIDS programmes. It has taken a leading role in initiatives to help bring an HIV vaccine to market in the developing world and is one of the UNAIDS co-sponsors involved in the accelerating access initiative to make antiretroviral drugs more accessible in poor countries.

The Bank has also increased its support for HIV/AIDS programmes. In September 2000, it launched the first phase of the multicountry AIDS programme for Africa. Prepared in collaboration with UNAIDS, the International Partnership Against AIDS in Africa, key bilateral donors and leading non-governmental organizations, the programme is designed not only to increase resources for HIV/AIDS but also to address the key impediments to an expanded response, such as slow implementation and inadequate support to communities. The first phase of the programme has made \$500 million in credits available to countries in Africa to step up national prevention and care and treatment programmes and to help them prepare to cope with the impact of AIDS. Programme resources may be used to support initiatives by government, civil society, the private sector and communities; special mechanisms have been designed to ensure that funds flow quickly to the community level. To date, the Bank has committed \$300 million of the \$500 million and has started to prepare for the next

phase, which will be for another \$500 million. The Bank has prepared a similar initiative for the Caribbean, which will be presented to the Board in June 2001. This is in addition to support to several other countries, including Brazil, China and India.

International Labour Organization

The focus of the ILO is on the development of workplace policies and the implementation of a global technical cooperation programme on HIV/AIDS and the world of work. At the global level, an effort is being made to apply ILO concepts and methods, developed on labour and social issues, to HIV/AIDS. An international code of practice on HIV/AIDS and the world of work is expected to be adopted in May 2001, to provide legal and practical guidance on developing workplace policies, especially for protecting fundamental rights at work. Programme priorities include the application of a "social vaccine" for prevention and protection, such as social inclusion and income and job security; strengthening activities against the virus through improved knowledge; documenting and disseminating information through effective labour market information systems; eliminating the stigmatization and discrimination attached to HIV/AIDS by adopting and applying ILO international labour standards; integrating HIV/AIDS into existing social security schemes and developing new ones. Initially, action by the ILO has mainly focused on Africa and the implementation of an African platform of action on HIV/AIDS; in addition, ILO global programmes now include country-level activities in Asia and the Pacific, Eastern and Central Europe, and Latin America and the Caribbean. Key activities carried out in the context of the global programme focus on promoting awareness and developing strategies concerning the impact of HIV/AIDS on the world of work, and documenting and disseminating information on national experience; incorporating workplace policies into national action plans against HIV/AIDS; integrating HIV/AIDS issues into all ILO programmes at the national and enterprise levels, particularly with respect to combating discrimination and social exclusion; and mitigating the adverse social and labour consequences of HIV/AIDS.

Food and Agriculture Organization of the United Nations

In response to the HIV epidemic, FAO contributes its technical expertise in sustainable agriculture and rural development and is developing strategies through which the agricultural sector can address HIV/AIDS. With UNAIDS, FAO will undertake integrated prevention programmes that will help spread information, especially to young men and women, about HIV vulnerability, risk reduction and sustainable rural development. It is exploring ways of assisting farming communities in rural areas with high HIV prevalence and of developing agriculture programmes that modify mobility patterns to reduce the vulnerability of migrants to HIV infection and develop strategies that focus on prevention.

Office of the United Nations High Commissioner for Human Rights

The objective of the Office in the area of HIV/AIDS is to contribute to an effective and sustainable human rights-based response to the epidemic at the national, regional and international levels by enhancing the integration of HIV/AIDS issues into the human rights machinery. It advocated the inclusion of HIV/AIDS on the agenda of the Commission on Human Rights and its Subcommission; has widely distributed the international guidelines on HIV/AIDS and human rights to States, United Nations agencies and non-governmental organizations; and has contributed to increasing political support for HIV/AIDS initiatives through the adoption of Commission on Human Rights resolutions on HIV/AIDS and human rights. Programme priorities include strengthening respect for human rights as part of the response to the epidemic, reducing HIV/AIDS-related discrimination at work and elsewhere by engaging persons infected and affected in promoting, protecting and respecting human rights within prevention, control and care programmes. The Office will advocate for the implementation of HIV/AIDS-related rights of populations vulnerable to HIV/AIDS so that the vulnerability of those populations to human rights violations and exposure to HIV is reduced. Together with UNAIDS, it will continue to organize training sessions on human rights in the context of HIV for experts within the United Nations human rights

system and other relevant partners, such as Governments and non-governmental organizations.

Office of the United Nations High Commissioner for Refugees

UNHCR programme priorities addressing HIV/AIDS include the strengthening of the STI and HIV/AIDS prevention and care component of reproductive health programmes in refugee settings and capacity-building of UNHCR staff and partners in the design and implementation of HIV/AIDS prevention and care activities. It also disseminates information (i.e., best practice packages and guidelines) and advocacy on HIV/AIDS prevention and care needs of refugees through international, regional and national forums. UNHCR priority geographical regions are the Great Lakes region and West Africa.

United Nations Research Institute for Social Development

Recognizing the undeniable importance of the HIV/AIDS epidemic affecting the world today, the Institute prepared an issues paper on HIV/AIDS and development at the invitation of the UNAIDS secretariat during 2000. During the biennium, UNRISD began to form a network of well-known researchers (social scientists, activists and medical specialists) with an interest in further work on HIV/AIDS. The Institute's goal in this field is to generate new knowledge about the course and consequences of the epidemic and new ideas on how to strengthen the capacity of particular societies to deal with HIV/AIDS.

United Nations Volunteers

The main focus of UNV in the area of HIV/AIDS is the strengthening of local initiatives for prevention and control of the epidemic through community-oriented, participatory involvement. UNV also strives to alleviate the devastating socio-economic effects of the pandemic by disseminating HIV/AIDS information and by providing training and general health care. Together with the UNAIDS secretariat and UNDP, it has launched a pilot project, unique in the United Nations system, by engaging people living with HIV/AIDS as national United Nations volunteers to

work in their own communities. The project helps to set up women's support groups for orphans of HIV/AIDS and their foster parents; provides technical assistance so that local communities can produce their own publications on HIV/AIDS; and trains co-workers to manage HIV laboratory operations. UNV programme priorities and targets include building government and community capacity in relation to information, education and communication skills for HIV prevention; providing loans to sex workers; and training community caregivers for orphans in Africa and Asia and the Pacific, its priority geographical regions.

World Food Programme

WFP is working towards incorporating HIV/AIDS concerns into all of its programmes, both development and emergency. WFP concentrates on using food aid as a way to improve the food security of HIV/AIDS-affected families and orphans. In collaboration with its partners, WFP will also incorporate information, education and communication activities at its distribution sites through community partners, such as relief committees.

At the headquarters level, WFP is developing a strategy and guidelines to integrate HIV/AIDS into all existing and new programmes. At the field level, WFP will programme mitigation activities, including school feeding with take-home rations for families with orphans; food rations for tuberculosis patients undergoing therapy; and vocational/agricultural training for street children and orphans. Current pilot interventions also include using WFP's extensive logistics network to support HIV/AIDS education and risk-reduction activities for contracted transport workers.

United Nations Development Fund for Women

The reality that the epidemic is fuelled in a major way by gender relations and gender inequality has led UNIFEM to expand its work on gender, human rights and HIV/AIDS. The Fund's three priority areas — strengthening women's economic rights, engendering governance and leadership, and promoting women's human rights — are all essential strategies in this

effort. In keeping with its mandate to be catalytic, innovative and to support inter-agency mechanisms for mainstreaming gender, the UNIFEM programme for action on gender and HIV/AIDS includes work on advocacy, brokering partnerships and capacity-building.

UNIFEM views women's empowerment and gender equality as essential entry points for work on stemming the HIV/AIDS epidemic. All of the organization's development initiatives are shaped by that goal, and UNIFEM is able to bring its experience and the experience of mainstreaming gender to support of the work on HIV/AIDS at the inter-agency level.

UNIFEM is currently moving into phase II of its global programme, "Gender-focused responses to the challenges of the HIV/AIDS epidemic", which was funded in large part by UNAIDS and UNFPA. UNIFEM is currently developing programmes and strategies to ensure the integration of gender dimensions into a broad programme of action designed to link policy, research and outreach strategies on gender and HIV/AIDS in order to build bridges of support, advocacy and activism at the non-governmental organization, community, national and regional levels. Drawing on the findings and results, the programme will advocate for engendering all national HIV/AIDS plans and initiatives at the policy level.

United Nations Industrial Development Organization

UNIDO aims to contribute to the reversal of the devastating impact of HIV/AIDS on rural and urban livelihoods. Within the framework of the UNIDO integrated programmes being implemented in several countries, major initiatives have been taken to mobilize the private sector/business community, including women entrepreneur groups, to support HIV/AIDS-specific activities, focusing on awareness creation, prevention and survival. In response to the spread of HIV/AIDS in Africa and in accordance with the development objective of supporting the developing countries in their efforts to accelerate socio-economic development, UNIDO will address the issue of HIV/AIDS at the global forum level and with appropriate technical assistance programmes, preferably with the support of the international private sector, especially those with interests in Africa. It

intends to undertake action-oriented studies on the impact of HIV/AIDS on the private sector, including enterprise-level surveys, with a view to defining realistic strategies and mainstreaming HIV/AIDS awareness and “business against AIDS” prevention campaigns into the UNIDO network of industrial support institutions and enterprises. In addition, technical assistance programmes will focus on building capacities and capabilities for the production of AIDS-related health products, including support to plant-derived pharmaceutical research and pilot programmes in southern Africa and elsewhere.

United Nations Secretariat

The Division for Economic and Social Council Support and Coordination, in its coordinating capacity, acts as the focal point for the United Nations Secretariat on HIV/AIDS. The Division for Social Policy and Development is undertaking a study on families in the most HIV/AIDS-affected countries, and HIV/AIDS will be a topic in one of the working groups of the World Youth Forum, to be held from 5 to 12 August 2001 in Senegal. The Population Division includes HIV/AIDS in official United Nations population estimates and projections in order to assess the extent of the epidemic. In order to contribute to further understanding of the increasing proportion of women living with AIDS in every region, especially in sub-Saharan Africa and among younger age groups, the Division for the Advancement of Women, in collaboration with WHO and UNAIDS, convened an expert group meeting on the HIV/AIDS pandemic and its gender implications in Namibia in November 2000. The Commission on the Status of Women repeatedly discusses women and HIV/AIDS whenever it reviews the critical area of women and health. The increasing proportion of women living with HIV/AIDS was raised in Commission resolution 44/22 on women, the girl child and HIV/AIDS. The Department of Peacekeeping Operations cooperates with the Civil Military Alliance to combat HIV and AIDS, developing training programmes and educational materials for military and other personnel assigned to United Nations peacekeeping operations. HIV/AIDS is becoming part of the meeting agendas of the regional commissions, and the Economic Commission for Africa convened the Second African Development Forum in December 2000, on the theme “AIDS: the greatest leadership challenge”. The results of the Forum will serve as a

valuable input to the preparatory process for the special session of the General Assembly on HIV/AIDS. The Department of Public Information raises public awareness on the epidemic and its effects through radio, television and printed matter. The United Nations Medical Service ensures the implementation of United Nations policies on HIV/AIDS for staff members worldwide of the United Nations common system and their dependants, and guarantees compliance with the 1991 United Nations policy on HIV/AIDS in the workplace and as policy for peacekeeping missions. Key priorities are access to treatment and care, development of regional facilities, greater diffusion of health education materials and information, building confidence of staff by raising awareness, training, conferences and health fairs, and extending training courses for physicians and nurses to update their knowledge.

World Intellectual Property Organization

WIPO is responsible for the promotion and protection of intellectual property throughout the world and for the administration of various multilateral treaties dealing with intellectual property. WIPO provides expert legal advice and technical assistance in the field of intellectual property and seeks to ensure that an equitable balance exists between public health concerns and the interests of intellectual property rights owners. WIPO has provided its expertise in consultations concerning access to care.

United Nations Relief and Works Agency for Palestine Refugees in the Near East

UNRWA’s current priorities concerning HIV/AIDS include the education of vulnerable groups, such as youth at school, vocational training centres, women’s programme centres and surveillance of STDs and HIV/AIDS. This is carried out by training health staff on counselling for prevention and control and the production of educational kits for schoolteachers and students. UNRWA is represented in the national AIDS committees in the host countries and areas of Jordan, the Syrian Arab Republic, Lebanon and Palestine.

World Tourism Organization

The World Tourism Organization serves as a global forum for tourism policy and issues. It addresses HIV/AIDS issues in the context of its mandate through its international campaign against organized sex tourism, specifically against child sex.

World Trade Organization

WTO is undertaking work on the issue of access to medicines, including those that treat HIV/AIDS. One of its bodies, the Council for Trade-related Aspects of Intellectual Property Rights (TRIPS), will hold a special discussion of intellectual property issues relevant to access to medicines at its session scheduled for the week of 18 June 2001. WTO is also working on liberalization of obstacles to trade in pharmaceuticals and on transparency of governmental procurement procedures.
