



17 April 2003

**Twenty-first meeting of the Committee of Cosponsoring Organizations (CCO)**  
**Paris, France, 24 April 2003**

*Provisional agenda item 4:*

**The UNAIDS response to the AIDS crisis in southern Africa**

**Executive Summary**

For a decade, southern Africa has been the region most affected by the AIDS epidemic. In 2002, it faced the worst food crisis in a decade. The humanitarian response helped to avert illness, starvation and death. But in the course of the effort, perceptions of the crisis have evolved to emphasize the underlying destruction that AIDS has caused to societies and its consequences in terms of increased vulnerability. Whereas the food crisis is gradually being contained, the southern Africa AIDS crisis is a threat, which is in nature both a humanitarian emergency and a long-term development crisis, defeating classical paradigms of international cooperation.

Elevating the UN's profile on AIDS in the region is only one step in an intensified response to this crisis. It must be backed up with measurable increases in UN action in countries. This involves increasing both the quantity and quality of UN resources devoted to AIDS in the region.

Cosponsor Executive Heads are requested to commit their organizations to undertake the 10 actions noted in section III and to support the UNAIDS Secretariat in facilitating their implementation.

## **I. HIV/AIDS and the southern African humanitarian crisis**

Southern Africa has levels of HIV infection unmatched anywhere in the world. The recent food crisis in southern Africa differed from past famines because of the presence of HIV/AIDS. The convergence of hunger and HIV/AIDS accelerated illness, death and loss of production. During the course of the relief effort, perceptions of the crisis changed to emphasize the underlying destruction that AIDS has caused to societies, and its consequences in terms of increased vulnerability.

The January 2003 joint report of the UN Special Envoys for AIDS in Africa and for the Humanitarian Crisis in Southern Africa was unequivocal: HIV/AIDS was both a “cause and a consequence” of the food shortage, rendering people more vulnerable to starvation. The report added that “the affected populations, governments and the international community are concluding that this crisis marks the start of an unwelcome trend: **health, education and other sectors are equally vulnerable to collapse under assault by HIV/AIDS**”.

Whereas the food crisis is gradually being contained, the southern Africa AIDS crisis is a threat that is by nature both a humanitarian emergency and a long-term development crisis – defeating classical paradigms of international cooperation.

## **II. The food crisis as an opportunity and necessity for intensified action on HIV/AIDS**

The international attention to the food crisis has had a positive effect in focusing attention on the devastation that AIDS has wrought on humanitarian and development efforts in southern Africa:

- Governments are more aware of the urgency to formulate and implement national responses to the epidemic.
- Donors are more receptive than ever before to the mainstreaming of AIDS in aid.
- The UN system has realized the necessity to accelerate efforts to harmonize its AIDS-related work at the regional and country levels.

Different UN bodies have initiated discussions about how to organize an accelerated response. The Regional Inter-Agency Coordination Support Office (RIACSO) has played a key role in identifying immediate humanitarian needs and analyzing the connections between increased vulnerability induced by AIDS and its consequences. The success of RIACSO is a major lesson in the benefits of coordinated inter-agency response. Separately, the UN Development Group is preparing a framework of action focusing on the nexus of AIDS, food security and governance. Also, the High-Level Committee for Programmes (HLCP) of the Chief Executives Committee (CEB) is working on a paper for October 2003 analyzing the general connection between food security and AIDS.

### **III. The UN system's response to the southern African AIDS crisis**

Greatly increased external – and in some countries national – funding for AIDS has become available in the sub-region, including from the World Bank, a UNAIDS Cosponsor. Even more financial support for AIDS programmes will be released in the near future from the Global Fund to Fight AIDS, Tuberculosis and Malaria and several bilateral donors, particularly the USA and the United Kingdom. This momentum must not be lost.

What are the implications for the Joint United Nations Programme on HIV/AIDS (UNAIDS)<sup>1</sup> in addition to those elaborated in the report of the Special Envoy? Only UNAIDS-specific action will be discussed here. Some guiding principles should be followed:

- From now on, all components of the UN system will incorporate AIDS work as part of our basic development and the Millennium Development Goals agenda.
- Our overriding focus must be on supporting countries to scale up their national response to AIDS.
- Intensified action on AIDS cannot be limited to the six countries affected by the food crisis (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe), but should encompass the entire sub-region, in view of the dynamics of the epidemic.
- A unified UN system response will have more impact and will give us more credibility than a plethora of small, agency-driven projects and initiatives.
- Existing UN system mechanisms should be strengthened – in particular the UN Resident Coordinator system, UN Theme Groups on HIV/AIDS, the Regional Inter-Agency Coordination Support Office (RIACSO), and interagency support structures of the UNAIDS Secretariat, notably the office of the UNAIDS Country Coordinator – rather than creating new ones.
- Our activities must effectively and visibly support regionally-owned initiatives, such as the New Partnership for Africa's Development (NEPAD) and the Commission on HIV/AIDS and Governance in Africa (CHGA).

Based on these principles, the following nine immediate actions must be implemented to strengthen the UN system response by country teams at the national level. A 10<sup>th</sup> action is needed to ensure regional leadership and coordination. Countries in Southern Africa will be the first to implement the relevant Programme

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<sup>1</sup> Unless otherwise specified throughout this text, "UNAIDS" refers to the entire Programme comprising its Secretariat and eight Cosponsors (UNICEF, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, and the World Bank).

Coordinating Board (PCB) decisions on strengthening UNAIDS at country level.

### **Country Level Action**

1. If not already underway, UN Country Teams to review, collectively and by agency, their portfolio and strategies to ensure that action on AIDS is at the core of the UN system's work. This should be facilitated/assisted by UNAIDS Country Coordinators.
2. The Executive Director of UNAIDS, with the respective Executive Head of the cosponsoring organization and in close collaboration with the Resident Coordinator, to review leadership of the UN Theme Group on HIV/AIDS
3. Develop and implement joint country responses with harmonized implementation arrangements with other strategic partners. The PCB, in December 2002, underscored the need for a joint UN programme at the country level which pools expertise and financial resources to support national responses.
4. UN Country Teams to develop advocacy plans, using the moral authority of the UN to advance discussion and public policy debate on key issues – even if sensitive. Plans should map out specific actions for all country representatives.
5. Review placement of existing UNAIDS Secretariat staff to provide additional UN leadership on AIDS and to support the entirety of the UN system's response, ensuring that UNAIDS Country Coordinators are full members of UN Country Teams. UNAIDS staff will be added in key areas, as per the guidance of the PCB decisions of December 2002 and in line with ongoing Unified Budget and Workplan planning. These areas include monitoring and evaluation, partnership building, and resource tracking and mobilization.
6. Joint establishment with selected Cosponsors of the Country Response Information System (CRIS) in at least six countries, allowing interface with existing databases. CRIS will assist in the systematic collation and analysis of strategic data and information on country situations and responses.
7. Affirm the broadened use of the existing regional and national Vulnerability Assessment Committees (VACs) to assess the extent of AIDS-increased vulnerability of communities in the region. This should include: (i) the identification of highly affected communities, and (ii) through UNAIDS involvement in RIACSO, assistance with the organization of a regional review of the latest data to advance our collective understanding.
8. UN Country Teams to review, collectively and individually, their portfolios to ensure that issues of women's empowerment are

mainstreamed and that specific activities are undertaken to address the needs and roles of women in prevention, care and treatment of HIV/AIDS, and in the response to the impact of AIDS.

9. Facilitate and support the undertaking of government-led participatory reviews – as was done recently in Malawi – of national plans in view of the need for rapid implementation and absorption of increased resources. At the same time, promote and facilitate the development of sustainable partnership fora to engage dialogue amongst all actors in society. This will also foster a growing sense of public accountability, addressing issues of governance.

### **Regional Action**

10. Maintain close collaboration between UNAIDS and RIACSO – including the transfer of staff from the UNAIDS Secretariat's Inter-Country Team in Pretoria to bolster HIV/AIDS leadership and support – and define the role of RIACSO after April 2004.

The AIDS crisis in southern Africa presents a test to the UN's ability to move rapidly and collectively, to re-allocate real resources to assist countries and to demonstrate its ability to make a difference. Nothing less than the UN's credibility is at stake.

Cosponsor Executive Heads are requested to commit their organizations to undertake the 10 actions noted above and to support the UNAIDS Secretariat in facilitating their implementation.