



Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
UNICEF • UNDP • UNFPA • UNDCP  
ILO • UNESCO • WHO • WORLD BANK

# The United Nations system response to **HIV/AIDS**:

## Summary of activities

June 2003



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## Summary of activities

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together eight UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its eight cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners—governmental and nongovernmental, business, scientific and lay—to share knowledge, skills and best practices across boundaries.



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### INTERNATIONAL LABOUR ORGANIZATION (ILO)

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The ILO is the UN agency with special responsibility for the world of work. Its primary objective is to promote decent and productive employment for all in conditions of social justice and equity. The ILO strengthens the global response to HIV/AIDS through mobilising its tripartite constituents and partners (governments, employers' and workers' organizations) and giving access to the workplace. An international Code of Practice on HIV/AIDS and the world of work was adopted in May 2001 and launched officially at UNGASS, June 2001. The ILO Code is intended to help reduce the spread of HIV and mitigate its impact on workers and their families. It contains fundamental principles for policy development and practical guidelines from which concrete responses can be developed at the enterprise, community and national levels. The focus of the ILO is now on strengthening the capacity of its constituents to develop and implement workplace policies and programmes based on the ILO Code of Practice on HIV/AIDS and the world of work.

The ILO's global Programme on HIV/AIDS and the world of work (ILO/AIDS) has the following objectives:

- to raise awareness of the economic and social impact of HIV/AIDS in the world of work;
- to help governments, employers and workers address HIV/AIDS through technical cooperation, training, and policy guidance on prevention, care and social protection;
- to fight discrimination and stigma related to HIV status.

Programme priorities include research and policy analysis on HIV/AIDS issues in the world of work; advisory services for governments; technical cooperation projects with social partners; and advocacy, information and communication to raise awareness on the impact of HIV/AIDS on the world of work. The ILO global programmes now include country-level activities in Africa, Asia and the Pacific, Eastern and Central Europe, and Latin America and the Caribbean.

Key activities carried out include developing strategies on HIV/AIDS for the world of work; and documenting and disseminating information on national experience; incorporating workplace policies into national action plans against HIV/AIDS; on revising labour law to address 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.

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### FOOD AND AGRICULTURE ORGANIZATION (FAO)

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In response to the HIV epidemic, FAO contributes its technical expertise in sustainable agriculture and rural development, and is developing strategies/policies through which the agricultural sector as a whole can effectively address HIV/AIDS.

In recent years, FAO's role in combating AIDS has become even more critical due to the fact that the epidemic creates a significant institutional capacity gap in the affected countries, especially as regards agricultural extension and service organizations, national agricultural research organizations and institutions in higher education and training.

The basic aims of the Organization are: to encourage high-level awareness of and political commitment for addressing the impact of HIV/AIDS on food security, rural development and rural poverty; to reduce the impact in terms of increased food insecurity and malnutrition; to promote the reconstruction, maintenance and strengthening of rural livelihoods and social security nets and to mobilize effective multi-sectoral, gender sensitive and participatory responses to meet the food security needs of people and countries affected by HIV/AIDS from a human rights perspective.

FAO is working in a number of countries – Zambia, Uganda, Tanzania, Kenya, Malawi, Mozambique, Cambodia, and others –to promote mitigation strategies across the agricultural sector, including (1) less labour intensive agricultural techniques, (2) preservation of agricultural knowledge and technology transfer through extension services, (3) improved nutrition for people living with AIDS (PLWA), (4) South-to-South networking and dialogue among the agricultural sector and between other sectors, (5) institutional building. Those strategies are implemented through the different agricultural production systems: agriculture, agro-pastoral, forestry, fisheries etc.

The aim of FAO is to continue its work in supporting Ministries of Agriculture to progressively integrate HIV/AIDS concerns into their policies and programmes and maintain a synergistic relationship with the health sector and the other sectors at all levels.

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## UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

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Within the UN system UNESCO has been assigned a 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: 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 behaviours.

Preventive education must address mentalities and the culture 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, as well as 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 to provide care for the infected and affected is a vital part of any programme in preventive education, they 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.

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## WORLD HEALTH ORGANIZATION (WHO)

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As a cosponsor of UNAIDS, the mandate of WHO is to lead the health sector response to the HIV/AIDS epidemic. WHO has intensified its support for Member States' efforts to combat the epidemic within the context of the comprehensive and multisectoral response called for in the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS.

The health sector needs to play a central role in promoting and delivering effective prevention approaches, providing treatment and care for people living with HIV/AIDS, mobilizing resources and providing leadership in the overall response. However, its capacity to perform these roles has been constrained by underdeveloped health systems and the heavy burden of the epidemic. Renewed political commitment, increased global resources for HIV/AIDS, a stronger evidence base on cost-effective interventions and expanded access to antiretroviral therapy now present a unique opportunity to strengthen health systems as a whole and mount a stronger overall response.

WHO's HIV/AIDS programme is guided by the Global Health Sector Strategy (GHSS) for HIV/AIDS 2003-2007, which will be discussed by Member States during the World Health Assembly in May, 2003. The strategy describes the core components of a comprehensive health sector response to HIV/AIDS, including prevention and health promotion; treatment of HIV/AIDS, opportunistic and sexually transmitted infections; the improvement of health standards and systems and informed policy and strategy development. It also provides a framework for governments and health sector policy-makers to assess and strengthen the role of the health sector within current national responses.

Within the GHSS framework, the WHO HIV/AIDS programme focuses on scaling up proven health sector interventions - including promotion of safer sex, HIV counselling and testing, the prevention of mother-to-child transmission, and treatment, care and support - at country level, and using strategic information to inform policies and programmes. The normative guidance provided by WHO in these areas is backed by technical support to assist countries in resource mobilization; programme implementation; surveillance and monitoring of HIV/AIDS, STIs and behavioural determinants; evaluation and partnership-building. Through strategies such as the County Focus Initiative, WHO is strengthening the technical capabilities of its regional and country offices to more effectively support the work of ministries of health and national AIDS control programmes. Additional staff, including national programme officers, is to be placed in countries. WHO also supports the development of regional technical resource networks which match country needs with local expertise and institutional capacity.

HIV/AIDS is an organization-wide priority, and WHO's core HIV/AIDS programme links closely with related programme areas including reproductive health, tuberculosis, blood safety, child and adolescent health, essential drugs and medicines, disease surveillance, vaccine and microbicide development, gender and women's health, and substance use.

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## THE WORLD BANK

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HIV/AIDS is one of seven corporate priorities for the World Bank. Given the primacy of the impact of HIV/AIDS on development, the World Bank recognizes that HIV/AIDS must be at the centre of the development agenda. The World Bank has financed HIV/AIDS activities in selected countries since 1986 and now has programs in all regions. Its program of support was significantly strengthened in the Africa region in the late 1990s, through the formation of the AIDS Campaign Team for Africa (ACT Africa) and the development of the Multi-country HIV/AIDS Program (MAP). Building on this experience, and recognizing that HIV/AIDS now presents risks to development prospects at the global level, the World Bank established the Global HIV/AIDS Program (GHAP) in January 2002 to enable the Bank to enhance its organizational, staffing, and budgetary arrangements to deal with HIV/AIDS from a Bank-wide perspective.

The Bank's HIV/AIDS activities and the focus of the GHAP are in line with the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) goals. The objectives of the World Bank's work on HIV/AIDS include to:

- i. Strengthen the Bank's capacity to respond to the HIV/AIDS crisis at Bank-wide, regional, sectoral, and country levels;
- ii. Strengthen the capacity of member countries to design, implement and monitor the effectiveness of prevention, care, treatment and mitigation programs, in collaboration with the key stakeholders at all levels of society, donors and other partners; and
- iii. Catalyze the global response to HIV/AIDS, including mobilizing additional resources for HIV/AIDS activities.

The current HIV/AIDS portfolio amounts to over USD 1.3 billion. The Bank encourages a multi-sectoral response and is focusing its efforts on the establishment of the institutional arrangements necessary to carry out each country's national HIV/AIDS strategy through implementation of the Africa and Caribbean Multi-country HIV/AIDS Programs. Of these MAPs, USD 612 million has been committed to Sub-Saharan Africa (in 18 countries, to date) and USD 55.2 million has been committed to the Caribbean.

In addition to Africa and the Caribbean, other regions such as East and South East Asia, and South Asia (principally China, Indonesia and India), are receiving greater emphasis as the epidemic shifts to these areas. There is also intensified action and development of a strategy for Eastern Europe and Central Asia.

In the spring of 2002, the International Development Association deputies agreed to a special provision to enable a grant element in HIV/AIDS programs (e.g; up to 100% in IDA only countries, up to 25 % in blend (IDA/IBRD) countries, and regional projects can be fully financed by grants).

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## INTERNATIONAL MONETARY FUND (IMF)

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Following a joint visit by the Managing Director of the IMF and the President of the World Bank to Africa in 2001, where the African leaders asked for their support in tackling major problems on the continent, including HIV/AIDS, the International Monetary and Financial Committee (IMFC), welcomed the cooperation of the Fund and Bank in addressing HIV/AIDS.

The HIV/AIDS pandemic has had significant implications for the Fund's work in the affected countries, including in the assessment of the overall economic situation, the design of IMF programmes, and the macroeconomic policy advice. Since 2000, the Fund's staff has, commensurate to its mandate, prepared a

number of research papers on the macroeconomic impact of HIV/AIDS. Program design has been affected, particularly with respect to the enhanced debt relief initiative (HIPC). Policy discussions under the Poverty Reduction and Growth Facility (PRGF) have addressed the budgetary implications of the food crisis, and the HIV/AIDS pandemic, and fiscal deficit targets have been raised to accommodate related government expenditures.

Fiscal policy is central to the Fund's work in this area; from that perspective, the Fund's role could be seen as two-fold: (i) to encourage the funding of programmes and institutions aimed at preventing the spread of the epidemic in the context of the macroeconomic framework (including with respect to treatment), within the given resource constraints; and (ii) to assist countries in strengthening public expenditure management systems to facilitate efficiency and proper accounting of such outlays.

With respect to capacity constraints and governance, the Executive Board endorsed the IMF's Africa Capacity Building Initiative in May, 2002, which is part of the Fund's response to the urgent call by African leaders, including under the New Partnership for Africa's Development (NEPAD), to strengthen economic governance and domestic capacity of governments to carry out sound economic poverty-reducing policies. Regional technical assistance centres have been established in Africa, the Pacific and the Caribbean to address core areas of the Fund's work: macroeconomic policy, tax policy and revenue administration, expenditure management, monetary policy, the exchange rate system, financial sector sustainability and statistics.

In the context of the agricultural crisis, the Managing Director has argued that the advanced economies should accelerate opening their markets to products from developing countries, both for raw materials and processed goods, and that phasing out trade-distorting measures in the agricultural sectors in the advanced economies is long overdue. In its policy discussions with industrial country and other members, the IMF stresses the need to reduce trade restrictions and domestic subsidies which act to hinder the export prospects of the poorer countries, especially for agricultural products and textiles. But he has also emphasized that developing countries can and must also do more amongst themselves to dismantle barriers to trade. In regards to the food crisis, while emphasizing that the primary source of supplementary external financing for this purpose should be grants and highly concessionary loans, the Fund is able to provide limited amounts of financing through its emergency assistance facility.

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## UNIVERSAL POSTAL UNION (UPU)

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The UPU as the primary forum for cooperation between the postal services of its member countries helps to ensure a truly universal network of up-to-date products and services. The UPU is making efforts to increase the awareness of HIV/AIDS among its staff members. In addition, the governing body of the UPU will have a discussion on HIV/AIDS in its 2003 session in order to help spread information to all postal employers throughout the world about HIV/AIDS.

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## WORLD INTELLECTUAL PROPERTY ORGANIZATION (WIPO)

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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.

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## INTERNATIONAL FUND FOR AGRICULTURAL DEVELOPMENT (IFAD)

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IFAD's contribution towards combating HIV/AIDS focuses on the socio-economic empowerment of rural poor households and communities. Using the functional administrative, planning and service delivery structures (from national to local levels) of the projects and programmes it finances as platforms for activities that mitigate the impact of the epidemic on rural communities, the Fund's focus areas of intervention include the following:

- (a) HIV/AIDS information, education and communication programmes for HIV prevention and AIDS mitigation;
- (b) poverty alleviation and livelihood security programmes adapted to the conditions being created by HIV/AIDS, including income-generating programmes, micro-finance projects and functional adult literacy programmes;
- (c) support for socio-economic safety nets, with special emphasis on support to orphans and on households fostering orphans through development programmes rather than relief initiatives;
- (d) support for food security and nutrition-related innovations or adaptation of existing practices, such as: the introduction of plant varieties with higher yields and weed/pest resistance but less demand for labour; the rehabilitation of certain staple food crops; improved agricultural practices to save labour and capital; and nutritional gardens; and
- (e) support for integrated HIV/AIDS workplace programmes featuring: information, education and communication campaigns on HIV prevention, AIDS care and support; HIV/AIDS de-stigmatization and non-discrimination; and training in aspects of AIDS impact.

Increasingly, for the Africa region, most new projects and programmes under development for financing under IFAD's lending programme systematically integrate HIV/AIDS prevention and mitigation activities as integral elements of poverty reduction. In support of these projects and programmes IFAD is increasingly mobilizing and committing grant resources for HIV/AIDS prevention and mitigation activities. To date this includes Euro 2.9 million received from Government of Germany during the year 2002 and USD 250 000 from the Government of Japan.

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## UNITED NATIONS INDUSTRIAL DEVELOPMENT ORGANIZATION (UNIDO)

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UNIDO takes steps to address HIV/AIDS related issues through exercising its mandate to build productive capacities and sustainable manufacturing industries in developing countries and economies in transition.

In this context UNIDO focuses on assessing the impact of HIV/AIDS on industry with a view to define strategies and programmes that will ensure sustainability of production, including rural and urban livelihoods; promoting the production of health care AIDS related products; encouraging entrepreneurship and income-generating activities, including women-specific programmes; and supporting research-oriented capacity building. In doing so UNIDO seeks cooperation with other international organizations, in particular with ILO.

UNIDO has prepared for Malawi the project "Empowering HIV/AIDS stricken rural communities with labour-saving technologies for increased labour productivity, food production and income generation".

The aim of the project is to foster human development in Malawi and to address labour shortages arising in HIV/AIDS stricken rural communities, especially in household and farming activities. The project will play a

catalytic role and facilitate access to labour saving technologies and practices in targeted areas by promoting an effective participation of the beneficiaries, technical skills upgrading, technology transfer, and the development of traditional small-scale and home-based food processing enterprises for income generation.

The project will introduce and diffuse several low-cost technologies for higher labour and agricultural productivity. A special emphasis will be put on increasing opportunities to prolong the active and productive life of people affected by HIV/AIDS.

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## INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)

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IAEA is a science and technology based UN organisation with strength in research and technical applications and has the goal of transferring appropriate nuclear technologies to member states for sustainable socio-economic development. The focus on HIV is in the areas of using isotopic and molecular techniques in strengthening the surveillance and monitoring capabilities of national AIDS control programmes particularly on AIDS vaccine trials, AIDS surveillance, HIV/AIDS drug resistance detection, training, capacity building and human resource development and HIV/AIDS care and nutritional assessment and intervention.

IAEA aims to develop isotopes and nuclear technology to improve human health. Also to mitigate the impact of HIV particularly in reducing malnutrition amongst vulnerable groups, IAEA proposes to use isotopic techniques to assess uptake of nutrients and develop methods for examining changes in body composition amongst people living with HIV to improve the nutritional status and quality of their lives. Examples include:

- Monitoring the Molecular variability and immune response of HIV-1 in support of the UNAIDS-WHO sponsored African AIDS Vaccine programme: enhancing capacities of select Sub-Saharan African countries through institutional capacity building, enhancing standards and strengthening technical capabilities of select laboratories, training of scientists and technicians in relevant molecular and isotopic techniques including safe handling of radioisotopes and potential application of the technology in care, epidemiology, public health and vaccine development
- Assisting Nutrition intervention programmes related to HIV/AIDS in Africa using Isotopes and Nuclear techniques: Use of stable isotopes in the evaluation and monitoring of ongoing and planned nutrition intervention programmes and project in 10 – 12 Sub Saharan African countries in collaboration with UNAIDS, UNICEF, WHO, FAO, UNDP, UNFPA, WFP and the World Bank

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## WORLD TRADE ORGANIZATION (WTO)

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The WTO adopted at its Ministerial Conference held in Doha, Qatar in November 2001 a Declaration on the TRIPS Agreement and Public Health. This Declaration recognizes the gravity of the public health problems afflicting many developing and least-developed countries, especially those resulting from HIV/AIDS, tuberculosis, malaria and other epidemics, and stresses the need for the TRIPS Agreement to be part of the wider national and international action taken to address these problems. It recognizes that the TRIPS Agreement does not and should not prevent Members from taking measures to protect public health. While reiterating Members commitments to the TRIPS Agreement, it affirms that the Agreement can be and should be interpreted and implemented in a manner supportive of WTO Members' right to protect public health and, in particular, to promote access to medicines for all. It reaffirms the right of WTO Members to use, to the full, the provisions of the TRIPS Agreement which provide flexibility for this purpose and clarifies a number of those flexibilities.

It further contains an agreement to extend the transition period in regard to pharmaceuticals for least-developed countries by an additional 10 years to 1 January 2016. This agreement was given effect by decisions of the WTO TRIPS Council and General Council of June and July 2002.

The Doha Declaration also recognizes that WTO Members with insufficient or no manufacturing capacities in the pharmaceutical sector could face difficulties in making effective use of compulsory licensing under the TRIPS Agreement. It instructs the Council for TRIPS to find an expeditious solution to this problem and to report to the General Council before the end of 2002. Despite very considerable efforts on the part of Members, it has not yet been possible to agree on the solution and work is continuing with a view to doing so as soon as possible.

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## UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

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By the late 1980s, UNDP recognized the development challenge that the epidemic would pose for developing countries and eventually for the international community at large. In 2000, UNDP made HIV/AIDS one of its top six organizational priorities. UNDP work on HIV/AIDS is now integrated into its overall mission to provide its clients, the developing countries, with knowledge-based policy advice and operational support focusing on the entire range of issues that pertain to reducing poverty, building institutional capacity, improving effective governance, and managing the challenges of globalization. UNDP actively supports South-South Cooperation, facilitating the exchange of experience and knowledge.

In its response to HIV/AIDS, UNDP contributes toward creating an enabling policy and resource environment to achieve MDGs and UNGASS goals, by developing and popularising cutting edge transformative methodologies for enhanced development effectiveness, governance and capacity. This contributes to halting and reversing the spread of HIV/AIDS, alleviating negative impacts on individuals, families, communities and systems, and unleashing the highest human potential for hope, transformation and results.

UNDP works in the following three areas (Service Lines), guided by principles of participation, gender equality and human rights: 1) Leadership and Capacity Development (Developing transformative leadership at all levels, and the capacity of governments, civil society and the private sector, including arts and media, communities, individuals and development partners to effectively respond to the epidemic); 2) Development Planning, Implementation and HIV/AIDS Responses (Strengthening governance, development planning and systems at the national, sub-national and community levels to comprehensively respond to HIV/AIDS and produce results); and 3) Advocacy and Communication for Development Effectiveness (Generating a society-wide response that is gender-sensitive and respectful of the rights of PLWHA and marginalised groups, through symbols & icons of hope and transformation, using innovative advocacy and communication methodologies).

The specific role of UNDP within the UN System and its partners (Convening Role) is to bring innovative approaches for Governance and Development Planning including national strategic planning and implementation. The third Service Line mentioned above aims to coordinate and intensify support to governments and civil society for HIV/AIDS action, while supporting the implementation of national strategic frameworks and plans. The objectives held within this service line include: Integrate HIV/AIDS transformational methods into national planning for increased Development effectiveness; Strengthen CCA and UNDAF processes to support the national HIV/AIDS and Development goals; Integrate national HIV/AIDS responses into sector/ministerial policy, strategies and service delivery; Support NACs in national strategic management for HIV/AIDS responses for development effectiveness; Create and support multisector sub-national and district level HIV/AIDS responses (integrated into local level development strategies); and Generate and link community HIV/AIDS responses to local government decentralized structures.

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## UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

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UNHCR programmes addressing HIV/AIDS have expanded, geographically and technically, following the policies and programmes set out in the HIV/AIDS and Refugees Strategic Plan for 2002-04. HIV/AIDS programmes are integrated in the general and reproductive health services and include protection, prevention, care/treatment, and surveillance/ monitoring/evaluation.

UNHCR's policy is that programmes addressing HIV/AIDS in refugee situations should be:

- 1) *protection driven*: Refugees should be protected against mandatory HIV testing and discrimination related to their HIV status.
- 2) *multi-sectoral*: Programming should involve protection, health, community services, education and other sectors such as food, water and sanitation.
- 3) *comprehensive*: UNHCR implements comprehensive HIV/AIDS programmes in all refugee situations through a phased approach according to stage of emergency and maturity of the epidemic. Linkages to and inclusion of surrounding communities are sought.
- 4) *linking prevention and care and treatment*: Voluntary counselling and testing has shown to be particularly effective for this linkage.
- 5) *subject to monitoring and evaluation*: To improve programmes and evaluate their effectiveness, HIV sentinel surveillance and behavioural surveillance surveys are used in specific circumstances.
- 6) *mainstreamed*: To ensure sustainability of HIV/AIDS programmes, it is imperative to mainstream programmes and funding into ongoing activities and regular budgets.

UNHCR began focusing on standardizing HIV/AIDS programmes and implementing pilot projects in refugee situations in East and Horn of Africa in 2002. The programmes are expanding to Southern, Central, and West Africa in 2003. Asia and Eastern Europe will follow. Site selection criteria include: a) the number of refugees and returnees; b) prevalence rate among the host population; c) availability of dedicated non-governmental organizations (NGOs); d) co-operation with the host government; and e) possibility of repatriation.

At the programme level, UNHCR is working in close partnership with National Aids Control Programmes and various NGOs in the field. At the country level, UNHCR participates in the UN theme groups and works closely with the various co-sponsors of UNAIDS. Furthermore, UNHCR is participating in relevant inter-agency co-ordination fora, particularly the Inter-Agency Standing Committee on HIV/AIDS in Emergencies, the Inter-Agency Advisory Group on AIDS, and the Inter-Agency Working Group on Reproductive Health.

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## UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST (UNRWA)

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UNRWA's current priorities concerning HIV/AIDS include the education of vulnerable groups, such as youth at school, vocational training centres and women's programme centres, as well as 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 school teachers and students. UNRWA is represented in the national AIDS committees in the host countries of Jordan, the Syrian Arab Republic, Lebanon, Gaza Strip and the West Bank.

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## UNITED NATIONS CHILDREN FUND (UNICEF)

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HIV/AIDS is one of UNICEF's five priority areas in its Mid-Term Strategic Plan (2002-2005), based on both a recognition of the magnitude of the threat that HIV/AIDS constitutes for children and also a recognition that HIV is preventable and that effective interventions exist to halt the epidemic and provide care and protection for those affected.

Contributing to the achievement of the UNGASS on HIV/AIDS, the aim of UNICEF's work in HIV/AIDS is to support and strengthen the capacities of individuals, families, communities, and nations to prevent HIV infection and ensure protection and care for children and young people infected and affected by HIV and AIDS.

Specifically, UNICEF work in HIV/AIDS will continue to support actions in four key areas:

- a) Prevent of new infections in young people
- b) Prevent parent-to-child transmission of HIV
- c) Expand access to care and support for children and their families living with HIV and AIDS
- d) Expand care, protection and support for children orphaned or made vulnerable by HIV/AIDS.

In addition, UNICEF's work in other priority areas, such as girls education, child protection, and immunization is interlinked with its HIV/AIDS work. For example, the prevention of HIV/AIDS in young people is inseparable from ensuring good education and child protection.

Under its Mid-Term Strategic Plan (MTSP), UNICEF will intensify its advocacy and programming efforts at global, regional and country levels to ensure the achievement of the following objectives:

- a) By 2005, ensure that all UNICEF country programmes have a strong situation analysis of the HIV/AIDS epidemic and its actual and potential impacts on children and young people and have in place country programme strategies to respond to HIV and AIDS;
- b) By 2005, ensure that national policies and strategies have been approved and action plans are being implemented to reduce the risk and vulnerability of young people, with special attention to the vulnerability of young girls and the involvement of male adolescents in prevention of HIV infection, in countries with emerging, concentrated and generalized epidemics;
- c) By 2005, ensure that national policies, strategies and action plans are under implementation to prevent parent-to-child transmission of HIV in all countries affected by HIV/AIDS; and
- d) By 2005, ensure that national policies, strategies and action plans are developed and implemented to ensure protection and care for children orphaned or made vulnerable by HIV/AIDS in all countries affected by HIV/AIDS.

UNICEF work in HIV/AIDS will span all of its country programmes, but particular attention will be focused on taking strategies to national scale in youth prevention, PMTCT, and OVC in 25 most affected countries.

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## UNITED NATIONS POPULATION FUND (UNFPA)

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Reflecting its longstanding experience in sexual and reproductive health and population issues, in responding to the pandemic UNFPA's primary focus is HIV prevention, with particular emphasis in three core areas: young people, pregnant women, and condom programming. Understanding that effective action against HIV/AIDS requires supportive and enabling environments, UNFPA will also continue to address key cross-cutting issues

such as cultural influences; gender equity and equality including women's and girls' empowerment and male responsibility; and documentation of the demographic impact of the HIV/AIDS epidemic including through the collection and analysis of population-based data for use in programmes and policies.

To strengthen programming for HIV prevention. *UNFPA strives to build capacity*, internally, nationally and regionally, through training and the development and dissemination of programming tools and strategies. Within the organization UNFPA is also accelerating programmes to ensure that staff needs in relation to HIV/AIDS in the workplace are being met. In meeting the needs of *young people*, UNFPA understands that young people need the knowledge, positive attitudes and life skills to choose and negotiate safer sexual behaviours and good social norms. With its partners, UNFPA aims to upscale best practices that promote healthy adolescent development, positive lifestyles and, particularly among sexually active young people, safe and responsible sexual behaviour – including peer education approaches; fostering culturally-sensitive youth friendly reproductive health information and services; strengthening of regional technical institutions; and creating enabling environments to overcome obstacles to accelerating prevention efforts among and for young people.

As a major pillar in HIV prevention, UNFPA's work in *condom programming* assists countries to strengthen infrastructure and facilitates procurement to improve access to quality condoms (male and female) and develops tools and approaches to aid countries to better understand user needs in order to more effectively programme to increase correct and consistent use of condoms for HIV/STI prevention. Almost 99% of *pregnant women* are HIV negative and should remain so. UNFPA works increase national commitment and capacity to provide HIV prevention information, counselling, and related services for pregnant women including through development and dissemination of technical tools and implementation of effective programmes.

In its advocacy and programming support efforts, UNFPA works within each region and in individual countries, ensure that programming reflects key priorities, with particular attention to programmatic support in areas where UNFPA has a comparative advantage in the prevention field. Within this context, UNFPA's work is targeted prevention for at-risk or highly vulnerable groups, issues surrounding gender equity and equality, understanding cultural influence, promotion and advocacy for reproductive rights, and demographic impact studies occur.

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## UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC)

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UNODC's main objective in HIV/AIDS prevention is to contribute to the reduction of HIV/AIDS through the development and strengthening of national strategies, policies and programmes aimed at protecting and promoting the health of injecting drug abusers. In line with this objective, UNODC's programmes and activities focus on regions with the highest reported rates of HIV/AIDS associated with injecting drug use namely Central and Eastern Europe including Central Asia, East Asia and the Pacific, and the Southern Cone countries of Latin America, in that order. HIV/AIDS issues were integrated into drug abuse needs assessment projects in Central Asia, as well as in the geographical entity comprising Russia and the newly independent states of Belarus, Moldova, and Ukraine. The findings of this assessment will lead to the implementation of projects on diversification of HIV prevention and drug treatment services for injecting drug users in these two regions. In the Southern Cone region of Latin America, East Asia and the Pacific, and South Asia, UNODC has embarked on the implementation of projects which aim to foster a broader response and exchange of experiences and best practices on drug abuse and HIV/AIDS prevention among the participating countries.

At the global level, UNODC has become more actively involved in the coordination of activities with UNAIDS Secretariat, other cosponsors, research institutions and other relevant groups. UNODC is currently the convening agency for UNAIDS on all IDU-related issues, currently manifested through the inter-agency

task team and Reference group mechanisms. UNODC plans to increase its human resource capacity in the nearest future in order to strengthen its support to Member States in greatest needs of prevention of HIV/AIDS associated with drug abuse.

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## WORLD FOOD PROGRAMME (WFP)

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The World Food Programme (WFP), the United Nations' front-line food aid agency, believes that good nutrition and adequate food are critical in the fight against HIV/AIDS. WFP has incorporated HIV/AIDS concerns into all of its programmes, notably in development, emergency and recovery. Food insecurity driven by HIV/AIDS has been addressed through WFP programmes, and WFP activities have been used as platforms for other types of HIV/AIDS programmes, such as prevention and education. The agency is adjusting programming tools such as needs assessments, vulnerability analysis, the design of rations and other nutrition-related activities as information and research become available to reflect the new reality presented by HIV/AIDS.

To ensure maximum impact, WFP's strategy is to use food aid in health, education and training programmes for children and families which are impacted by HIV/AIDS. WFP has developed strong partnerships with UN agencies, national and local governments, and hundreds of local charities. WFP's activities have been and continue to be based on priorities articulated in National AIDS Plans or Strategies, the UNDAF priorities on poverty alleviation and UN Country Strategies on HIV/AIDS.

The southern Africa Crisis in 2002 was the first major food emergency in which high prevalence rates of HIV/AIDS has played a key role in exacerbating food insecurity and nutrition. WFP's regional Emergency Operations in Lesotho, Malawi, Zambia, Zimbabwe, Mozambique and Swaziland support a significant number of AIDS-affected households and people living with HIV/AIDS.

WFP's policy paper on HIV/AIDS was endorsed by its Executive Board in February 2003.

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## UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (UN-HABITAT)

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In recognition of the problem of accessing financial resources for housing by HIV/AIDS victims and the need for shelter solutions for accommodating HIV/AIDS victims, especially the orphans and the terminally ill, UN-HABITAT is working towards incorporating HIV/AIDS concerns in its programme. At the international and national levels, the agency will support efforts aimed at the formulation and implementation of appropriate policies and actions that address the impact of HIV/AIDS on human settlements, especially those aimed at finding shelter solutions for accommodating HIV/AIDS victims in particular the orphans and the terminally ill.

The over all objective of UN-HABITAT, is to foster a shelter-based approach to the prevention and management of HIV/AIDS. The specific objectives are; to develop capacity at community level for orphan care and support, to enhance capacity for coordination of local partner networks, to strengthen the capacity of local authorities to develop and effectively manage HIV/AIDS strategies at the local level and to support local authorities to identify and manage the impact of HIV/AIDS on their capacities to deliver services to their communities.

Critical elements of the UN-HABITAT strategy will include the setting up of local partnerships, demonstrations and policy advocacy. Key activities being undertaken in the context of the global programme are, a situation analysis and baseline surveys being undertaken in Kenya, Uganda, Tanzania, Swaziland and South Africa, and

city Consultations being undertaken through the Agency's Urban Management Programme. The results of these activities will inform the development and implementation of demonstration pilot activities targeting the provision of shelter for HIV/AIDS orphans in urban slums especially in the African context.

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## OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS (OHCHR)

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OHCHR is committed to raising awareness of the human rights dimensions of the epidemic through global and regional advocacy, strengthening the capacity of the United Nations human rights mechanisms to address HIV/AIDS, and strengthening capacity at the national level. To achieve these objectives, OHCHR supports the work of the United Nations treaty bodies and special mechanisms in the integration of HIV/AIDS issues. These mechanisms, through their consideration of States' reports, concluding observations and recommendations, and general comments, provide States with direction and assistance in the implementation of HIV-related rights. OHCHR and UNAIDS provide regular joint briefings to the United Nations treaty bodies, with information on the background and status of the epidemic in priority countries; analysis of the links between HIV/AIDS and the core international human rights treaties; and identification of particular issues of concern. Support is provided towards the development by the treaty bodies of interpretive texts on HIV/AIDS and related human rights issues, such as the recently-adopted General Comment on HIV/AIDS and the rights of the child. OHCHR also supports the work of the special procedures of the UN Commission on Human Rights - in particular the special rapporteurs and independent experts with mandates related to the right to health, the human rights of women, the right to education, the right to food, and the right to freedom of opinion and expression - in addressing HIV/AIDS in the context of their mandates.

In 2003 OHCHR will work closely with UNAIDS to promote the further understanding and implementation of human rights in the context of HIV/AIDS, including by effective dissemination of the joint UNAIDS/OHCHR *International Guidelines on HIV/AIDS and Human Rights*, and revised guideline 6 on access to prevention, treatment, care and support. Priorities include strengthening collaboration between the OHCHR field offices and UNAIDS Country Programme Advisers, and with UN Country Teams; strengthening focus on HIV/AIDS-related human rights issues within mandates and activities of national human rights institutions, including by developing training materials; supporting special rapporteurs and independent experts in their efforts to address HIV/AIDS-related human rights; and gathering practical case studies that highlight how HIV/AIDS-related human rights can be addressed at the national level.

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## UNITED NATIONS DEVELOPMENT FUND FOR WOMEN (UNIFEM)

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The international community is increasingly recognizing that the gender equality dimensions of HIV/AIDS can no longer be ignored. UNIFEM's approach is to ensure that women's empowerment and gender equality are central to programming on HIV/AIDS. This is not simply in the context of responding to women's immediate needs, but with the empowerment of women, with the strengthening of women's leadership and ultimately, the change in power-based gender relations, as the goal.

UNIFEM is working in ten countries on a three-year programme to put the gender and human rights dimensions of the HIV/AIDS epidemic at the centre of strategies and policies in ten countries, with support from the UN Trust Fund for Human Security. UNIFEM will build national capacity to review existing laws and policies related to HIV/AIDS prevention, care and treatment in order to identify revisions that need to be made to ensure gender equality. It has also begun work with National AIDS Councils and key policy makers to increase their understanding of the impact of HIV/AIDS on women.

UNIFEM is spearheading “Gender Equality Zones” in India, Zimbabwe and Brazil to promote equality between men and women at the community level, with the goal of having an impact on transforming the power-based relations between men and women, and thereby begin the process of changing behaviour. UNIFEM has begun to work with railway workers in India and with a rural community in Zimbabwe towards demonstrating that gender-specific interventions aimed as gender equality can change gender relations and thereby change male and female behaviour, which is well-documented as critical to stemming the epidemic.

As part of the approach towards women’s empowerment, UNIFEM focuses on strengthening leadership capacity, in particularly within Positive Women’s Networks and to make links with NGOs and CBOs to provide space for the hearing of women’s voices.

In terms of the Cooperation Framework with UNAIDS, UNIFEM has developed a web portal, [www.genderandaids.org](http://www.genderandaids.org). This Online Resource Centre is a response to a new demand for gender-specific knowledge and information. It provides a range of information, materials, debates and practical tools, links to other quality websites on gender and HIV/AIDS, as well as a home in cyberspace for the global community to share insights, materials, research, best practices, etc. This portal provides a home for inter-agency publications and materials geared towards advocacy. Among these are the Resource Guide on Gender and HIV/AIDS which the Inter-Agency Task Team on Gender, co-chaired by UNIFEM and UNFPA, is updating, as well as a report on Gender and HIV/AIDS on which UNIFEM, UNFPA and UNAIDS are collaborating, to be launched in at the International AIDS Conference in Bangkok, 2004.

UNIFEM is linking its work on women, peace and security to the HIV/AIDS crisis. In collaboration with UNAIDS, UNFPA, UNDP gender specialists on HIV/AIDS are working in Sierra Leone, to be replicated in Angola and DRC.

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## UNITED NATIONS VOLUNTEERS (UNV)

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The United Nations Volunteers programme (UNV) is working with communities to help fight HIV/AIDS and provide care for those affected by the disease. More than 160 UN Volunteers have served under 36 projects and programmes at community, national and regional levels. Currently, more than 90 UN Volunteers -- many of whom are HIV-positive -- work directly with HIV/AIDS, while some 170 combat the pandemic indirectly in disease prevention and health care activities.

UNV focuses on a community-oriented programme approach using participatory methods and mixed teams of national and international UN Volunteers to build local initiatives to help prevent the spread of HIV/AIDS and care for those infected and their families. Giving HIV-positive people the chance to play an active role in their society, UNV creates opportunities for those infected, or persons close to them, to contribute in lessening the stigma, neglect and ostracism associated with the disease. They help by strengthening the role of networks of people living with HIV/AIDS and by increasing the self-esteem and well-being of their members.

UN Volunteers work as peer counsellors and educators in communities and carefully selected local institutions, both public and private, which are involved in HIV/AIDS prevention, care and support. They contribute to the effectiveness of HIV/AIDS programmes at all levels by ensuring that the knowledge and expertise of those infected and most directly affected are considered. They also support communities in identifying income-generating activities and accessing small grants.

UNV works closely with UNAIDS, UNDP, local and international NGOs, networks of people living with HIV/AIDS and National AIDS Programmes in respective countries.

Following the crisis in Southern Africa, UNV, in partnership with the United Nations Systems, intends to respond to the depletion of essential public and social sectors in that region by: providing professional expertise to offset the steadily increasing loss of local skilled people; helping rebuild local capacity and channelling assistance to communities severely affected by the combined ravages of drought and the HIV/AIDS epidemic.

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## WORLD TOURISM ORGANIZATION (WTO)

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The World Tourism Organization is an intergovernmental organization that 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.

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## UNITED NATIONS INSTITUTE FOR TRAINING AND RESEARCH (UNITAR)

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The joint UNAIDS UNITAR AIDS Competence Program has developed a self-assessment framework to get the various actors sharing and learning about eight practices which we believe are the essence of an AIDS competent group. This is a simple process to enable people to self-assess where they are already performing good practice and where they might improve. The process will then indicate who they might learn from to improve their capacity in those practices, by comparing their level of capability with others. As groups progress through the levels, they develop their capacity to deal with HIV and AIDS. The key output is a “river diagram” which gives a quick summary overview of actual and target scores for each group. The maximum and minimum scores are shown for comparison in the form of banks of the river.

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## UNITED NATIONS SECRETARIAT

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### *Department for Economic and Social Affairs (DESA)*

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 has undertaken a study on families in the most HIV/AIDS-affected countries. The Population Division issues world population estimates and projections, which now explicitly incorporate the demographic impact of AIDS. The most recent estimates and projections of the impact of AIDS on population size and growth, ages-structure and mortality between now and 2050 were issued in early 2003. The Population Division has also undertaken a review of the research literature on the impacts of the HIV/AIDS epidemic on fertility, entitled *Population, HIV/AIDS and Fertility in Sub-Saharan Africa: a Review of the Research Literature*. A publication entitled *HIV/AIDS: Awareness and Behaviour* was issued in English and French on the occasion of the first anniversary of the United Nations General Assembly Special Session in June 2002. The Population Division is undertaking an extensive review and critique of the literature on population, HIV/AIDS and development. The review will examine the state of knowledge of the socio-economic impact of HIV/AIDS on development, summarize the lessons learned and propose future avenues of research.

The Division for the Advancement of Women (DAW) continues to provide substantive support to the Commission on the Status of Women. At its 46th session in March 2002, the Commission adopted a resolution on women, the girl child and HIV/AIDS, in which it reaffirmed the need for governments, supported by

relevant actors, to urgently implement the commitment on the HIV/AIDS goals and objectives contained in the Declaration. The Commission also stressed that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS.

### *Department for Public Information (DPI)*

The Department for Public Information (DPI) has continued to be involved in HIV/AIDS strategy and coordination with the Executive Office of the Secretary-General, as regards the follow-up on the special session on HIV/AIDS and increase in support for the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Department continues to distribute the “Declaration of Commitment” booklet, issued in the six official languages and in Portuguese.

United Nations information centers, services and offices were pro-actively involved in the worldwide public information campaign to promote the objectives of the special session. The close coordination between the Department at Headquarters and in the field resulted in an impressive number of activities to promote the special session. Altogether, 58 centres, services and offices carried out close to 170 special activities. Their efforts in reaching out not only to ministries, Government officials, the media, NGOs and AIDS-related civil society associations, but also to women, students and vulnerable groups generated significant interest in the session. Each year, the Department organizes and coordinates the event marking World AIDS Day, 1 December, which involves the participation of celebrities, experts and NGO representatives from all over the world.

### *UN Medical Service*

The United Nations Medical Service ensures the implementation of United Nations policies on HIV/AIDS for staff members worldwide of the UN common system and their dependants, and guarantees compliance with the 1991 UN policy on HIV/AIDS in the workplace, as well as policy for peacekeeping missions. Key priorities of MSD remain prevention and access to treatment and care in a supportive environment through identification of regional diagnostic, treatment and counselling facilities and facilitation of staff access to these facilities, greater diffusion of health education materials and information, building staff awareness through the UN-sponsored medical facilities, updating knowledge and skills of UN health care providers through training courses, conferences and health fairs.

### *Department of Peacekeeping Operations*

The issue of HIV/AIDS in peacekeeping operations is a priority concern for the Department of Peacekeeping Operations (DPKO). It is recognized as both a crucial health concern and a politically sensitive issue. Preventing the transmission of HIV among peacekeepers and host communities is the key objective of DPKO's response in mission areas. The Department's focus is on awareness training and strong support for voluntary confidential counselling and testing (VCCT). It is working closely with other UN agencies in the design and implementation of responses in peacekeeping operations.

DPKO signed a cooperation framework with UNAIDS in January 2001 and distributes to peacekeepers the UNAIDS ‘awareness card’. The card includes basic facts about the transmission and nature of the disease. It is currently available in 10 languages; other translations are in the pipeline. UNAIDS has also given DPKO a trust fund for addressing HIV and AIDS. The trust fund shall be used partly for rapid impact projects in missions and partly to develop knowledge, attitude and practice (KAP) studies among peacekeepers. This will provide critical baseline data in order to assess the impact of initiatives. The Training and Evaluation Unit has developed a ‘Standardised Generic Training Module’ on HIV/AIDS to form part of the pre-deployment training provided by troop contributing countries. The intention is that all uniformed peacekeepers coming into a mission should have a common knowledge base regarding HIV and AIDS related facts and awareness.

DPKO has also signed a Memorandum of Understanding with the UN Population Fund to ensure an unhindered supply of reproductive health items to all peacekeeping missions, including male and female condoms, post-exposure prophylaxis (PEP) kits and HIV test kits. In addition, DPKO ensures the safety of blood and blood products for transfusion in mission hospitals by using supplies from WHO monitored sources.

The four biggest missions (MONUC, UNAMSIL, UNMEE and UNMISSET) have HIV/AIDS policy advisers who are generating advocacy around the issue and providing awareness training in the field; smaller missions have focal points. All the HIV/AIDS policy advisers are members of their respective country theme groups, which offer guidance and assist coherence in local national strategies.

Coordinating the response in mission areas is the newly appointed HIV/AIDS policy adviser with the Office of Mission Support (OMS) in New York. In consultation with the Medical Support Unit, the OMS policy adviser is finalising DPKO policy regarding VCCT for deployed troops and updating guidelines and procedures guiding DPKO's approach to HIV and AIDS. A critical component is strengthening the capacity for VCCT in mission areas; UNMISSET, for example, has a VCCT centre and a 24-hour HIV/AIDS help line and similar programmes are being planned for other missions.

## *Economic Commission for Africa (ECA)*

*AIDS in Africa: Scenarios for the Future project:* - ECA, in collaboration with UNAIDS, the African Development Bank, UNDP and the World Bank, has initiated a scenario-building project whose purpose is to develop scenarios that examine the future trajectories of the epidemic over the next twenty years. This draws together some fifty or so influential actors to build scenarios through a series of workshops, over a fourteen-month period. The first will be held in Addis Ababa on 2-6 May 2003.

*Annual Report on HIV/AIDS:* - ECA, in collaboration with the African Union and UNAIDS, is preparing a report on the implementation of the UNGASS Declaration and the Abuja Declaration on HIV/AIDS, TB and Other Infections Diseases.

*HIV/AIDS and Development project:* - ECA is the executing agency for UNDP Ethiopia's HIV/AIDS and Development Project. This project seeks to lay the grounds for UNDP's future HIV/AIDS intervention areas. ECA, as the implementing agency, has organized a workshop on the use of multimedia in the prevention and control of HIV/AIDS; prepared a proposal on Mainstreaming HIV/AIDS and Gender to be submitted to Japan Women in Development (JWID) meeting; organized a Stakeholders' workshop; provided support to Faith-based organizations, Ethiopian HIV/AIDS Prevention and Control Office (HAPCO), Regional AIDS Councils and NGOs; and undertaken a study on Research gaps in Ethiopia. Currently, ECA is undertaking a study on the impact of HIV/AIDS on food security, identification of areas for capacity building for NGO's working on HIV/AIDS, development of database on HIV/AIDS and identification of intervention for IT.

*ADF III Report:* - The Third African Development Forum (ADF III) took place at ECA headquarters in Addis Ababa between 3-8 March 2002 under the theme "Defining Priorities for Regional Integration in Africa". One of the commitments that emanated from ADF III was the analysis of the impact of HIV/AIDS on regional integration.

*Commission for HIV/AIDS and Governance in Africa (CHGA).* The vision of CHGA is to spur effective responses to the governance and development threats posed by the HIV/AIDS epidemic in Africa. On 20 February 2003, speaking at the Africa-France Summit in Paris, the UN Secretary General, Kofi Annan, announced the formation of CHGA, as a high level initiative to undertake cutting-edge research and develop policy

frameworks for responding to the governance threats posed by the HIV/AIDS epidemic. CHGA is located at the ECA and chaired by the Executive Secretary. It is a collaborative effort involving a range of UN agencies alongside African and non-African research institutions, and includes inputs from the relevant ECA Divisions, especially ESPD.

### *Economic and Social Commission for the Asia and the Pacific (ESCAP)*

The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) accords priority to HIV/AIDS as a development challenge requiring multi-sectoral and multi-ministerial responses. As a reflection of that priority, the theme topic of the 59<sup>th</sup> session of the Commission, to be held in April 2003, will focus primarily on the socio-economic impact of HIV/AIDS. UNESCAP, as the regional development arm of the United Nations in Asia-Pacific, is also supporting governments in implementing the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, in key areas such as leadership, HIV prevention, reducing vulnerability and alleviating social and economic impact. As the United Nations Asian and Pacific focal point for youth, a major thrust of ESCAP's work is also directed at supporting action towards fulfilment of Millennium Development Goal 6 (halt and begin to reverse the spread of HIV/AIDS) and to reduce new infections among young people by 25 per cent by 2010 (Commission resolution 57/1). HIV/AIDS was also an important item on the agenda of the Fifth Asian and Pacific Population Conference (December 2002).

### *Economic Commission for Latin America and the Caribbean (ECLAC)*

Activities carried out in relation to HIV/AIDS in the Caribbean:

- The ECLAC Sub-regional Headquarters for the Caribbean provides support to the National HIV/AIDS UN Theme Group in Trinidad and Tobago.
- In that capacity, the secretariat has provided technical assistance in the development of the Trinidad and Tobago Five-Year National HIV/AIDS Strategic Plan.
- In addition, the secretariat has also ensured that information about the HIV/AIDS pandemic reaches our member states through the publication of information in the ECLAC/CDCC newsletter "FOCUS."
- The secretariat continues to offer support to CARICOM in its activities related to HIV/AIDS, more so to the Council on Social and Human Development regional programme on HIV/AIDS.
- Two studies will be prepared in 2004 on the subject matter: a study on the link between social vulnerability and the incidence and prevalence of HIV/AIDS in the Caribbean; and, a study on possible gender factors that explain the growing incidence of HIV/AIDS among young women in the Caribbean.

Furthermore, in 2002 ECLAC Social Development Division received invitations to take part in the UNAIDS thematic group in Chile and to provide monitoring and evaluation assistance for projects by the Global Fund to fight AIDS, Tuberculosis and Malaria in Chile, Argentina and Honduras. So far, monitoring and evaluation consultancies have been provided to the National Commission on AIDS of Chile (CONASIDA).

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## THE SECRETARIAT OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

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The UNAIDS Secretariat works with, and on behalf of, its eight Cosponsors in the following major areas.

*Leadership and coordination:* The Secretariat helps coordinate and streamline action by the UNAIDS Cosponsors and other United Nations bodies to reverse the epidemic. It aims to: build stronger political commitment in all sectors of society; promote a sense of urgency among the public and create a more supportive environment; and provide the policy and strategy guidance to enhance the coherence and coordination of the global response to HIV/AIDS. The Secretariat helps countries and the United Nations system to establish goals so that they can set clear directions and hold themselves accountable. For example, the Declaration of Commitment, which was adopted at the United Nations General Assembly Special Session on HIV/AIDS in June 2001, sets clear targets for reversing the spread of the epidemic, such as the reduction of HIV prevalence among young people aged 15–24 by 25% by 2005 in the most affected countries and by 25% globally by 2010. At country level, UNAIDS Country Programme Advisers provide practical support to the Cosponsors (who work together in the United Nations Theme Group on HIV/AIDS) and assist government and civil society groups in implementing strategic action plans to tackle the epidemic. Catalytic funds are made available to support these activities.

*Strategic information:* The UNAIDS Secretariat plays a key role in the management and dissemination of knowledge that is fundamental to combating AIDS. It identifies and analyses sound strategies and approaches—referred to as ‘best practices’—for preventing new infections, providing care to those already infected, or alleviating the epidemic’s impact on households, communities and various sectors of society. Through technical networks, the Secretariat brokers cooperation to help countries implement best practices. In addition, by influencing the global research agenda, it catalyses the development of new tools and approaches needed by developing countries.

*Tracking the epidemic:* A key function of the UNAIDS Secretariat is to gather, analyse and disseminate information on the evolving epidemic and on the global response to it. The resulting picture helps national governments and partners to pinpoint emerging problems and map an appropriate national strategy.

*Advocacy:* Both internationally and within countries, UNAIDS advocates an expanded response to the epidemic. It encourages the use of best practices, even when these are sensitive or controversial, such as those relating to sexual health education in schools. Most importantly, the Secretariat works to build commitment and support among governments, donors and private companies, and to bring on board a wide range of other partners, including religious organizations, nongovernmental organizations (NGOs), people living with HIV/AIDS and those whose lives are otherwise affected or threatened by the epidemic.



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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