

# UN System Strategic Plan for HIV/AIDS 2001-2005



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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## UN System Strategic Plan for HIV/AIDS – 2001 to 2005

### EXECUTIVE SUMMARY

During 2000 and 2001, UN system agencies engaged in the development of a UN System Strategic Plan for HIV/AIDS for 2001-2005 (UNSSP) aimed at guiding the UN system response over the five-year period. Developed within the overall context of the Global Strategy Framework adopted by the PCB in December 2000, the UNSSP identifies the key functions of the UN system in support of national efforts and describes the approach and priorities of the participating UN system organizations in a coordinated UN system response. Most importantly, the strategic objectives articulated within the UNSSP link the work of individual UN organizations with the overarching UN system objective of providing leadership and support to the work of national governments and their partners in achieving agreed goals. Twenty-nine participating UN system organizations have contributed to the UNSSP through the development of individual agency strategies and plans. These agencies have made a major commitment to increasing effectiveness, transparency and accountability within the five-year period. A performance monitoring plan for the UNSSP, based on the UNAIDS Monitoring and Evaluation Framework, includes a mid-term evaluation of the implementation of the UNSSP.

The UNSSP is composed of three sections:

Section I	UN System Response to the HIV/AIDS Epidemic
Section II	UN System Objectives and Strategic Approach
Section III	Summary of Individual Agencies' Institutional Strategies

At its eleventh meeting in May – June 2001, the UNAIDS Programme Coordinating Board endorsed the UN System Strategic Plan on HIV/AIDS for 2001-2005. The attached plan was further updated following the UN General Assembly Special Session on HIV/AIDS in June 2001.

## Overview and Structure

At its second meeting in November 1995, the UNAIDS Programme Coordinating Board (PCB) adopted the UNAIDS Strategic Plan for 1996-2000 developed by the UNAIDS Secretariat during its preparatory year. The Plan described the overall objectives and strategic approach for the UNAIDS Programme, including descriptions of general areas of work of the then six UNAIDS Cosponsors.

*At its eighth meeting in June 1999, the PCB encouraged the Secretariat and the Cosponsors to intensify their efforts towards developing a UN System Strategic Plan for HIV/AIDS for the years 2001-2005 (UNSSP). It further encouraged the Cosponsors to develop their institutional strategies, with balanced emphasis on priority regions, and to articulate their specific objectives, targets and plans to achieve those objectives.*

*Economic and Social Council (ECOSOC) Resolution 1999/36 (28 July 1999) urged the Cosponsors and other UN system organizations to complete the development of their institutional strategies and to submit to their governing bodies their proposed contributions to the UNSSP.*

*At its session in April 2000, the Administrative Committee on Coordination (ACC) encouraged all organizations of the UN system to participate actively, together with the Secretariat and the Cosponsors, in the development of the UNSSP.*

*At its ninth meeting in May 2000, the PCB reaffirmed its request to the Secretariat to proceed with the development of the UNSSP in broad consultation with UN system and other partners, ensuring that the Global Strategy Framework was well reflected.*

*At its third thematic meeting in December 2000, the PCB expressed its strong appreciation of the progress report on the development of the UNSSP and of the transparency and unprecedented involvement in the process to develop the Strategic Plan, including through access to the Web for PCB Members. It recommended that the Secretariat, the Cosponsors and other organizations of the UN system finalize their contributions to the UNSSP for review at the next regular meeting of the PCB in 2001.*

*At its eleventh meeting in May- June 2001, the PCB endorsed the overall content and strategic direction of the UNSSP and commended the Cosponsors, other UN system organizations and the UNAIDS Secretariat on the development of the Plan. The PCB requested continued efforts to strengthen and update the UNSSP, and requested further clarification on the implementing roles, responsibilities and resource commitments of the UN system organizations with respect to achieving the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) goals and targets.*

*The PCB endorsed the overall approach of the UNSSP to performance monitoring and evaluation and requested a detailed description of a monitoring and evaluation system that is based on a limited number of qualitative and quantitative indicators that would serve as markers to demonstrate and document how the UN system adds value at the country and global levels. The PCB also requested a mid-term performance report to be prepared by the Cosponsor Evaluation Working Group for review by the Inter-Agency Advisory Group on AIDS (IAAG) prior to submission to the PCB in 2004.*

*The PCB recommended that further efforts be undertaken to strengthen system-wide accountability for the achievement of UN system strategic objectives, including through more explicit linkage of individual outputs to those objectives. The PCB urged the UNAIDS Cosponsors and other UN system partners to mainstream HIV/AIDS in their global, regional and national level plans and programmes, and to direct their country offices to support the relevant national programmes in achieving this objective. Finally, noting ECOSOC Resolution 1999/36, the PCB urged Cosponsors and other UN system agencies to submit their institutional strategies and plans on HIV/AIDS to their governing bodies.*

Reflecting increased UN system mobilization in response to the worsening epidemic, the current UN System Strategic Plan goes much further than the plan for 1996-2000. It is built on the plans and strategies of 29 UN system organizations and departments working on HIV/AIDS, including the now eight UNAIDS Cosponsors and the UNAIDS Secretariat.

The UN System Strategic Plan is structured in three sections:

**Section I: The UN System Response to the HIV/AIDS Epidemic**, places the UNSSP in context, relating it to the Global Strategy Framework and global goals for HIV/AIDS, including those of the UNGASS. It further describes the roles and functions of the UN system in addressing the epidemic, the mechanisms supporting coordination on HIV/AIDS within the system, and summarizes the monitoring plan for the UNSSP.

**Section II: The UN System Objectives and Strategic Approach**, elaborates specific UN system objectives in nine areas of work across the breadth of the 'expanded response'. It identifies major challenges in each of the work areas, and synthesizes the approaches of the UN system organizations participating in the UNSSP.

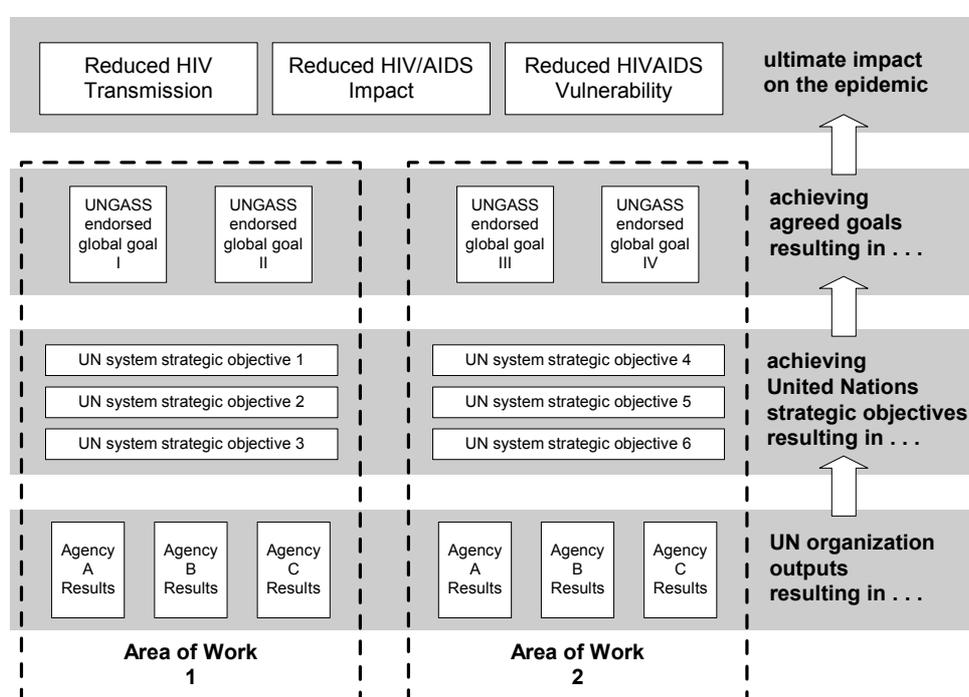
**Section III: Summary of Individual UN system organization plans**, encapsulates the HIV/AIDS strategies and plans of the 29 participating organizations in a common format developed through the United Nations Inter-Agency Advisory Group on HIV/AIDS (IAAG). The summaries provide an overview of the individual organizations' HIV/AIDS-related mandate and accomplishments; priorities and targets; and strategies and resources. *(Due to their combined length, these summaries are not included within the distributed copies of the UNSSP, but are available electronically via the World Wide Web at <http://sp.unaids.org>).*

## I. UN System Response to the HIV/AIDS Epidemic

### A. Purpose of the UN System Strategic Plan

The purpose of the UN System Strategic Plan (UNSSP) is to guide the UN system response over the five-year period 2001–2005. The UNSSP identifies the key functions of the UN system in support of national efforts, and describes the approach and priorities of the participating UN system organizations in a coordinated UN system response. Most importantly, the plan establishes the critical linkages between the work of individual UN organizations, the achievement of UN system objectives, and agreed goals and targets – most notably those of the United Nations General Assembly, and ultimate impact on the epidemic.

**Figure 1 Linking UN organization efforts to the achievement of global goals**



#### 1. The Global Strategy Framework for HIV/AIDS

The Global Strategy Framework for HIV/AIDS, endorsed by the UNAIDS Programme Coordinating Board (PCB) in December 2000, provides the rationale for urgently mobilizing an expanded response to the epidemic which simultaneously addresses the reduction of HIV/AIDS-related risk, vulnerability and impact. The UNSSP draws its focus from the Global Strategy Framework, in particular, the **Leadership Commitments** to which key actors – including the UN system - have been encouraged to subscribe (Annex 1). The Leadership Commitments have been used to broadly structure the work of the UN system into more operational “**Areas of Work**” (see Panel 1).

**Panel 1: Areas of Work in the UN System Strategic Plan for 2001-2005**

1. Ensuring an extraordinary response to the epidemic
2. Cross-cutting issues in the expanded response
3. Protecting children and young people from the epidemic and its impact
4. Addressing those most vulnerable to, and at greatest risk of HIV infection
5. Care and support to individuals, households and communities affected by HIV/AIDS
6. Operations and biomedical research
7. Human resource and institutional capacities in key sectors
8. Policies and programmes to address HIV/AIDS and its socioeconomic impacts
9. Regional strategy development

Four *guiding principles* articulated within the Global Strategy Framework are addressed in all Areas of Work across the breadth of the UN system response. They are:

- that national governments, working with civil society, must provide the leadership, means and coordination required to ensure that national and international efforts respond to country and community needs;
- that people living with and affected by HIV/AIDS must be actively engaged and supported in their efforts to address the epidemic in communities around the world;
- that gender inequalities fuelling the epidemic must be explicitly addressed; and
- that prevention methods, life-saving treatments and the results of scientific breakthroughs in prevention and care must be made broadly available on an equitable and affordable basis to all.

## **2. Global goals and targets**

The United Nations General Assembly and the governing bodies of the UN system organizations have made a range of commitments to strengthen international and national responses addressing different elements of the HIV/AIDS epidemic<sup>1</sup>. At regional level, strategy meetings of governments, UN system partners, NGOs and bilateral donors have identified region-specific strategies and targets. Building on these efforts, the United Nations General Assembly met in a special session on HIV/AIDS in June 2001 and highlighted in a Declaration of Commitment on HIV/AIDS the nature of the global HIV/AIDS crisis and the urgent need for global action to fight the epidemic (Annex 2). It confirmed global goals and targets which will advance and operationalize the Global Strategy Framework.

The UNSSP is guided by the goals and targets included in the UNGASS Declaration of Commitment on HIV/AIDS. These goals and targets have been related to UNSSP Areas of Work as shown in Annex 3.

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<sup>1</sup> Includes global goal established at the 21<sup>st</sup> Special Session of the United Nations General Assembly in 1999, namely that: Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

### 3. UN system strategic objectives

The *overarching objective* of the UN system response to the HIV/AIDS epidemic is to provide leadership and support to the work of national governments and other partners in achieving agreed goals. The ability of the UN system to mobilize international commitment to an expanded response is a critical assumption that underpins the UNSSP.

**Strategic objectives** for the UN system are presented in each of the Areas of Work as detailed in Annex 4. They are intended to focus system-wide efforts along reinforcing lines of action in assisting countries to achieve the global goals and targets. Development of the UN system strategic objectives is a dynamic process. The objectives were reviewed after the UNGASS and it is anticipated that they will require periodic revisions to ensure that the UN's efforts are most strategically focused on the achievement of the agreed goals.

### 4. Individual plans and strategies of UN system organizations

The development of individual strategies and plans for the participating UN system organizations is also a dynamic process. While the participating organizations have committed themselves to giving HIV/AIDS higher priority, the depth and duration of experience in responding to the epidemic varies among the organizations. Consequently, the plans vary considerably with respect to the degree that governing bodies and agency-wide planning processes have contributed to their development. For most of the participating organizations, estimating current and future spending on HIV/AIDS has also proved to be a major challenge. Notwithstanding these limitations, the participating organization plans – individually and collectively - demonstrate an exponential increase in the UN system response as compared with the start of the previous plan period.

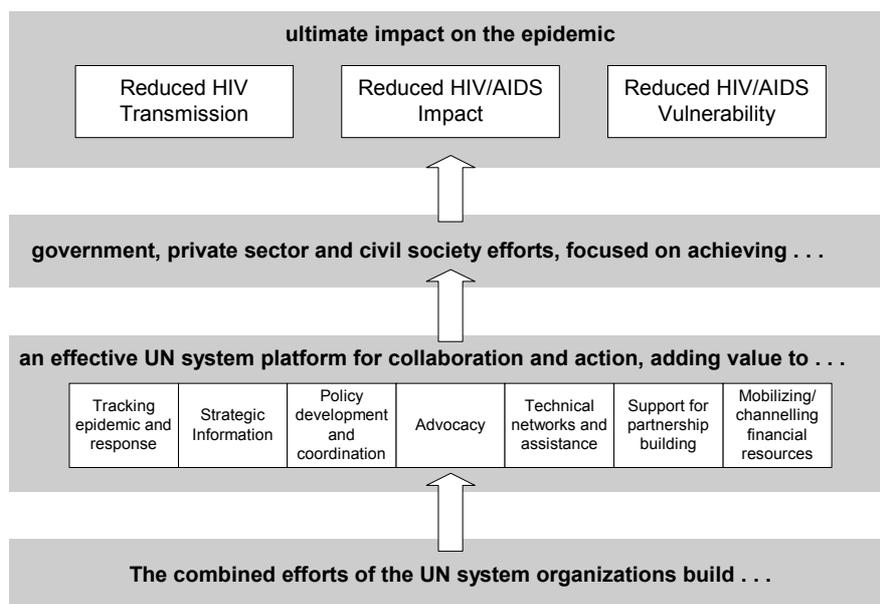
## B. The UN System within the Global Partnership

The UN system has a unique role and responsibility to its Member States to:

- increase global awareness and commitment to addressing the epidemic,
- expand the capacities and knowledge required to respond, and
- broker and coordinate the resource mobilization required to assist national efforts.

Through its political, social and economic, financial and specialized agencies, programmes and funds, the UN system is uniquely well placed to serve as a platform for the collaborative efforts of Member States, the private sector, and civil society partners. The overall challenge to the UN system is to strengthen, focus, and coordinate its efforts in a way that maximizes the value it adds to the efforts of national governments and their partners in the response.

**Figure 2: UN system platform for collaboration on HIV/AIDS**



### 1. The UN system's role and functions in an expanded response

The “planks” from which the UN system platform for international collaboration and action on HIV/AIDS is constructed can be described in terms of its core roles and functions in the response. They include:

- **Tracking the epidemic and responses to it.** National governments, bilateral donors, and NGOs rely on the UN system organizations to assist them in strengthening their surveillance systems and developing indicators and methods for monitoring and evaluating policy and programme efforts. The objectivity of the UN system, existing agreements between governments and its agencies on reporting data, and widely accepted methods of harmonizing data collection through the work of its scientific committees and bodies are major global assets in the response to HIV/AIDS.
- **Developing and disseminating strategic information.** The UN system's worldwide networks of analysts and policy specialists are an unparalleled resource with which to support partners. They offer the most current and authoritative information required for effective situational analysis, policymaking, programme design, implementation and monitoring.
- **Policy development and coordination.** Through their capacity to convene meetings of interested parties, the UN system organizations are well placed to broker consensus on best practice and to develop common approaches to problem solving. Working within the framework of Human Rights Conventions and Member States' endorsed goals, the UN system serves as an objective convenor, facilitator and catalyst in establishing international strategies and agreements required to mobilize the response.
- **Advocacy.** The UN is in a unique position to facilitate dialogue and greater openness about HIV/AIDS worldwide. Unencumbered by the perception of special interests, the

UN system's advocacy has broad reach with governments, the media, and civil societies across all continents, enabling it to ensure that HIV/AIDS remain high on the political agenda of national authorities, development agencies, international non-profit foundations and the corporate sector.

- **Facilitating technical resource networks and providing direct technical assistance to countries.** The UN system organizations have substantial capacities with which to directly provide policy and technical support to partners across the range of programme areas in the response to the epidemic. More significantly, the UN system enables experts from around the globe to enhance the relevance and effectiveness of their own technical resources through participation in the UN system's regional and global collaboration mechanisms.
- **Support for partnership building.** At the global and regional levels, the UN system has been successful in forging international partnerships that include governments, the private sector and civil society partners, including Foundations, in their efforts as partners in international development. The UN system also provides support to national governments and civil society as they build partnerships to address HIV/AIDS at the local level.
- **Mobilizing and channelling financial resources.** Mechanisms exist within the UN system's various funds, programmes, and the World Bank to broker and channel resources in the form of: credits to governments; grant support to and through governments; implementation support on behalf of governments; and more specialized grant funding for regional and global level programmes, networks and research. There is also substantial experience in supporting governments in establishing more decentralized mechanisms for resource channelling within countries.

## 2. UNAIDS

The establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) was endorsed in 1994 by the Economic and Social Council (ECOSOC) to ensure a coordinated response to the HIV/AIDS epidemic from UN system programmes and agencies. The aim of UNAIDS as set out by ECOSOC is to strengthen UN system capacity to:

- provide global leadership in response to the epidemic;
- promote global consensus on policy and programme approaches;
- strengthen the capacity to monitor trends;
- strengthen the capacity of national governments to develop national strategies and activities;
- promote broad-based political and social mobilization to prevent and respond to HIV/AIDS;
- advocate greater political commitment on global and country levels including adequate resources.

The major technical, policy and programme resources of UNAIDS are provided by its eight cosponsoring organizations. They include the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the International Labour Organisation (ILO), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

As the principal engines within the UNAIDS efforts, the Cosponsors have harnessed their collective mandates, areas of expertise and comparative advantages to a coordinated response. At country level, the UNAIDS Cosponsors have committed themselves to joint planning and integrated programming of their resources. At regional and global levels,

Cosponsors coordinate all of their HIV/AIDS-related efforts within a Unified Budget and Workplan, which includes coordinated planning, advocacy, resource mobilization and performance monitoring. The collective work of the Cosponsors acts as a force for action and a repository of expertise to be drawn upon by the broader UN system.

### 3. UN system organizations

In addition to the UNAIDS Cosponsors and the UNAIDS Secretariat, 20 UN programmes, funds, specialized agencies, UN Secretariat departments, other UN entities and related associations with a strong commitment to addressing the HIV/AIDS epidemic have developed and are executing organizational plans addressing HIV/AIDS (Panel 2).

The 29 organizations making up the UNSSP constitute a unique and formidable resource. By contributing their knowledge, expertise and programme resources, they substantially strengthen the UN system's platform for international collaboration and action, and provide access to a full range of actors across public sector ministries and departments, the private sector, nongovernmental organizations and other partners. Their full participation in an expanded response adds weight and legitimacy to the UN system's collective efforts against HIV/AIDS.

#### **Panel 2: UN system and related organizations participating in the UNSSP**

1. United Nations Children's Fund (UNICEF)
2. United Nations Development Programme (UNDP)
3. United Nations Population Fund (UNFPA)
4. United Nations International Drug Control Programme (UNDCP)
5. United Nations Educational, Scientific and Cultural Organization (UNESCO)
6. World Health Organization (WHO)
7. The World Bank (WB)
8. International Labour Organization (ILO)
9. United Nations Industrial Development Organization (UNIDO)
10. World Intellectual Property Organization (WIPO)
11. Food and Agriculture Organization (FAO)
12. International Fund for Agricultural Development (IFAD)
13. World Food Programme (WFP)
14. United Nations Relief and Works Agency for Palestine Refugees (UNRWA)
15. United Nations Conference on Trade and Development (UNCTAD)
16. Office of the United Nations High Commissioner for Refugees (UNHCR)
17. Office of the United Nations High Commissioner for Human Rights (OHCHR)
18. United Nations Volunteers (UNV)
19. United Nations Development Fund for Women (UNIFEM)
20. United Nations Research Institute for Social Development (UNRISD)
21. Department for Peacekeeping Operations of the UN Secretariat (DPKO)
22. Department of Economic and Social Affairs of the UN Secretariat (DESA)
23. United Nations Fund for International Partnerships (UNFIP)
24. United Nations Medical Service (UNMS)
25. World Trade Organization (WTO)
26. World Tourism Organization (WOTO)
27. International Organization for Migration (IOM)
28. Federation of International Civil Servants Associations (FICSA)
29. The UNAIDS Secretariat

#### 4. UNAIDS Secretariat

The primary purpose of the UNAIDS Secretariat is to support and strengthen the UN system in providing leadership to an expanded global response to the epidemic. It is the lead advocate within the UN system for an urgent and coordinated response. The UNAIDS Secretariat has three main functions:

**First**, through policy and strategic leadership and coordination, including its work to provide relevant policy and strategy guidance in support of the UN system response.

**Second**, through the mobilization of political, technical and programme resources, including enhanced global and national political commitments and the mobilization of the broad range of partners required to fight the epidemic, and

**Third**, through enhanced access to strategic information, including assisting partners to generate, analyse and disseminate the information that policy makers, advocates, and programme managers need to direct their resources against the epidemic in the most effective way.

#### 5. Partnership and coordination mechanisms

Improved partnership and coordination within the UN system is not an end in itself. Rather, it is an essential means to focus independently managed efforts along shared strategic lines. Collaborative mechanisms that support and strengthen UN system coordination and partnership development on HIV/AIDS at global, regional and country levels are described in Panel 3.

#### Panel 3: Partnership and Coordination Mechanisms

The **Inter-Agency Advisory Group on HIV/AIDS (IAAG)** is a consultative group of forty-four UN system organization representatives at global level intended to coordinate policy and facilitate the involvement of all relevant UN system organizations in the global response. The IAAG also serves as the forum for addressing HIV/AIDS workplace issues within the UN system.

The **Unified Budget and Workplan (UBW)**<sup>2</sup> is a joint prioritization and planning exercise at the global and regional levels which elaborates the specific results to be achieved by the UNAIDS Cosponsors and Secretariat in support of the UNSSP objectives. It includes all the global and regional-level HIV/AIDS-related activities of the UNAIDS Cosponsors and Secretariat.

<sup>2</sup> The UBW includes three main components: the direct budgetary contributions of the Cosponsors, a 'core' budget component raised collectively with the leadership of the Secretariat, and a 'supplemental' component raised by individual Cosponsors.

**The UN System Integrated Workplans (IWPs)** on HIV/AIDS, prepared under the auspices of the UN Theme Groups, are joint prioritization and planning exercises at the country level. Developed within the overall context of UN Development Assistance Frameworks (UNDAF), the IWPs are intended to include all of the HIV/AIDS-related actions of the UN system in support of national HIV/AIDS plans.

**Programme Acceleration Funds (PAF)** are catalytic resources channelled through UN Theme Groups for the purpose of strengthening the programme planning, design, monitoring and evaluation capacities of the UN system organizations required to support the national response.

**The UNAIDS Monitoring and Evaluation Reference Group (MERG)** is made up of national, bilateral agency and independent evaluation experts, and assists in the harmonization of the monitoring and evaluation approaches among collaborating organizations and in the development of effective monitoring and evaluation methods. Within the MERG, the **Cosponsor Evaluation Working Group**, comprised of officers from within UNAIDS Cosponsor evaluation offices, guides the overall performance monitoring of the UNSSP.

**Inter-Agency Task Teams** are established by the UNAIDS Committee of Cosponsoring Organisations (CCO) to achieve a coordinated policy and programmatic response to specific problems. The Task Teams are product-oriented and usually time-limited and provide vehicles to address issues that are particularly complex and/or require a multi-agency effort.

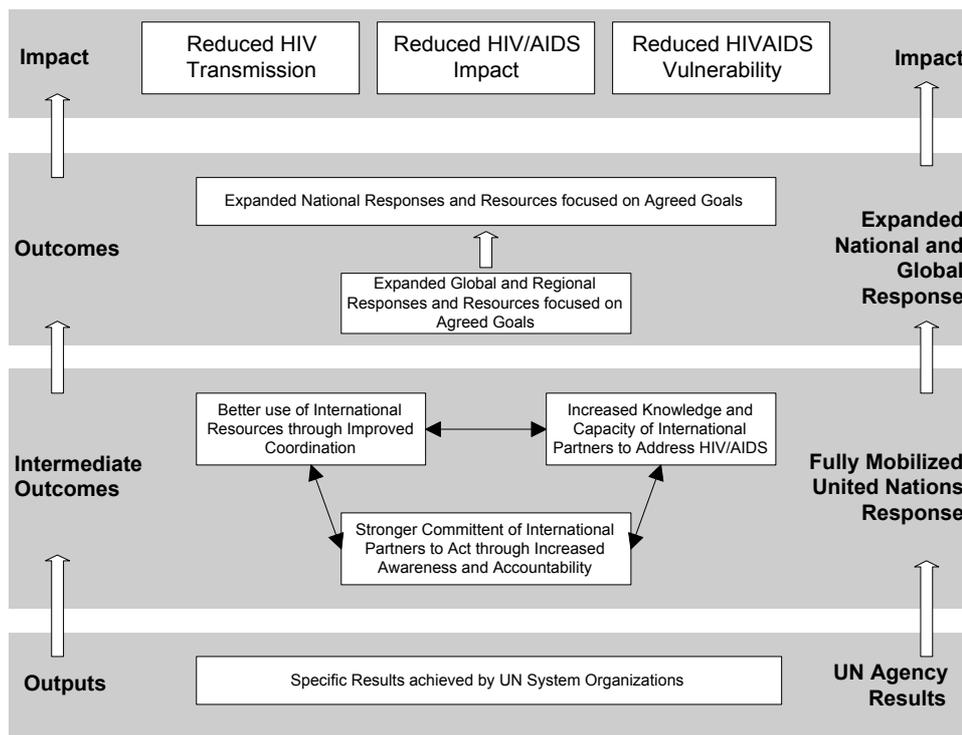
**Cooperation Frameworks** have been signed between UN and related agencies which are not Cosponsors, such as IOM, FAO, IFAD, UNHCR, UNIFEM and UNAIDS, to facilitate more effective partnerships and coordination by clarifying respective responsibilities, approaches and support arrangements.

**Regional Strategy Processes** have been established in all regions to build more effective multi-sectoral, technical and programme support to national HIV/AIDS responses. The regional strategy processes encourage more integrated planning, regional and subregional technical network development; strengthened linkages with multilateral and other regional organizations; and assist in clarifying the roles, responsibilities and approaches of collaborating partners.

### C. Monitoring of the UN System Strategic Plan

The UN system organizations have made a major commitment to increasing effectiveness, transparency and accountability within the UNSSP. The performance monitoring plan for the UNSSP is based on the UNAIDS monitoring and evaluation framework (Figure 3) developed under the guidance of the UNAIDS Monitoring and Evaluation Reference Group (MERG) and endorsed by the UNAIDS PCB. The monitoring plan for the UNSSP includes a mid-term performance report that will be submitted by the Cosponsor Evaluation Working Group for review by the IAAG and the PCB in 2004.

Figure 3: UNAIDS Monitoring and Evaluation Framework applied to the UNSSP

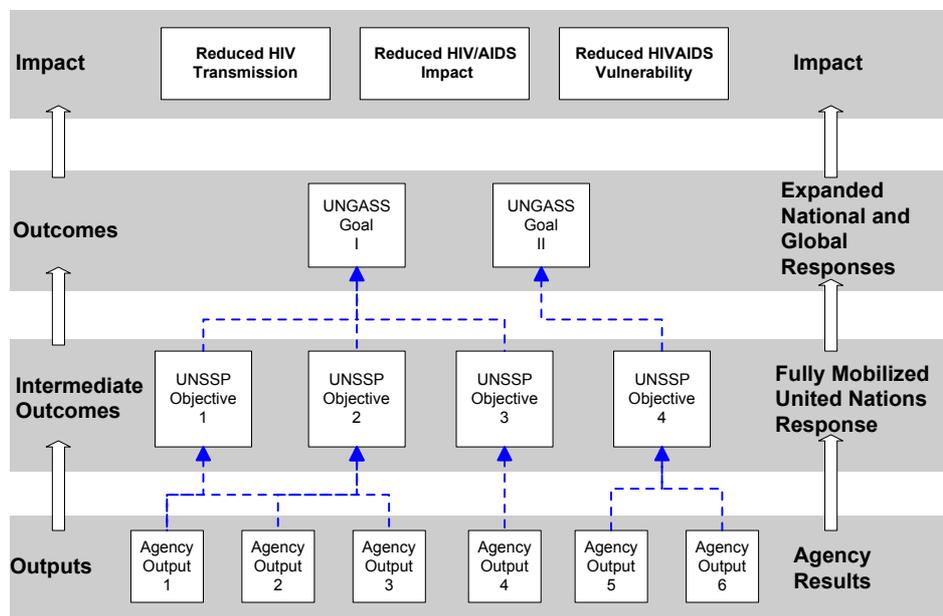


**At the global and regional levels,** the summaries of the individual plans of the UN system organizations maintained within the UNAIDS eWorkspace enable regular updating and monitoring of governing board actions, financial and human resource estimates, and agency priorities, actions and results. Periodic Partner Programme Reviews, conducted with participating organizations and the UNAIDS Secretariat, provide additional opportunities for more in-depth assessment of individual agency efforts. **At the country level,** the Cosponsor Evaluation Working Group will oversee the more in-depth assessment of UN system performance at country level in implementing Integrated Workplans on HIV/AIDS, in particular through joint country case studies in selected countries to supplement the current Annual Theme Group Assessment. Current National Strategic Plans and UN system Integrated Workplans (IWPs) are also maintained within the UNAIDS eWorkspace.

The UNSSP monitoring plan will seek to enhance system-wide accountability by linking individual agency outputs to the achievement of the UN system strategic objectives elaborated in Section II, taking into account that the efforts of several UN system

organizations may be required to achieve a particular UN system strategic objective (see Figure 4).

**Figure 4: Schematic illustration of linkages between UN system organization outputs and UNSSP Objectives**



Performance expectations for the UN system are defined at two distinct levels:

- first, with respect to results at the level of the overall UN system, and
- second, with respect to results at the level of the specific agency.

The UNAIDS Secretariat, together with the Cosponsor Evaluation Working Group, will be responsible for the performance monitoring of results at the level of the UN system strategic objectives. Following the development of indicators to monitor the achievement of the UNGASS goals and targets, a set of indicators will be developed to assess the implementation of the UNSSP. Individual agencies are responsible for the performance monitoring of their specific results. The UNAIDS Secretariat and the Cosponsor Evaluation Working Group will provide technical assistance to participating organizations in the development of quantitative and qualitative performance indicators.

UN system accountability at the “outcome” and “ultimate impact” levels can only be assessed indirectly. There is an implicit assumption in the choice of the UN system strategic objectives that their achievement can significantly contribute to expanded global, regional and national responses. Similarly, while it is generally accepted that expanded responses at the “outcome” level will directly translate to success at the “ultimate impact” level, broader technical partnerships with national institutions, bilateral agencies and universities will need to test those assumptions in order to provide a more rational basis for reprioritization within the global response and UNSSP. To support these efforts, improving the strategic information capacity of the UN system, and national and international partners, remains a high priority.

## Section II UN System Objectives and Strategic Approach

### 1. Ensuring an Extraordinary Response to the Epidemic

#### 1.1 Rationale

##### Strategic Focus

The Global Strategy Framework calls on leaders in governments, civil society and the private sector to **ensure an extraordinary response** to the epidemic which includes: the full engagement of top-level leaders, measurable goals and targets, effective policies and programmes supported by improved epidemiological and strategic information, adequate and sustained financial resources, and integration of HIV/AIDS prevention and care strategies into mainstream planning and development efforts.

##### Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing an extraordinary global response are elaborated in Annex 3.* They embody the belief expressed in the Declaration of Commitment on HIV/AIDS that strong leadership at all levels of society, especially from Government acting with the full and active participation of civil society, the business community and the private sector, requiring both personal commitment and concrete actions, is essential for an effective response to the epidemic. Also, that the HIV/AIDS challenge cannot be met without new, additional and sustained resources and that it is essential to maintain the momentum of the response and monitor progress.

##### Major challenges

There are formidable challenges to be addressed by the UN system in ensuring an extraordinary response to the epidemic. Top-level leaders are now aware of the scale of the AIDS epidemic both nationally and globally, and have committed to do more. However, political will has yet to be translated into the full range of programmatic actions required to contain the epidemic. Most governments in heavily affected countries continue to lack the technical, programmatic and financial support required to turn commitment into effective multisectoral national responses. Overall, the resources devoted to combating the epidemic both at national and international levels are not commensurate with the magnitude of the problem and external debt and debt-servicing problems continue to constrain national efforts at combating the epidemic.

A major continuing challenge for the UN System is to support efforts to provide the strategic information that leaders require to guide and monitor progress towards achieving agreed goals. A variety of partners have sought to establish systems to compile and disseminate relevant information on the HIV/AIDS epidemic as well as responses in countries. However, most of these efforts have been grossly under-resourced and have resulted in information briefs that are rarely updated and are tailored to the specific need of those who have funded them.

While most countries heavily affected by the epidemic currently have National Strategic Plans, few of these plans are costed, and fewer still adequately financed. Efforts by the UN Theme Groups on HIV/AIDS to develop Integrated Workplans to coordinate the UN system's activities in support of national efforts have had mixed results.

One of the main constraints to scaling up action in the regions most affected – particularly Africa – is a shortage of resources. Few countries can mobilize internally the technical resources required to simultaneously reinforce heavily impacted services, reorient existing services to more effectively address HIV/AIDS, and establish or extend services required to get ahead of the epidemic. International technical resources have lacked sufficient breadth, depth and coordination to bridge essential gaps. Increased financial resources have been committed, but investors have remained less than fully confident that existing financing mechanisms are sufficiently flexible, transparent, coordinated and accountable to move resources quickly to where they are most needed. Efforts to mobilize and channel financial resources will require improved capacity to work effectively with foundations and the private sector, which are increasingly demonstrating their commitment to work closely with the UN system.

## **1.2 UN system objectives to ensure an extraordinary response to the epidemic**

Specific strategic objectives for the UN system during 2001-2005 aimed at overcoming these challenges and achieving the global targets are:

1. To more effectively mobilize global, political and public support, including top-level leaders in the response to the epidemic.
2. To fully engage the UN system leadership, and its policy and programme resources in addressing HIV/AIDS.
3. To strengthen the institutional partnerships required to generate epidemiological and strategic information needed to guide the response to the epidemic.
4. To mobilize and coordinate increased international support for national efforts to develop and implement National Strategic Plans on HIV/AIDS.
5. To mobilize and assist in channelling the financial and technical resources required for urgent and expanded national responses.

## **1.3 Strategic approach of the UN partners to ensure an extraordinary response to the epidemic**

The realization of UN system objectives in support of an extraordinary response will require a major mobilization of system-wide political, technical and programme resources. Further, these resources will need to be more strategically focused towards adding value to the efforts of Member States, civil society and the private sector.

Throughout the individual plans of the UN system partners, major emphasis is placed on substantially improving the flow of epidemiological and strategic information. During the plan period, major new emphasis is placed on strengthening the UN system's capacity to serve as a collaborating platform for leading international institutions, national agencies, NGOs and universities, to improve the strategic information generation, analyses and

dissemination capacities in and among countries. Globally, this includes greater emphasis on mapping and tracking the resources of the UN organizations, multilateral and bilateral partners, and national governments. Within the UN system, it includes increased performance monitoring of the execution of the UNSSP, the supporting plans of the individual UN system organizations, and Integrated Workplans of the UN Theme Groups on HIV/AIDS. Increased support will be provided to and through UN country teams to enable better costing of National Plans, more effective coordination of country-level resource mobilization, and greater use of debt relief proceeds to finance HIV/AIDS efforts.

These increased investments in strategic information provide the basis for more effective UN system advocacy. The most senior leadership within the UN system is committed to increasing and sustaining more coordinated advocacy on HIV/AIDS through the duration of this plan. Support to the advocacy efforts of NGO partners and to national leaders within key sectors, religious, corporate and labour leaders also factors prominently within the UN system plans. The policy coordination mechanisms within the UN system described in Section I will emphasize greater inclusion of programme partners, including at the governance level. NGO representatives currently serve as members of the UNAIDS Programme Coordinating Board and mechanisms to more effectively engage private sector partners will also be pursued.

Support to and through the UN country teams reflected in the plans emphasizes a strengthening of national government policy coordination with broader civil society and international partner participation. In addition to the direct UN system-based technical and policy support provided to countries, the UN system will strengthen its capacity to serve as a platform for the technical support efforts of other programme partners. This approach will enable countries to improve the development and implementation of their National Plans through access to a broader range of relevant assistance from neighbouring countries, regional institutions, bilateral agencies, foundations, and the private sector.

The convening authority of the UN system will be used to full advantage during the plan period to support partnership building at regional level to address the regional dimensions of the epidemic; to broaden responses beyond the public sector; and to fully engage the media in the response. Highlighted UN system actions and partnerships are elaborated for *National Strategic Planning* in Panel 4.

#### Panel 4: National Strategic Planning

Approaches and partnerships highlighted within UN system plans include:

- **Raising awareness and generating support for mainstreaming of HIV into national development efforts** including the integration of HIV/AIDS-related prevention and care strategies into development instruments - specifically Poverty Reduction Strategies, Comprehensive Development Frameworks and the UN Development Assistance Frameworks (UNDAFs). Support from UNDP, WHO, the World Bank, UNFPA, UNICEF and the UNAIDS Secretariat.
- **Mobilizing resources for effective HIV/AIDS action** including support from the UNAIDS Secretariat for “Round Tables” of donors and investors to mobilize resources for national HIV/AIDS strategies, and funds for programme planning and design through UNAIDS’ Programme Acceleration Fund (PAF). The World Bank, IMF, UNDP and UNICEF will advocate for the inclusion of HIV/AIDS in debt relief.
- **Building capacity** for programme design and development, including planning management and implementation, particularly at district and community levels, by UNDP, many other UN system agencies and UNAIDS Secretariat.
- **Analysis of best practice** including documentation, dissemination and application, by UNDP and the UNAIDS Secretariat.
- **Generation of strategic information** on the socioeconomic causes and consequences of the epidemic, by UNDP, UNRISD, World Bank, ILO.

## 2. Cross-cutting Issues in an Expanded Response

### 2.1 Rationale

#### Strategic Focus

The Global Strategy Framework calls on leaders to take action to **protect human rights and to reduce the stigma associated with HIV and AIDS** through their personal and political advocacy and the promotion of policies that prevent discrimination and intolerance and enable more open discussion of sexuality as an important part of human life.

The Global Strategy Framework calls on leaders to take action to **meet the HIV/AIDS-related needs of girls and women** and to address the circumstances that disadvantage women with respect to HIV/AIDS, while enhancing their abilities to contribute their knowledge and voice as a force for change. In particular, to address gender-based inequalities in access to information and services, and to improve access for women to male and female condoms and voluntary counselling and testing within family planning clinics and other reproductive health settings, and to assure equitable access for HIV infected women to care and social support.

**Participation and partnerships** are cross-cutting themes within the Global Strategy Framework which calls on leaders to take action:

- To expand efforts to support community-focused action on the epidemic by affirming and strengthening the capacity of local communities to be assertively involved in all aspects of the response,
- To promote the full participation of people living with and affected by HIV/AIDS in the response to the epidemic by ensuring safe opportunities for people to speak out and give testimony to their experience, to participate in national and local advisory bodies, and in planning and implementation of HIV/AIDS programmes, and
- To actively seek out and support the development of partnerships required to address the epidemic among the public and private sectors and civil society. In particular, to foster those alliances required to improve access to essential information, services and commodities – including access to condoms, care and treatment including treatment of sexually transmitted infections (STIs) – and to the technical and financial resources required to support prevention, care and treatment programmes.

### **Global goals and targets**

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing human rights, gender, and increasing participation in the response are elaborated in Annex 3.* They embody the belief expressed in the Declaration of Commitment on HIV/AIDS that the realization of human rights and fundamental freedoms for all and the empowering of women are essential for reducing vulnerability to HIV/AIDS. Also, that respect for the rights of people living with HIV/AIDS drives an effective response.

In addition, the UN Commission on Human Rights has set the framework for the protection, promotion and fulfillment of human rights in the context of HIV/AIDS. The Commission has called upon States, United Nations organs, programmes and specialized agencies and international and non-governmental organizations have been called upon to:

“... Take all necessary steps to ensure the respect, protection and fulfillment of HIV-related human rights as contained in the Guidelines on HIV/AIDS and Human Rights and to contribute to international cooperation in the context of HIV/AIDS-related human rights,”

“... Strengthen national mechanisms for protecting HIV/AIDS-related human rights and to take all necessary measures to eliminate stigmatization of and discrimination against those infected and affected by HIV/AIDS, ”

“...Ensure that their laws, policies and practices respect human rights in the context of HIV/AIDS, prohibit HIV/AIDS-related discrimination, promote effective programmes for the prevention of HIV/AIDS, and promote effective programmes for the care and support of persons infected and affected by HIV”;

### **Major challenges**

The political and policy instruments for addressing human rights and HIV/AIDS-related stigma, for increasing the participation of people living with HIV/AIDS, civil society and the private sector, and for highlighting gender-based inequalities in access to HIV prevention and consequences, are well established. However, the information and tools required to translate policy into action are not as broadly available, HIV/AIDS-related discrimination and stigma

remain prevalent in many communities and institutions, and many leaders have yet to appreciate the causal linkages between the denial of human rights, gender inequity and social exclusion, with increased vulnerability to HIV/AIDS. Programme support for specific actions that promote supportive legal and social norms are absent in many national strategies and UN system Integrated Workplans addressing HIV/AIDS. People living with HIV/AIDS continue to be marginalized in the development of policies and programmes for prevention, care and support at all levels.

Girls and women are particularly vulnerable to HIV infection due to their lack of economic and social autonomy. Insufficient priority has been given to understanding the influence of gender roles and relations on individuals' ability to protect themselves from HIV and cope effectively with the impact of AIDS. Few large-scale programme efforts currently exist that directly address women's empowerment to increase their options for HIV risk reduction.

## **2.2 UN system objectives to address cross-cutting issues**

Specific strategic objectives for the UN System during 2001-2005 aimed at overcoming these challenges and achieving the global targets are:

1. To intensify UN system advocacy around international treaties, UN resolutions and intergovernmental agreements that help governments to promote, protect and fulfil human rights and reduce stigma related to HIV.
2. To significantly strengthen UN machinery required to monitor and report on HIV/AIDS related human rights violations.
3. To mobilize policy and programme support to governments seeking to strengthen legislative, legal and human rights frameworks protecting vulnerable population and people living with HIV/AIDS.
4. To strengthen evidence-based advocacy of policies and programmes which assist governments to address gender-based inequalities fuelling the HIV/AIDS epidemic.
5. To mobilize technical and programme support to governments seeking to reduce inequality of access for women to essential HIV/AIDS-related information, services, legal protection and commodities.
6. To advance strategies and mechanisms required for an expanded response that:
  - increase the participation of people living with and affected by HIV/AIDS in the response to the epidemic, and
  - strengthen the capacities required to build partnerships with the private sector and civil society.

## **2.3 Strategic approach of the UN partners for cross-cutting issues addressing the epidemic**

The approaches articulated within the plans of the UN partners place major emphasis on developing the strategic information required to translate cross-cutting human rights principles into practice; improving mechanisms to monitor and disseminate information on human rights violations; and expanding knowledge through more systematic situation analysis and case studies for more evidence-based advocacy.

The plans of the UN partners emphasize the sharing and building of policy and programme resources with civil society partners, and the more effective translation of those resources into programme action. The advocacy strategies emphasize the profoundly negative impact of HIV-related stigma and gender inequity on the response to the epidemic. These advocacy strategies target governments and civil society leaders, the media, schools, workplaces and the uniformed services. They pave the way for programmatic efforts of government and civil society partners to promote and support the adoption of legal and human rights frameworks that address vulnerable populations and gender-based inequalities fuelling the epidemic.

The UN agency plans highlight the use of interagency task teams for policy coordination and to streamline programme support from within the UN system in addressing human rights and gender. These will be augmented during this plan period by new mechanisms addressing partnerships with the private sector. Regional networks such as those on HIV-related ethics and law, and workplace issues will be strengthened as a source of additional technical resources to and through UN country teams. More systematic monitoring will help to ensure that cross-cutting issues are fully reflected within UN system Integrated Workplans in countries.

Highlighted strategic approaches and partnerships are elaborated on *Human Rights* in Panel 5, and *Gender* in Panel 6.

#### Panel 5: Human Rights

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** around rights to health and HIV prevention and care services by WHO and UNFPA.
- **Advocacy** on HIV/AIDS-related human rights issues by OHCHR, UNICEF, UNDP, UNFPA, UNESCO, WHO as well as NGO and civil society partners. Legislators and parliamentarians will be encouraged to review legislation and regulation adopted in relation to HIV/AIDS in light of human rights concerns, by OHCHR, ILO and the UNAIDS Secretariat.
- **Standard setting and policy development** to assist governments in responding to HIV-related human rights issues, and develop, enact and implement legislation, policies and practices, by OHCHR, UNDP and UNAIDS Secretariat.
- **Technical resource network development** to provide advice to governments on issues such as the role of criminal law in HIV/AIDS prevention, and HIV testing ranging from mandatory to voluntary testing and the disclosure of test results – by OHCHR, UNDP, the UNAIDS Secretariat and bilateral partners. Efforts include strengthening of civil society partners and NGO networks in training on human rights and HIV/AIDS, and integration of human rights in the national strategic plans.
- **Development of reporting systems and mechanisms** to monitor HIV-related human rights violations and legislative and programmatic actions to protect human rights and discourage stigma and discrimination, by OHCHR and UNDP.

### **Panel 6: Gender**

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** for responses to the epidemic, which address gender inequity and promote gender-sensitive prevention and care services by UNIFEM, UNFPA, WHO, DESA, UNICEF and international NGOs such as the Population Council and the International Community of Women living with AIDS.
- **Capacity building** of government and NGOs systems required for the implementation of global agreements such as ICPD+5 and the Beijing Programme of Action to ensure sufficient attention to gender-based inequities, by UNFPA, UNICEF, UNIFEM and UNDP.
- **Policy guidance** for the introduction of a gender-based approach to HIV/AIDS in the health, education and agriculture sectors, plus integration of a gender-based approach in poverty reduction strategies to mitigate the impact of HIV/AIDS, by UNIFEM, WHO, UNFPA, UNICEF, UNESCO, UNRWA, ILO and NGO partners.
- **Best practice guidelines and demonstration projects** on introducing gender-sensitive HIV/AIDS education into prevention strategies and counter-trafficking activities; programmes against the sexual exploitation and abuse of young people, especially girls; and micro-credit and alternative employment schemes for women facing gender-based discrimination and violence, by UNIFEM, UNDP, UNDCP, IOM and civil society partners.
- **Technical and financial support** to advance attention to gender-based considerations in service delivery including through human resource development and skills building by WHO, UNFPA, UNICEF and UNIFEM.

## **3. Protecting Children and Young People from the Epidemic and its Impact**

### **3.1 Rationale**

#### **Strategic Focus**

The Global Strategy Framework calls on leaders to take action to **protect children and young people from the epidemic and its impact** through universal access to quality primary education and increased secondary school attendance, particularly for girls; life-skills education approaches for in-school and out-of school youth which are free of harmful gender stereotypes and include sexual education and the promotion of responsible sexual behaviour; the promotion of the rights of children, including their access to information and youth friendly reproductive and sexual health services; services to prevent mother-to-child transmission of HIV; education on ways to prevent harmful drug use and to reduce the consequences of abuse; and early support to children affected by HIV/AIDS, in particular orphans.

#### **Global goals and targets**

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing children and young people are elaborated in Annex 3.*

They embody the belief expressed in the Declaration of Commitment on HIV/AIDS that prevention must be the mainstay of the response as regards children and young people and that special assistance is needed for children orphaned and affected by HIV/AIDS.

Already in July 1999, the 21<sup>st</sup> Special Session of the United Nations General Assembly adopted the following goal, which has been guiding the work of the UN in this Area of Work: *By 2005, governments, with assistance from UNAIDS and donors, should ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up.*

### **Major challenges**

The challenges to achieving the international goals and targets addressing the protection of children and young people from HIV/AIDS are considerable. Half of the new HIV infections that occur each year are to young people under the age of 24. While cultures throughout the world are appropriately protective of their children and young people, good intent often extends to unsafe practice in the form of reluctance to discuss and share information about sexuality or drug use. As a consequence, globally only about half of 15-19 year olds know how to protect themselves from HIV infection, and in sub-Saharan Africa less than half of in-school and less than a quarter of out-of-school 12-16 year olds receive HIV education. Parents, educators and community leaders often lack the information and skills they require to effectively communicate with young people about such inherently sensitive issues. Access to essential prevention information and services is limited by policy and social constraints in schools and the media, and exacerbated by low school enrolment rates among adolescents.

Political constituencies for young people are weak and their participation in decision-making limited. Their social protection and employment needs receive low priority within public sector budgets, leaving young people with little or no purchasing power with respect to essential services and commodities. Consequently, many young people who know how to protect themselves from infection are not empowered to do so. Where policymakers are willing to make children and young people a priority, they often lack relevant examples of successful policies and programmes for advocacy, and resources for implementation. With service mandates for children, young people, and pregnant women divided among multiple ministries and departments and receiving low overall investments, there is often weak infrastructure on which to build HIV/AIDS relevant service delivery for children and young people. Infrastructure limitations are exacerbated in the absence of coherent strategies and effective coordination.

These challenges are also reflected within the UN system. Global and regional level investments in strategic and technical resources for young people have not kept pace with increased advocacy, particularly with respect to adolescents. Policy and programme coordination requires strengthening as does the strategic information capacities required to guide and coordinate investments in the multiple sectors directly relevant to the protection of children and young people from HIV/AIDS.

### **3.2 UN System strategic objectives to address protecting children and young people from the epidemic and its impact**

Specific strategic objectives for the UN System during 2001-2005 aimed at overcoming these challenges and achieving the global targets are:

1. To strengthen evidence-based advocacy of policies and programme approaches which ensure maximum protection of children and young people from HIV/AIDS, and more fully involve young people in the response to the epidemic.
2. To increase policy and programme support to governments seeking to address the needs of children and adolescents particularly vulnerable to HIV/AIDS, including fulfilling their rights to access basic educational, health and social services and legal protections.
3. To mobilize international technical and programme resources in support of efforts by national governments and civil society to dramatically increase access to:
  - information and life skills education for in-school and out-of-school youth,
  - youth-friendly reproductive health and sexual health services,
  - services which prevent HIV infection in mothers and infants, and
  - basic education, health, social and vocational services for children affected by HIV/AIDS, in particular orphans.

### **3.3 Strategic approach of the UN partners to address protecting children and young people from the epidemic and its impact**

Programme partners look to the UN system to provide the strategic information that clarifies how services such as HIV voluntary counselling and testing (VCT) and the prevention of HIV infection in mothers and their infants can actually reach children and young people, especially the most vulnerable. The plans of the UN system partners place increased emphasis on efforts to measure the impact of the epidemic on young people and their participation in the response. Increased priority is also placed on age-disaggregated data, behavioural surveillance of high-risk sex and drug use, and on developing effective measures of youth participation, access to and quality of life skills education. In particular, youth access to school-based services, condoms, VCT, and other reproductive health services is emphasized. The development of methods to measure access to services for highly vulnerable youth, and to more effectively enumerate children orphaned, and living in families affected by HIV/AIDS is also given high priority within the UN system plans.

Policy coordination at global level will be facilitated through the engagement of UN partners in linked Interagency Task Teams on youth and HIV/AIDS, school-based interventions, prevention of HIV infection in mothers and infants, and youth in especially difficult circumstances. Regional networks and task forces addressing youth will be strengthened, and support in countries will continue for NGOs serving young people. The UN partners will substantially strengthen programme strategy development addressing the care and support of orphaned children. This includes strengthening partnerships with religious institutions, to extending care and social support to orphans.

In its advocacy role, the UN partners will continue to centre their efforts around the protection, promotion and fulfilment of the rights of children articulated in the Convention on

the Rights of the Child. To achieve the global goals on reduced HIV prevalence in young people, more evidence-based advocacy on proven policy and programme approaches will be emphasized. Throughout the plans of the UN partners, increased provision is made to mobilize technical resources at regional level by strengthening technical networks addressing the protection of children and young people. This includes, for example, in the area of youth-friendly health services, piloting new partnership approaches among health centres, schools and NGOs, and sharing experience from demonstration projects through regional networking.

Major emphasis throughout is placed on strengthening partnerships between the commercial media and youth-serving NGOs. Existing partnerships with the private sector and foundations addressing the prevention of HIV infection in mothers and infants will be further expanded.

Highlighted strategic approaches and partnerships are elaborated on *Youth* in Panel 7, *Orphans* in Panel 8, and *Prevention of HIV in Mothers and Infants*, in Panel 9.

### Panel 7: Youth

Approaches and partnerships highlighted within UN system plans include:

- **Global advocacy** around intergovernmental treaties such as the “Convention of the Rights of the Child”, the ICPD+5 goal to ensure that the rights of children and young people to information and services are protected, promoted and fulfilled, by UNICEF, UNESCO, WHO, UNFPA and DESA. UNICEF and the UNAIDS Secretariat will strengthen partnerships with international media organizations to extend the reach of advocacy messages and health promotion campaigns.
- **Best practice guidance** including tools and instruments to ensure youth participation in decision making, and to assist governments and civil society partners protect especially vulnerable young people, such as those involved in injecting drug use, commercial sex work, by WHO, UNICEF, UNDCP and UNFPA.
- **Technical and financial support** to assist governments and civil society partners to design and deliver life skills education, train youth workers and teachers promote peer-led community-based education among young people out of school, develop youth-friendly health services, promote sexual and reproductive health education for young people, by UNICEF, UNFPA, WHO, UNESCO, UNDCP, UNRWA and UNV.
- **Specific projects, activities and conferences** involving a wide range of UN system agencies: the World Tourism Organization will work with partners in the tourism industry to address issues such as child sex tourism; UNDP and IOM will provide support to projects which seek to reduce cross-border trafficking of young people; UNFPA will strengthen its partnerships with youth-serving NGOs such as YMCA, YWCA, WAGGS, WOSM to reach young people; WFP will target food aid to help HIV-affected households to invest in nutrition and education for children, including those orphaned; and FAO will extend initiatives to educate young people in rural areas. UNFIP will provide resources for UN system projects on HIV and youth in Southern Africa.
- **Research and development** to develop tools and indicators to measure progress towards achieving the ICPD+5 and possible UNGASS goals, by WHO, UNICEF supported by the UNAIDS Secretariat.

### **Panel 8: Orphans**

Approaches and partnerships highlighted within UN system plans include:

- **Situation analysis and policy development** to assure protection and support for orphans, vulnerable children and families, by UNICEF and UNDP.
- **UN system strategy development** in collaboration with governments, bilateral donors, civil society, and the private sector to develop a coordinated response to the needs of orphans in Africa, and other regions.
- **Partnership building**: development of community strengthening initiatives including micro-finance schemes and other income-generating schemes, by UNICEF, UNDP, the World Bank, WFP, and civil society partners such as community orphan committees.
- **Policy guidance** to help governments to develop national orphan policies and legislation to protect the rights of orphaned children, by UNICEF and UNDP.
- **Advocacy** at the international and national levels to highlight the plight of orphaned children and to mobilize commitment at the highest level for special measures aimed at protecting them from abuse, exploitation and discrimination, by UNICEF and UNDP, and the UNAIDS Secretariat.

### **Panel 9: Prevention of HIV in Mothers and Infants**

Approaches and partnerships highlighted within UN system plans include:

- **Global Research** to assess the evidence supporting intervention approaches for prevention of HIV in mothers and infants, by WHO and UNFPA.
- **Evidence-based guidance** and tools on models of service delivery for prevention of HIV in mothers and infants and strategies for scaling up, from WHO, UNFPA and UNICEF.
- **Operations research** to identify barriers to programme implementation and enhance uptake of interventions, by UNFPA, WHO, UNICEF with support from the UNAIDS Secretariat.
- **Technical support** to strengthen sexual and reproductive health service delivery, including maternal and child health and family planning and prevention of HIV in mothers and infants, by UNFPA, UNICEF and WHO.
- **Technical support** for the establishment of norms and development of tools for quality assurance, monitoring and evaluation of prevention of HIV in mothers and infants programmes by WHO.
- **Coordination** of UN system policy and programme advice through the Inter-Agency Task Team on Mother to Child Transmission.

## **4. Addressing those Most Vulnerable to, and at Greatest Risk of HIV Infection**

## 4.1 Rationale

### Strategic Focus

The Global Strategy Framework calls on leaders to take action to expand efforts directly addressing the needs of those most vulnerable to, and at greatest risk of HIV infection. In particular, to advance policies and programmes which promote and protect the health of sex workers and their clients; injecting drug users and their sexual partners; men who have sex with men; refugees and internally displaced persons; and men and women separated from their families due to their occupations or conflict situations.

### Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing the most vulnerable are elaborated in Annex 3.* They embody the belief expressed in the Declaration of Commitment on HIV/AIDS that the most vulnerable must be given high priority in the response to the epidemic.

### Major challenges

Notwithstanding the now considerable understanding of the role that different vulnerable groups play in determining the nature of HIV epidemics around the world, the continuing low priority given to meeting their basic needs persists as a major gap in the global response. As a consequence, already stigmatized groups face greater social exclusion and are further marginalized from accessing essential prevention and care services, creating a vicious circle further fuelling the epidemic. Where programmes do exist, they are generally limited in their scope and outreach, often by ideological constraints of service providers and stereotyped characterizations of vulnerable group 'members'. Fundamental misunderstandings can result in dangerously oversimplified approaches to HIV/AIDS. Almost universally, cultural, social and political constraints impede effective prevention, care and support efforts.

The populations most vulnerable to HIV generally lack a political constituency and are often legally constrained from organizing themselves for advocacy or self-help purposes. Public sector focal point responsibilities are more likely to be within the legal enforcement sectors than in the social sector. In resource-constrained settings where services are not broadly available to the general public, they are virtually non-existent for the most vulnerable groups. Where they do exist, NGOs serving vulnerable groups often lack sufficient infrastructure, government or community support or programme resources to effectively address the needs of their clientele. Appropriate surveillance systems required to provide essential strategic information to guide such programmes are weak or absent.

Addressing the needs of vulnerable populations presents a particular challenge to the UN system, where agency focal point responsibilities are also unclear. Consequently, especially vulnerable groups generally lack champions within the operational agencies required to mobilize support to governments to address their needs. Sometimes competing policy objectives within governing boards – ranging from human rights and legal protections to enforcement issues – undermine the consensus generally required for action within the UN system.

## **4.2 UN system strategic objectives to address vulnerability**

General strategic objectives for the UN System aimed during 2001-2005 at overcoming these challenges and achieving the global targets are:

1. To promote policy and programme approaches which protect the human rights and reduce the stigmatization, marginalization and discrimination of groups most vulnerable to HIV/AIDS;
2. To provide policy services and mobilize programme support to countries seeking to address the basic and HIV/AIDS-related needs of:
  - sex workers
  - injecting drug users (IDU) and their partners
  - men who have sex with men
  - migrants, refugees and internally displaced persons
  - prisoners and other institutionalized persons
  - men and women separated from their families
  - women and children affected by trafficking and violence.

## **4.3 Strategic approach of the UN partners to address vulnerability**

While the plans of the UN partners address various dimensions of the needs of populations particularly vulnerable to HIV, they do not yet constitute a cohesive strategic approach to addressing these populations. A critical step in the new plan period will be to identify clear focal point responsibilities within the agencies, to mobilize the political, technical and programme resources required for an effective response.

Inclusive strategy development will be supported and increased investments in strategic information will emphasize increasing the sensitivity of existing surveillance systems to identifying trends and impact within vulnerable groups in particular sub-regions. In addition, a major emphasis is placed on secondary analysis of data derived from local studies largely undertaken by NGOs serving particular groups. Sub-regional strategy development is emphasized throughout the UN system plans, as the particular make-up and needs of vulnerable populations differ widely in different subregions. Further emphasis will be placed on policy coherence across governing bodies within the UN system.

Several of the agency plans include increased public advocacy around vulnerable populations, and advocacy focused within specific sectors. A number of UN partners intend to extend support for successful demonstration programmes relevant to resource-constrained settings. The approach to increasing technical support to UN country teams and national partners is largely through strengthened partnerships with NGOs and networks serving particular vulnerable groups. Some provision is made to provide programme and financial support to and through these networks at regional and country levels. More effective mechanisms will be explored during the plan period.

Highlighted strategic approaches and partnerships are elaborated on *Sex Workers and their Clients* in Panel 10; *Injecting Drug Users* in Panel 11; *Migrants, Refugees and Internally Displaced Persons* in Panel 12; *Men who have Sex with Men* in Panel 13; *Prisoners and other Institutionalised Persons* in Panel 14.

### Panel 10: Sex Workers and their Clients

Approaches and partnerships highlighted within UN system plans include:

- Development and dissemination of **strategic information** about the diversity of sex work (e.g. male, female, transgender, child), circumstances in which it occurs (e.g. brothel, sex venue, street, home), pathways into sex work (e.g. poverty, bondage, sexual exploitation, trafficking) motivations for involvement in such work (e.g. money, sex for drugs, sex for favours, shelter, comfort), the diversity of clients who buy sex and the motivations for such behaviour, to be conducted in partnership by UNFPA, WHO, UNICEF and UNDP with support from the UNAIDS Secretariat.
- **Research** to better understand the nature and scope of risks and associated social and health problems experienced by sex workers and their clients (e.g. stigmatization, criminalization, exploitation, violence, HIV/STIs), to be conducted with the support of WHO.
- **Partnerships** between UN system agencies and local and regional sex worker organizations to help members protect themselves and their clients against HIV/AIDS and other health risks by UNFPA.

**Policies, programmes and best practice materials** to encourage equitable access of sex workers and their clients to condoms and appropriate HIV and STI prevention and treatment services, by WHO and UNFPA.

### Panel 11: Injecting Drug Users (IDU)

Approaches and partnerships highlighted within UN system plans include:

- **Harmonized data collection** to map and monitor local, regional and global patterns of IDU, determinants of IDU and HIV risk, and responses for preventing HIV among IDU populations, to be supported by WHO, UNDCP and the Global Research Network in Drug Using Populations (GRN).
- Joint action to establish **evidence-based guidelines** for effective HIV prevention and care interventions, programmes and policies targeting IDUs, with a focus on how to package multi-component approaches and ensure appropriate linkages with programmes for overlapping vulnerable groups (including sex workers, prisoners, street youth), to be undertaken by WHO and GRN.
- **Advocacy and resource mobilization** to help governments and civil society to rapidly expand HIV/AIDS programmes for IDUs beyond focused pilot projects, by WHO, UNICEF, UNDCP, and international and NGOs (including the Open Society Institute and Médecins Sans Frontières).
- Production and dissemination of **intervention and training guidelines** with a particular emphasis on outreach, HIV risk reduction counselling, needle and syringe programming and drug dependence treatment (including methadone and other substitution therapy), to be undertaken by WHO and UNDCP.
- Reviewing and monitoring **drug control measures** to determine their impact on HIV/AIDS prevention.

**Technical network development** to expand the availability of support to national programmes and to facilitate regional research, training and programming, by UNDCP, UNDP, UNICEF and WHO with support from UNAIDS Secretariat.

### **Panel 12: Migrants, Refugees and Internally Displaced Persons**

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** for policies and practices that promote human rights and are likely to reduce vulnerability of migrants, mobile populations and displaced persons to HIV infection, by IOM, UNHCR, FAO with the support of the UNAIDS Secretariat.
- Channelling of **technical and financial assistance** to assist governments and the UN to promote greater respect for human rights and better access to HIV/AIDS prevention and care among migrants, mobile populations, refugees and displaced persons, by IOM and UNHCR.
- **Direct financing and provision** of HIV/AIDS prevention and care services to refugees and displaced people in areas where UN is engaged in peacekeeping by DPKO, IOM, WHO and UNICEF.
- **Development of tools and instruments** to promote knowledge sharing and capacity building, supported by IOM, WHO and UNHCR.

### **Panel 13: Men who Have Sex with Men**

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** to promote greater awareness of the diversity of circumstances in which male-to-male sex occurs (e.g. prisons, boarding schools, armed forces and within gay communities), the range of men involved (e.g. single men, married men, gay men, bisexual men, men who buy/sell sex), and differing motivations, supported by WHO and the UNAIDS Secretariat.
- Promotion of **community-based needs assessment and prevention education** among groups of men who have sex with men (including peer-led approaches, outreach work and condom distribution), undertaken by WHO and relevant NGOs.
- **Pilot projects** to encourage the greater visibility of men who have sex with men and protection of their human rights in the context of HIV/AIDS prevention and care, especially in Africa, Asia and the former Soviet Union, sponsored by the UNAIDS Secretariat.
- Support for **community-based and other forms of care and support** for men who have sex with men and their partners, provided by WHO.

#### Panel 14: Prisoners and other Institutionalised Persons

Approaches and partnerships highlighted within UN system plans include:

- **Epidemiological monitoring** of the global situation of HIV/AIDS and HIV risk practices in prisoner populations through establishing an international database on HIV and health in prisons, by WHO.
- **Advocacy** to present the rationale for implementing evidence-based HIV prevention and care policies and programmes, undertaken by WHO, the UN Office for Drug Control and Crime Prevention (UNODCCP), UNDP and NGOs.
- Developing, disseminating and promoting **national policy guidelines** on HIV/AIDS prevention and care in prisons, confidential HIV testing and counselling, strategies for prevention of sexual and injecting drug use transmission, STI treatment, prevention and treatment of opportunistic infections and drug dependence treatment, by WHO.
- Support for the implementation of **HIV education programmes** for prisoners and correctional staff in all prisons, particularly through prisoner peer education programmes, by WHO and NGOs.
- Support for the establishment and maintenance of an **international network on Prisons, Health and HIV/AIDS**, by WHO.

## 5. Care and Support to Individuals, Households and Communities Affected by HIV/AIDS

### 5.1 Rationale

#### Strategic Focus

The Global Strategy Framework calls on leaders to take action to provide care and support to individuals, households and communities affected by HIV/AIDS, ensuring access to voluntary counselling and testing and the continuum of affordable clinical and home-based care and treatment (including antiretroviral drugs), essential legal, educational and social services, and psychosocial support and counselling.

#### Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing care and support are elaborated in Annex 3.* They embody the belief expressed in the Declaration of Commitment on HIV/AIDS that care support and treatment combined with prevention are fundamental elements of an effective response.

In addition, World Health Assembly Resolution WHA 53.14 provides further guidance.

- To increase access to, and quality of care including treatment and prevention of HIV-related illnesses and provision of a continuum of care, with efficient referral mechanisms between home, clinic, hospital and institution.

- To increase access to treatment and prophylaxis of HIV-related illness.

### **Major challenges**

In high-income countries access to more effective treatments against HIV, together with further improvements in approaches to extend essential legal and social services, have transformed approaches to the epidemic in the last five years. Globally, however, the overarching challenge remains the high costs and undersupply of basic services to most of the world's population living with HIV. Only a small percentage of people living with HIV/AIDS in Africa can access the essential medicines and services required to treat opportunistic infections. Fewer still have access to legal and social support services. The majority of people in the most affected countries lack access to basic STI services, and the overwhelming majority of HIV positive people do not know their HIV status.

Although it has made significant progress in identifying, developing and disseminating technical information on prevention and care therapies, the UN System has been less effective in mobilizing direct resources for care and support. For public health sectors operating on under US\$10 per capita per annum, demonstrated strategies for delivering a comprehensive range of reproductive health services, including HIV care, lack sufficient priority. As access to antiretrovirals (ARVs) has dominated media attention, other currently available interventions and approaches that can extend and improve the quality of life within the continuum of care have received significantly less attention.

## **5.2 UN system strategic objectives to address care and support**

General strategic objectives for the UN system aimed during 2001-2005 at overcoming these challenges and achieving the global targets are:

1. To assist governments, and civil society partnerships to increase the proportion of people infected or affected by HIV/AIDS who access a continuum of affordable care and treatment, including:
  - safe reproductive health and sexually transmitted infection services;
  - voluntary counselling and testing and psychological support;
  - treatment of Tuberculosis (TB) and other opportunistic infections;
  - HIV/AIDS therapy, including antiretrovirals;
  - essential legal, educational and social services.

## **5.3 Strategic approach of the UN partners to address care and support**

Within the UN system organization plans, strategic information priorities supporting the care and support agenda include improved data on access to care for hard-to-reach groups, more information on the "co-epidemics" of HIV and TB, and improved coverage and access data beyond anecdote with respect to the availability of legal and social services. Significant priority is also given to developing and disseminating strategic information on the coverage, efficacy, cost-effectiveness and accessibility of services for STIs and TB, VCT, treatment for opportunistic infections, and provision of essential legal, educational and social services.

Strategy and policy coordination will be strengthened through linked Interagency Task Teams on access to care and voluntary counselling. The development of an essential care and

prevention ‘package’ is intended to help sharpen policy and programme advice with respect to the continuum of care. Major emphasis within agency plans includes supporting countries to set standards of care and support, and building partnerships with the NGO sector to improve delivery. These include, in particular, organizations serving people living with HIV/AIDS and their families, and religious institutions.

Additional advocacy priorities include VCT - highlighting the benefits of knowing one’s HIV status, while simultaneously promoting its wider/societal benefits in terms of destigmatizing HIV, and the more appropriate positioning of ARVs within the broader continuum of care. New channels of communication – in particular imaginative use of the Internet – should facilitate more effective access for caregivers to treatment and therapeutic guidelines.

Organization plans include strengthening of technical resources networks, in particular at the regional level, including building bridges between groups of health service advisers and life skills and social service advisers. The UN will take on an increasingly significant role in mobilizing resources – technical, financial and commodities – to increase access to essential HIV care for people in resource-poor settings. This includes work to strengthen partnerships with the private sector, particularly pharmaceutical companies, in an effort to reduce the cost of and improve global access to essential medicines, including antiretrovirals.

Highlighted strategic approaches and partnerships are elaborated on *Health Care* in Panel 15, *Services for Sexually Transmitted Infections* in Panel 16, and *Voluntary Counselling and Testing and Psychological Support* in Panel 17.

#### Panel 15: Health Care

Approaches and partnerships highlighted within UN system plans include:

- **Global advocacy** for the provision of essential care and support, including antiretroviral (ARV) services to all those infected with, or affected by HIV, through promotion of intergovernmental agreements such as the UNGASS Declaration, by all UN partners but particularly WHO, UNFPA, UNICEF and the UNAIDS Secretariat.
- **Best practice guidance** to ensure that health systems are strengthened in a way that improves access to affordable, acceptable and appropriate services, essential medicines, commodities and care for those with HIV, including STI treatment, by WHO.
- Research and development to identify **effective interventions, establish and disseminate norms** and standards on best practice in HIV care, including an essential package of prevention and care covering ART and STI services by WHO and partners.
- **Dissemination of tools and instruments** to guide improvements in health systems, including training of health workers by WHO, UNICEF, UNFPA, UNDCP, and partners.
- **Technical and financial support** to countries to identify strategies, implement and monitor programmes to strengthen health services; train, deploy and support health care providers in the formal and informal sectors; develop social support networks for those with and affected by HIV; and strengthen drug and commodity distribution, access and monitoring systems, including drug resistance surveillance from a range of UN partners.
- **Negotiation** for lower prices and increased supply of essential medicines, commodities including antiretroviral drugs, condoms, test kits, etc. between members of the UN system – particularly WHO, WIPO, UNICEF, World Bank, UNFPA, WTO and the UNAIDS Secretariat.

### Panel 16: Services For Sexually Transmitted Infections (STI)

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** to promote appropriate priority for quality STI care in national public health plans and for increased resource mobilization by WHO, UNFPA, UNICEF and NGO partners.
- **Best practice guidance** for inclusion of STI care as key element on international agenda for HIV prevention by WHO, UNFPA and UNICEF.
- **Research** on new approaches and tools, especially rapid diagnostic techniques promoted by WHO.
- **Technical support**, especially training, through expanded networks of experts and institutions, by WHO and UN partners.
- **Establishment of norms and development of tools** for quality assurance and monitoring and evaluation, by WHO.
- **Financial support** for STI service strengthening by the World Bank in partnership with bilateral donors and NGOs.

### Panel 17: Voluntary Counselling and Testing (VCT)

Approaches and partnerships highlighted within UN system plans include:

- **Global advocacy** for ethical VCT policy development, and resource mobilization to facilitate increased access to and uptake of VCT, by WHO, UNICEF and civil society partners.
- Guidance on **evidence-based models of VCT service delivery and strategies** for scaling up VCT services, by WHO, UNICEF and UNFPA.
- **Provision of technical support** for the development of standardized operational guidelines for VCT services, standardized training for VCT programme officers, and tools for assessing, monitoring and evaluation of quality and efficacy of services by WHO.
- **Technical and financial support** for accelerated implementation of VCT services by a range of UN partners including UNICEF, UNFPA, and the World Bank.
- **Operational research** to identify and address the potential and existing constraints that limit access and use of quality VCT and psychosocial support services, by WHO and UNICEF.

## 6. Operations and Biomedical Research

### 6.1 Rationale

#### Strategic Focus

The Global Strategy Framework calls on leaders to take action to intensify efforts in socio-cultural, biomedical and operations research required to accelerate access to prevention and care technologies, diagnostics and HIV vaccines, and to improve our understanding of factors which influence the epidemic and actions which optimally address it.

## **Global goals and targets**

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing research required to support the global response are elaborated in Annex 3.* They embody the belief expressed in the Declaration of Commitment on HIV/AIDS that with no cure for HIV/AIDS yet found, further research and development are crucial.

## **Major challenges**

Dramatic progress has been achieved in the realm of HIV/AIDS-related research, improving our understanding of the dynamics of the epidemic, and the therapies that can extend and improve the lives of people with HIV/AIDS. Nevertheless, much more needs to be done, including first and foremost the development of effective HIV vaccines. While many of the world's best scientific minds are engaged in the search for medical breakthroughs against HIV, their work needs sustained support and should be informed by the urgent priorities of the parts of the world where the majority of people with HIV live. Research efforts in areas of more immediate potential benefit to the most affected countries, such as microbicides and other female-controlled prevention methods, have been under-funded because they have neither medical prestige nor a perceived market.

Incentives to ensure that research targets the areas of greatest need are weak, particularly with respect to investments in operations research and evaluation methodologies critical to increasing the effectiveness of existing efforts. The need for sustained research around the epidemic is not fully appreciated, nor is the need for increased investments in essential research capacities in the most affected countries.

## **6.2 UN system strategic objectives to intensify efforts in operations and biomedical research**

Specific strategic objectives for the UN System during 2001-2005 aimed at overcoming these challenges and achieving the global targets are:

1. To mobilize governments, the private sector, foundations, and the international research community to increase investments in high priority research required to improve understanding of the epidemic and actions to address it, and
2. To increase advocacy and support for research to accelerate access to new and improved preventive and therapeutic approaches and technologies, including diagnostics, microbicides and HIV vaccines.

## **6.3 Strategic approach of the UN partners to intensify efforts in operations and biomedical research**

The UN partners efforts to advance the HIV/AIDS-related research agenda is primarily through their convening and advocacy roles. Efforts within the UN system organization plans include convening of expert and standing committees in a variety of subject areas to develop consensus on key research questions and priorities within a common research

agenda. The extensive networks maintained by the UN specialized agencies of collaborating centres, reference groups, research institutions, and national research authorities are the principle vehicle through which the common research agendas are implemented.

Advocacy efforts described within the individual agency plans include encouraging donor governments to increase their investments in operations and biomedical research relevant to the response to the epidemic in the most affected countries. The plans also include activities to support national programmes to incorporate the most current scientific findings and ethical guidance into their efforts. Some UN partners emphasize support to networks of researchers in the most affected regions and subregions to strengthen communications between researchers.

More direct technical and programme support is primarily focused in the areas of survey and operations research to guide intervention strategy development; scientific guidance for international trials; and strategies to increase financing of specific research products urgently required to respond to the epidemic in resource-constrained environments.

Highlighted strategic approaches and partnerships are elaborated on *Vaccine Research* in Panel 18.

#### **Panel 18: Vaccine Research**

Approaches and partnerships highlighted within UN system plans include:

- **Guidance** on the implementation of HIV vaccine research by the WHO-UNAIDS Vaccine Advisory Committee.
- **Partnership development** between WHO and the vaccine industry and research agencies working on HIV vaccines (including US-National Institutes of Health, US-Centres for Disease Control and Prevention, US-Walter Reed Army Institute of Research, International AIDS Vaccine Initiative, French Agency for Research on AIDS (ANRS), EC-Eurovac, Japan's National Institute of Infectious Diseases, South African AIDS Vaccine Initiative).
- Development of **regional networks** such as the "African AIDS Vaccine Programme" by WHO.
- **Support to developing country scientists** to collaborate on goal-oriented vaccine-related research by WHO.
- **Involving affected communities in a sustained manner in the design, development, implementation, and distribution of HIV vaccine trials** by WHO in collaboration with organizations such as the International Council of AIDS Support Organizations (ICASO) and the AIDS Vaccine Advocacy Coalition (AVAC).
- Development of a **financing strategy** to ensure future procurement, delivery and financing of HIV vaccines, by WHO, the World Bank and private sector partners.

## 7. Human Resource and Institutional Capacities in Key Sectors

### 7.1 Rationale

#### Strategic Focus

The Global Strategy Framework calls on leaders to take action to strengthen human resource and institutional capacities required to address the epidemic, and in particular to support service providers engaged in the response to the epidemic within the education, health, judicial and social welfare sectors.

#### Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing human resource and institutional strategies in key sectors are elaborated in Annex 3.* They express the priority given within Declaration of Commitment on HIV/AIDS for the development and implementation of national strategies in key sectors.

Further, Resolution 1308 of the UN Security Council (July 2000) redefines the HIV/AIDS epidemic as a threat to security on the grounds of the relationship between the spread of HIV/AIDS and the maintenance of global peace and security and focuses particularly on HIV/AIDS in the context of peacekeeping operations. It encourages all Member States to:

- consider developing, in cooperation with the international community and UNAIDS, where appropriate, effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment for personnel to be deployed in international peacekeeping operations.

#### Major challenges

The capacity of national institutions and sectors of government to deliver essential prevention, care and support services at community level is a major constraining factor in addressing the epidemic. In many countries, HIV prevention and care priorities have not yet been mainstreamed across the relevant sectors of government. Human resource planning within the public sector often fails to take into account the extent to which AIDS morbidity and mortality undermines capacities in key sectors. Sector development strategies rarely highlight efforts to contain or reverse the HIV epidemic, nor are they prioritised in public sector planning and budgeting. Over-centralization of decision making and insufficient resource flows to local level further undermine local capacities to address the epidemic. Though more could be done through dynamic partnerships between government, the private sector and NGOs, especially in the area of reproductive health commodity distribution, the private sector and non-government providers are rarely viewed as an essential element of sector development.

Containing and reversing the HIV/AIDS epidemic within this decade will require significant reorientation of, and investment in key sectors such as education, health, social welfare, military and uniformed services, judiciary and legal, and information and media sectors. To date, the UN system investments in extending HIV/AIDS-related sector support beyond the

health sector have been far short of what is required to mobilize an effective multisectoral response.

## **7.2 UN system strategic objectives to address key sector capacity strengthening**

Specific strategic objectives for the UN System during 2001-2005 aimed at overcoming these challenges and achieving the global targets are:

1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including the:
  - education sector,
  - health sector,
  - social welfare sector,
  - military and uniformed services,
  - judiciary and legal sectors,
  - information and media sector.
2. To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic,
3. To develop and strengthen international mechanisms and partnerships required for improving access to HIV/AIDS-related commodities in the most affected countries.

## **7.3 Strategic approach of the UN partners to address key sector capacity strengthening**

In those countries most affected by the HIV/AIDS epidemic, improved strategies and resources for HIV/AIDS-related interventions must go hand-in-hand with investments to strengthen the basic infrastructure required to deliver those interventions. Strategic information approaches in support of strengthening key sectoral capacities include analysis and dissemination of sectoral impact studies.

The approaches within the plans of the UN system organizations primarily emphasize HIV/AIDS-related awareness-raising and skill development within key affected and responding sectors. Broader strategies are reflected with respect to the health and education sectors that address more fundamental capacity development issues. The military and uniformed services sectors have also received substantially increased emphasis within several UN agency plans. However, in other key sectors, further attention needs to be given to the systematic analysis and development of strategies that can address how to minimize the impact of HIV/AIDS on a particular sector, as well as how to maximize that sector's impact on the epidemic.

The governing boards of the respective UN system agencies, with ministerial level working groups, and the periodic meetings of representatives of the regional development banks provide important fora for advocacy and strategy development. Interagency groups addressing sectoral capacity development are described in the health, education, and military and uniformed services. Similar efforts are described within the agricultural sector. In

addition, the global strategy for Reproductive Health Commodity Security has significant implications for capacity development within the health, communications and NGO sectors.

More systematic approaches to developing specific NGO sector capacities, particularly in the areas of training, service outreach and financing are included within agency plans, as are programme and technical support to demonstration programmes to strengthen local institutional capacities relevant to the response.

Highlighted strategic approaches and partnerships are elaborated on *Capacity Strengthening in the Education Sector* in Panel 19, *Capacity Strengthening in the Health Sector* in Panel 20, *Military and Unified Services Sector* in Panel 21 and *Commodities* in Panel 22.

### Panel 19: Capacity Strengthening in the Education Sector

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** to ensure that the education sector fulfils its mandate to deliver preventive education, education to challenge stigma and discrimination, education to promote care and support, and education to mitigate the impact of HIV and AIDS, by UNESCO, UNICEF, WHO, UNRWA, and the Inter-Agency Working Group on AIDS, Schools and Education.
- **Advocacy** for the development and implementation of policies to prevent sexual exploitation and abuse in school (including teacher-pupil relations) by UNFPA and UNICEF.
- Development of **tools and best practice materials** to promote gender-sensitive school curricula and teaching materials, including life skills approaches to HIV prevention and impact mitigation, by UNFPA, UNICEF and UNESCO.
- Promotion of **school health policies** addressing the broad range of HIV/AIDS issues within schools, including HIV/AIDS education, student and family counselling, discrimination, by WHO, UNICEF, UNESCO and the World Bank.
- Development of **training materials** for teacher professional development to ensure good levels of knowledge about HIV and AIDS, and skills to use effective teaching methods and learning experiences for HIV prevention education, by UNESCO.
- **Policy advice and development** to help plan for teacher shortage and ways of mitigating the impact of HIV/AIDS on education systems in the worst affected countries, by UNESCO and UNICEF.
- **Partnership development** between UNESCO, UNICEF and civil society groups such as the Association for the Development of Education in Africa; collaboration between UNESCO, UNICEF and WHO and the World Confederation of Teachers, teacher unions and the World Foundation for AIDS Research and Prevention, in strengthening local and community responses.

### Panel 20: Capacity Strengthening in the Health Sector

Approaches and partnerships highlighted within UN system plans include:

- **Collection and analysis of evidence** on cost-effective health system practice, including surveillance of HIV status and related behaviours by WHO, World Bank and UNFPA.
- **Operational research** to set standards on what health systems could and should do, and promotion of ethical and equitable policies which respect human rights, by WHO, World Bank and UNICEF.
- Establishing and disseminating **best practice** for HIV/AIDS prevention by WHO, UNFPA, UNICEF, UNESCO, IOM, UNHCR and UNIFEM; for care of people affected by HIV/AIDS in different settings by WHO and UNICEF; and for mitigating the impact of the HIV epidemic – the World Bank and the UN Economic Commission for Africa.
- **Policy advice and development** to help **health workers** reduce their risk of exposure to HIV by WHO, ILO, UNICEF, UNFPA, and the UN Medical Service.
- **Assessing resource needs** for effective health system action, communicating these and mobilizing the additional resources required in a sustained way, by UN Secretary-General, World Bank, WHO, and other UN funds with support from the UNAIDS Secretariat.
- **Improving capacity for delivering essential health services** focusing on the needs of young people, women, and vulnerable populations; persons who need to know their HIV status; people living with HIV/AIDS; HIV-positive mothers and their infants; and people in need of safe blood, by WHO, UNFPA, UNICEF and the World Bank.
- **Reducing the cost of HIV/AIDS-related medicines** and commodities so that they are increasingly accessible to countries and their populations through negotiation of differential pricing arrangements, taking full account of TRIPS provisions, by WHO, WTO, WIPO, and the World Bank.
- Supporting countries in **monitoring the effects and impact of their health system** responses to HIV/AIDS/STI epidemics, by WHO, UNICEF, UNFPA, and the World Bank.
- Encouraging **strategic research** into, and development of, new and effective preventive measures, diagnostic tools, anti-microbial medications and vaccines for HIV subtypes found in poor communities, and for STIs, by WHO and UNFPA.

### Panel 21: Military and Uniformed Services

Approaches and partnerships highlighted within UN system plans include:

- **Development of a UN system strategy** to respond to the HIV/AIDS epidemic within peacekeeping operations, including uniformed peacekeepers, humanitarian workers and vulnerable populations affected by these operations. The strategy currently focuses on selected countries affected by peacekeeping operations including: Sierra Leone (UNAMSIL), Democratic Republic of Congo (MONUC), Ethiopia/Eritrea (UNMEE), East Timor (UNTAET), and Kosovo (UNMIK). The strategy will be increasingly integrated within the UN Department of Peacekeeping Operations (DPKO) and UNDP.
- **Advocacy** to ensure that military and uniformed services are recognized as an important risk group, by DPKO, UNDP, UNICEF and UNFPA with support from the UNAIDS Secretariat.
- **Capacity building** by identifying and supporting national/regional networks of experts and centres addressing HIV/AIDS among uniformed services as well as reinforcing South-South cooperation, by DPKO and UNDP with support from the UNAIDS Secretariat.
- **Outreach through public information** to address the issue of HIV/AIDS amongst uniformed services and populations affected by the presence of military or police personnel, by producing and disseminating relevant information to those target groups and producing/updating new resource material, by DPKO, UNDP, UNFPA and UNICEF with support from the UNAIDS Secretariat.

### Panel 22: Commodities

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** to promote reproductive health commodity security within the context of SWAps and PRSPs by WHO, UNFPA, IPPF, the World Bank and NGOs such as Family Health International and Population Services International.
- **Technical information and best practice guidance** in areas of condom use, product standards, quality assurance and testing, and service delivery issues, by WHO and UNFPA.
- **Technical and financial support** to countries as they strengthen their national reproductive health programmes and improve reproductive health commodity security, by UNFPA, WHO and the World Bank.
- **Provision of condoms** through strengthening UNFPA's role as the largest public sector procurement agency for contraceptives and reproductive health commodities, and enhancing partner capacities in social marketing companies.

## 8. Policies and Programmes to Address HIV/AIDS and its Socioeconomic Impacts

## **8.1 Rationale**

### **Strategic Focus**

The Global Strategy Framework calls on leaders to take action to develop policies, legislation and programmes which address individual and societal vulnerability to HIV/AIDS and lessen its socioeconomic impacts. This is to be achieved by enabling strategies, which operate in the context of overall poverty reduction strategies and human development priorities.

### **Global goals and targets**

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing HIV/AIDS and its socioeconomic impacts are elaborated in Annex 3.* They embody the belief expressed in the Declaration of Commitment on HIV/AIDS that addressing HIV/AIDS contributes to sustainable development.

### **Major challenges**

Considerable knowledge has been accumulated on the biomedical and epidemiological aspects of the HIV/AIDS epidemic. Much less attention has been given to its socioeconomic impact. The role of social and economic policy in potentially mitigating the impact of the epidemic, and in reducing vulnerability to HIV/AIDS, has received less attention still.

The Highly-Indebted Poor Countries (HIPC) debt relief initiatives have provided an opportunity to analyse the linkages between HIV/AIDS and poverty in the Poverty Reduction Strategy Papers (PRSPs) that have to be prepared by eligible countries. However, HIV/AIDS does not figure prominently in many countries' PRSPs, highlighting the work that is still required to generate a full understanding of the impact of the epidemic on development. Socioeconomic assessments are required at all levels of society (household, community, district and national), as well as further sectoral impact analysis in health, education, social welfare, labour, agriculture and armed services.

Gaps in our understanding are large and efforts to adjust social and economic policies with respect to HIV/AIDS have barely begun. Viewed largely as a "health issue", most countries have not yet started to develop strategies and investment plans to mitigate the impact of HIV/AIDS on productive and service sectors. Policy makers require solid examples of how the reinvestment of debt relief proceeds can rebuild social and income generation capacities.

## **8.2 UN system strategic objectives addressing HIV/AIDS and its socioeconomic impacts**

Specific strategic objectives for the UN System during 2001-2005 aimed at overcoming these challenges and achieving the global targets are:

1. To strengthen the institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors.

2. To provide policy services and mobilize programme support to countries seeking to develop strategies to address the impact of HIV/AIDS at the individual, family, community and national levels.
3. To promote proven strategies and mobilize the programme support resources required to assist national governments to strengthen the response to HIV/AIDS in the world of work, including through the development of legal and policy frameworks to protect workers' rights.

### **8.3 Strategic approach of the UN partners to address HIV/AIDS and its socioeconomic impacts**

The plans of the UN system organizations reflect significantly increased attention to the development of policies and programmes addressing the socioeconomic impact of HIV/AIDS. A major emphasis has been placed on the development of economic impact tools and the dissemination of findings on economic impact generally, within particular sectors, and with respect to women, young people and children orphaned by HIV/AIDS.

The individual agency plans include advocacy-oriented research incorporating gender analyses within human development and poverty reduction efforts addressing HIV/AIDS. They also emphasize increased regional level advocacy for approaches that have proved successful in addressing socioeconomic impact. Through strengthened partnerships with regional economic institutions and technical networks, increased support will be provided to and through UN country teams to enhance planning and economic impact assessment capacities. Among the newer approaches reflected in the plans is increased work with parliamentarians, and a major emphasis on partnership development with the corporate and labour sectors to address employment policies and intensify workplace and community outreach efforts.

Highlighted strategic approaches and partnerships are elaborated on the *World of Work* in Panel 23.

### Panel 23: World of Work

Approaches and partnerships highlighted within UN system plans include:

- **Advocacy** to promote implementation of the new ILO Code of Practice and relevant ILO workplace standards, by ILO and partners.
- **Best practice guidance** and development of training materials to encourage adoption of better workplace policies and provision of HIV prevention and care services by ILO. Adoption of the guidance by FICSA, UN Medical Service and UNV to promote the ILO Code of Practice as it related to UN workplace and settings.
- **Technical and financial support** for sub-regional and country projects focusing on advocacy and knowledge, peer education, activities aimed at changing attitude and behaviour, and programmes which link workplace initiatives with household and community-based activities for prevention, care and support, by ILO and partners.
- **Support for conferences and activities** which encourage national-level partnerships between governments, employers' and workers' organizations, NGOs and other civil society groups, including religious and traditional leaders; and review the impact of HIV/AIDS on human capital and enterprise development in least developed countries, by ILO and UNCTAD .
- **Development of training materials** by agencies such as UNIDO, which is producing an HIV component for its entrepreneur training packages.
- **Partnership development** to address specific dimensions of HIV/AIDS and the world of work, including gender by ILO and UNIFEM; IDU and alcohol abuse by ILO and UNDCP; child labour by ILO and UNICEF; occupational impact by ILO, UNIDO, UNESCO and WHO; food security and rural workforce issues by ILO, FAO and IFAD.
- **Research and development** to produce data, tools and indicators to measure progress on mitigating the social and economic impact of HIV, especially HIV-related discrimination in the workplace, by UNDP, ILO, the World Bank and partners.

## 9. Regional Strategy Development

### 9.1 Rationale

#### Strategic Focus

The overall purpose of regional strategy development processes is to ensure that regional and intercountry support to national programmes makes the most efficient, combined use of scarce technical and financial resources.

#### Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *UNGASS goals and targets addressing regional strategy development, technical network development, and strengthening regional level monitoring are elaborated in Annex 3.* They express the priority given within Declaration of Commitment on HIV/AIDS for regional organizations and partners to develop regional approaches and plans to address HIV/AIDS.

## **Major Challenges**

Many UN system agencies have regional HIV/AIDS-related activities and inter-country projects, as have many bilateral donors, international NGOs and intergovernmental bodies. In most cases, however, these efforts are not underpinned by shared strategic analysis of the regional situation, country-defined needs, or agreed strategic priorities.

In some regions, inter-agency task forces on issues such as harm reduction and youth have been established. Whilst these have effectively served as fora for sharing information on the situation in the region and the programmatic responses of partners, their capacities to respond to country requests for technical assistance have been limited. As a consequence, countries have had to approach different NGOs, bilateral donors, and UN system agencies for technical assistance, often without a clear understanding of the type or range of technical support offered, or of the different operating procedures of each agency.

In most regions, there are significant economies of scale to be achieved from more integrated programming of UN system technical resources as part of regional strategy development processes. Moreover, there is scope for attracting additional resources from new partners such as regional development banks and private sector partners in support of expanded country responses.

### **9.2 UN system objectives to address regional strategy development**

UN System efforts during the Plan period (2001-2005) will focus on achieving the following objectives:

1. To encourage regional partners to collaborate in the development of mechanisms and elaboration of regional strategies to support countries in their efforts to respond to HIV/AIDS.
2. To support the development of regional and intercountry UN strategies that reinforce overall regional strategic priorities and address country-defined needs.
3. To ensure regional coordination and more integrated programming of UN resources so as to ensure optimal support to country responses.
4. To broker and channel additional technical and financial resources in support of agreed regional strategic priorities.

### **9.3 Strategic approach of UN partners to address regional strategy development**

The approach of the UN system organizations to the identification of regional priorities and the elaboration of regional strategies emphasizes inclusive dialogue with a full range of regional stakeholders including governments, civil society organizations, UN regional bureaux, bilateral donors and the private sector. These processes involve the sharing of information on the scope, dynamics and implications of the HIV epidemic in the region; reaching consensus on major regional priorities; and developing collaborative approaches to mobilizing technical support, strengthening information systems, and coordinating technical resources.

The individual plans of the UN system partners highlight specific mechanisms and processes for joint programming and monitoring and evaluation, which include the strengthening of regional task forces and technical networks to address a wide range of thematic priorities.

The plans also emphasize specific regional level joint activities such as political advocacy and surveillance. Most of the UN system organization plans reflect a move towards joint planning, resource coordination and more integrated programming at regional level, within the context of developing shared regional workplans.

Brief summaries of regional priorities and highlighted activities are elaborated on *Eastern Europe and Central Asia* in Panel 24, on *Africa* in Panel 25, on *Latin America* in Panel 26, *South Asia* in Panel 27, and on *South-East Asia* in Panel 28.

#### **Panel 24: Eastern Europe and Central Asia**

Three strategic objectives have been identified and endorsed by regional stakeholders including national governments, UNAIDS Cosponsors, bilateral donors and NGOs at two Regional Strategy Development Meetings: the first hosted by UNICEF and the UNAIDS Secretariat in November 1999 (Geneva), the second hosted by WHO in December 2000 (Copenhagen).

- **HIV prevention amongst Injecting Drug Users - specifically, to cover 60% of injecting drug users in the region with HIV prevention programmes.** Highlights include the creation of a UNAIDS Task Force for HIV Prevention amongst Injecting Drug Users in Eastern Europe established in Vienna in collaboration with UNDCP, with additional staff in Moscow; WHO best practice guidance on HIV prevention amongst IDUs; drug demand reduction addressed by UNDCP; and accelerated action at country level through sub-regional initiatives in Central Asia, the Baltic States and the Caucasus especially by UNDCP, and World Bank support in Russia, Belarus, Moldova and Ukraine.
- **HIV prevention amongst vulnerable young people - specifically, to increase attention to all vulnerable young people throughout the region.** Highlights include the creation of an Interagency Group on Young People's Health, Development and Protection with participation by UNICEF, UNFPA, WHO, UNDCP, UNAIDS Secretariat; development of regional interagency strategic framework on Adolescent Reproductive Health, and Young People's Health and Development; subregional coordination mechanisms for UNICEF, UNDP, UNFPA, WHO and the UNAIDS Secretariat in the Baltic States and Bulgaria.
- **Maintain focus on the STI epidemics in the Newly Independent States (NIS) - specifically, to increase activities to reduce the STI epidemic, maintaining the focus on STIs both as a risk factor in relation to HIV/AIDS and as a major problem in its own right.** Highlights include the creation of a Task Force for STI Prevention and Control in Central and Eastern Europe and the NIS led by WHO, which serves as a clearinghouse for information about STI projects in the region; the pilot testing of integrated planning around STI in the context of health care reform by WHO; the integration of STI prevention and care in reproductive health programmes, promotion of dual protection principle across the region by UNFPA; advocacy for youth-friendly STI service projects by UNICEF.

### Panel 25: Africa

Six regional strategic objectives have been identified by regional stakeholders including national governments, UN system organizations, bilateral donors and NGOs as part of the International Partnership against AIDS in Africa (IPAA) Framework for Action.

- **To ensure that a substantial percentage of infected or affected persons have access to essential health, education and social services as well as to appropriate care including access to drugs for opportunistic infections (OI) and ARVs.** Highlights include improved coordination through the UNAIDS Task Force facilitated by WHO for an Accelerated Access to Care for the Africa Region; joint agency feasibility missions carried out in countries; improved technical support addressing drug accessibility, health system development including drug distribution systems, and scaling up of home-based community care programmes.
- **To increase availability of counselling and testing services and drugs for prevention of HIV transmission for pregnant women.** Highlights include enhanced collaboration through the Interagency Group on the Prevention of HIV Transmission to Mothers and Children (PTMC), including UNICEF, UNFPA, WHO, and the UNAIDS Secretariat; periodic updates of the interagency strategy on prevention of HIV infection to mothers and infants.
- **To increase availability and use of Voluntary Counselling and Testing (VCT) services in the region.** Highlights include scaled up availability of VCT services at country level with WHO and UNICEF increasing their support through intensified efforts in training, increasing financial assistance to countries, provision of commodities.
- **To ensure that a substantial percentage of young men and women aged 15–24 have access to information, tools and skills required to reduce their vulnerability to HIV infection.** Highlights include increased support to national efforts to expand prevention activities within the National Strategic plans by all UNAIDS Cosponsors; mobilization of the education sector in Africa by UNESCO and UNICEF, including training journalists in the field of HIV/AIDS; and increased mainstreaming of HIV/AIDS in reproductive health programmes by UNFPA and WHO.
- **To build capacities of the communities and decentralized levels as well as sectors in order to develop local partnerships for the implementation of HIV/AIDS activities.** Highlights include support for more decentralized systems in order to help communities sustain a more effective response by all UNAIDS Cosponsors, building of partnerships with NGOs to help develop local capacities by UNDP, UNESCO, UNICEF and the World Bank, including specific direct support to communities or funds to be channelled through a simplified system to communities.
- **To increase the level of resources, financial and technical, from the governments, local stakeholders and the international community for scaling up the national response.** Highlights include coordinated support to mobilize resources for the expansion of national responses; World Bank support to multisectoral HIV/AIDS programmes (MAP); mainstreaming HIV/AIDS and related issues into debt relief and HIPC programmes by WHO, UNICEF and UNDP.

### Panel 26: Latin America and the Caribbean

Three regional strategic objectives have been identified by regional stakeholders including national governments, UN system organizations, bilateral donors, and NGOs at a series of regional and subregional meetings. These include a Regional Strategy Development Meeting in New York (November 1999), a Regional Strategy and Budget Planning Meeting in Washington (March 2001), and five meetings of the Caribbean Task Force on HIV/AIDS.

- **Strengthening joint advocacy efforts and political mobilization at the highest levels of government.** Highlights include joint UN system action to influence the Summit of the Americas, and other high-level regional meetings, such as the G-77 Summits, the CARICOM Heads of State meetings, the Ibero-American meetings of Ministers of Health, the ECLAC meetings on inter-agency cooperation; and the establishment of the Pan Caribbean Partnership on HIV/AIDS at the inter-sessional meeting of the CARICOM Heads of State (February 2001).
- **Strengthening UN system strategies and work-plans in support of the national responses to HIV/AIDS, including strengthening of Theme Group (TG) operations at country level.** Highlights include greater involvement of TGs in the development of sub-regional strategies of support, for example the TGs, National AIDS Programmes and NGOs in the Southern Cone – Argentina, Brazil, Chile, Paraguay and Uruguay – are working towards developing a regional approach to preventing HIV transmission among injecting drug users and their partners. UNDCP and other UN agencies supporting technical exchanges between countries on harm reduction approaches.
- **Development of sub-regional strategies in support of country efforts in the Caribbean, Central America and the Southern Cone.** Highlights include strengthened collaboration between national, regional and international stakeholders in support of the Pan Caribbean Partnership against HIV/AIDS, coordinated by CARICOM, and the implementation of the Regional Strategic Plan of Action developed by the Caribbean Task Force on HIV/AIDS – each UN agency is helping to operationalize the Plan; and intensified sub-regional policy dialogue in support of the Central American Plan of Action on HIV/AIDS, with emphasis on HIV and vulnerable populations, migrants and young people – all Cosponsors involved as well as USAID, Norway, Sweden, IDB and Associations of People living with AIDS.

### Panel 27: South Asia

Four regional strategic objectives have been identified by regional stakeholders including national governments, UN system organizations, bilateral donors and NGOs at two meetings for Regional Action in Support of National Programmes for HIV/AIDS. The first meeting held in Kathmandu in October 1999 identified three thematic priorities, and the second meeting held in New Delhi in March 2000 reviewed progress and examined potential strategic approaches and coordination.

- **To strengthen political advocacy around HIV.** Highlights include the compilation of advocacy packages targeting different political constituencies, requiring the collection, analysis and synthesis of epidemiological, behavioural and socioeconomic data by WHO and UNICEF with support from the UNAIDS Secretariat, financed by DFID and the World Bank.
- **Prevention of HIV in mobile populations.** Highlights include development of inter-country strategies and programmes for HIV prevention amongst migrant and trafficked populations by UNDP, UNIFEM, UNICEF-ROSA and UNFPA, with support from the UNAIDS Secretariat, and in collaboration with USAID, CARE and FHI.
- **HIV prevention among young people.** Highlights include development of regional communication strategies by UNICEF- ROSA with support from UNFPA and the UNAIDS Secretariat.
- **HIV and drug use.** Highlights include work by UNDCP and the UNAIDS Secretariat to develop a regional strategy on HIV and drug use.

### Panel 28: South-East Asia

Five priority areas have been identified by regional stakeholders including national governments, UN system organizations, UN partners, bilateral donors and NGOs at the meeting for Regional Action in support of National Responses to HIV/AIDS in Hua Hin, Thailand, April 2000. In addition four strategic approaches particularly suited to regional action have been identified – political advocacy; facilitation of policy dialogue; information exchange; and resource mobilization.

- **Condom promotion in high-risk situations.** Highlights include development of an advocacy package by UNFPA with support from UNDP for activities at country level; improved condom procurement and distribution by UNFPA and FHI; and development of a condom promotion framework for implementation at country level by WHO, UNFPA, UNICEF, the World Bank, USAID, DFID and Population Services International and the UNAIDS Secretariat.
- **Life skills focusing on youth.** Highlights include development of a regional communication strategy led by UNESCO, UNDCP and ESCAP; support for the development of youth platforms for the Intergovernmental meeting on Youth in June 2001 by UNFPA, UNDCP, UNICEF, UNESCO, WHO and the UNAIDS Secretariat; improved coordination of efforts through the UNAIDS Youth Task Force coordinating the development of indicators to monitor and assess impact and effectiveness of life skills programming by UNICEF-EAPRO, WHO, UNFPA, UNESCO, the Thai Red Cross and SCF; improved materials and approaches in life skills by UNICEF and the UNAIDS Secretariat.

- **Care and support, including the prevention of HIV transmission to mothers and children.** Highlights include development of a mechanism to facilitate effective teamwork between regional entities led by the UNAIDS Secretariat, and development of technical guidelines by WHO-WPRO.
- **Drug use and HIV vulnerability.** Highlights include support for national consensus meetings on drug use and vulnerability by UNDCP and UNICEF; support for pilot projects at country level from UNDCP, UNICEF and the UNAIDS Secretariat.
- **Mobile populations and HIV vulnerability.** Highlights include creation of a regional Task Force on Mobility led by UDP-SEAHIV; development of a subregional Action Programme including Maritime Industries Action Programme for ASEAN countries, Greater Mekong subregion Action Plan, BIMPS joint action programme and fishermen's action programme involving a range of UN partners.

### **Section III: Summary of Individual UN system organization plans,**

The HIV/AIDS related strategies and plans of the 29 participating organizations are encapsulated in a common summary format developed through the United Nations Inter-Agency Advisory Group on HIV/AIDS. The questions posed in the planning exercise are included in Annex 5. The summaries provide an overview of the individual organizations' HIV/AIDS-related mandate and accomplishments; priorities and targets; and strategies and resources. An estimate of the resources that UNAIDS and other UN system organisations intend to commit to HIV/AIDS over the period of 2001-2005 the UNSSP are detailed in Annex 6. The accuracy of estimates is limited by the biennial nature of budget and workplans, uncertainty regarding the success of resource mobilisation efforts and the difficulty in assessing resources allocated to HIV/AIDS within generic programmes.

These summaries are available electronically to PCB members via the World Wide Web at <http://sp.unaids.org>. Password and access information has been communicated to PCB members separately. Many of the agency summaries have fully elaborated strategies attached for the review of PCB members. Inputs and comments from PCB members are encouraged directly within the eWorkspace, or to the directly to the responsible agency and Cosponsor focal points. Contact information for focal points is included within the plan summaries.

## ANNEX 1

### Global Strategy Framework Leadership Commitments and Core Actions

The Global Strategy Framework proposes commitments together with a set of essential actions through which leaders and policy makers at global, regional, national and community level can mobilize their societies to more fully respond to the epidemic. Achievement of the overarching aim of the global response requires leadership commitments:

- 1. To ensure an extraordinary response** to the epidemic includes: the full engagement of top-level leaders; measurable goals and targets; effective policies and programmes supported by improved epidemiological and strategic information; adequate and sustained financial resources; and integration of HIV/AIDS prevention and care strategies into mainstream planning and development efforts.
- 2. To develop policies, legislation and programmes which address individual and societal vulnerability to HIV/AIDS and lessen its socioeconomic impacts**, by focussing on enabling strategies which operate in the context of overall poverty reduction strategies and human development priorities and to develop the coping strategies required to address the impact of the epidemic in productive sectors.
- 3. To reduce the stigma** associated with HIV and AIDS and to protect human rights through personal and political advocacy and the promotion of policies that prevent discrimination and intolerance and enable more open discussion of sexuality as an important part of human life.
- 4. To expand efforts to support community-focused action** on the epidemic by affirming and strengthening the capacity of local communities to be assertively involved in all aspects of the response.
- 5. To protect children and young people from the epidemic and its impact** through universal access to quality primary education and increased secondary school attendance, particularly for girls; life-skills education approaches for in-school and out-of school youth which are free of harmful gender stereotypes and include sexual education and the promotion of responsible sexual behaviour; the promotion of the rights of children<sup>3</sup>, including their to access to information and youth friendly reproductive and sexual health services; services to prevent mother-to-child transmission of HIV; education on ways to prevent harmful drug use and to reduce the consequences of abuse; and early support to children affected by HIV/AIDS, in particular orphans.
- 6. To meet the HIV/AIDS related needs of girls and women** and to address the circumstances that disadvantage women with respect to HIV/AIDS while enhancing their abilities to contribute their knowledge and voice as a force for change. In particular, to promote the rights of girls and women<sup>4</sup> and to address gender-based inequalities in access to information and services and to improve access for women to male and female condoms and voluntary counseling and testing within family planning clinics and other

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<sup>3</sup> Convention on the Right of the Child

<sup>4</sup> Convention on the Elimination of Discrimination Against Women

reproductive health settings, and to assure equitable access for HIV infected women to care and social support.

- 7. To expand efforts directly addressing the needs of those most vulnerable to, and at greatest risk of HIV infection.** In particular, to advance a participatory approach to the development of specific strategies, policies and programmes which promote and protect the health of children in especially difficult circumstances; sex workers and their clients; injecting drug users and their sexual partners; men who have sex with men; persons confined in institutions and prison populations; refugees and internally displaced persons; and men and women separated from their families due to their occupations or conflict situations.
- 8. To provide care and support to individuals, households and communities affected by HIV/AIDS,** ensuring access to voluntary counselling and diagnostic services and the continuum of affordable clinical and home-based care and treatment (including antiretroviral therapy), essential legal, educational and social services, and psychosocial support and counseling.
- 9. To promote the full participation of people living with and affected by HIV/AIDS** in the response to the epidemic by ensuring safe opportunities for people to speak out and give testimony to their experience, to participate in national and local advisory bodies, and in planning and implementation of HIV/AIDS programs.
- 10. To actively seek out and support the development of partnerships required to address the epidemic** among the public sector and civil society, including the private sector. In particular, to foster those alliances required to improve access to essential information, services and commodities – including access to condoms, care and treatment including treatment of sexually transmitted infections – and to the technical and financial resources required to support prevention, care and treatment programmes.
- 11. To intensify efforts in socio-cultural, biomedical and operations research** required to accelerate access to prevention and care technologies, microbicides, diagnostics and HIV vaccines, and to improve our understanding of factors which influence the epidemic and actions which optimally address it.
- 12. To strengthen human resource and institutional capacities required to address the epidemic,** and in particular to support service providers engaged in the response to the epidemic within the education, health, judicial and social welfare sectors.

## ANNEX 2

### **Declaration of Commitment on HIV/AIDS for the United Nations General Session on HIV/AIDS**

#### **Preamble**

1. We, Heads of State and Government and Representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly convened in accordance with resolution 55/13, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;
2. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society — national, community, family and individual;
3. Noting with profound concern, that by the end of the year 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;
4. Noting with grave concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;
5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit;
6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:
  - The United Nations Millennium Declaration of 8 September 2000;
  - The Political Declaration and Further Actions and Initiatives to Implement the Commitments made at the World Summit for Social Development of 1 July 2000;
  - The Political Declaration and Further Action and Initiatives to Implement the Beijing Declaration and Platform for Action of 10 June 2000;
  - Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development of 2 July 1999;
  - The regional call for action to fight HIV/AIDS in Asia and the Pacific of 25 April 2001;
  - The Abuja Declaration and Framework for Action for the Fight Against HIV/ AIDS, Tuberculosis and other Related Infectious Diseases in Africa, 27 April 2001;
  - The Declaration of the Ibero-America Summit of Heads of State of November 2000 in Panama;
  - The Caribbean Partnership Against HIV/AIDS, 14 February, 2001;
  - The European Union Programme for Action: Accelerated Action on HIV/ AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction of 14 May 2001;
  - The Baltic Sea Declaration on HIV/AIDS Prevention of 4 May 2000;
  - The Central Asian Declaration on HIV/AIDS of 18 May 2001;

7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;

8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst affected region where HIV/AIDS is considered as a state of emergency, which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African Heads of State or Government, at the Abuja Special Summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;

10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin America region with 1.5 million people living with HIV/AIDS, and the Central and Eastern European region with very rapidly rising infection rates; and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;

11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;

12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;

13. Noting further that stigma, silence, discrimination, and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;

14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;

15. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic; and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of

an effective response and must be integrated in a comprehensive approach to combat the epidemic;

18. Recognizing the need to achieve the prevention goals set out in this Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;

19. Recognizing that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;

20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;

21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;

22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;

23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development;

24. Recognizing also that the cost availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;

25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continue to hinder an effective response to HIV/AIDS in many countries, especially for the poorest people and recalling efforts to make drugs available at low prices for those in need;

26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations; and noting that the impact of international trade agreements on access to or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;

27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with

HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North/South, South/South cooperation and triangular cooperation;

28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;

29. Recognizing the fundamental importance of strengthening national, regional and sub-regional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, sub-regional and international cooperation;

30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS;

31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;

32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;

34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including among others the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;

35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the UNAIDS Programme Coordinating Board; noting its endorsement in December 2000 of the Global Strategy Framework for HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;

36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

## ANNEX 3

### **Goals from the Declaration of Commitment on HIV/AIDS for the United Nations General Assembly Special Session on HIV/AIDS, organized in accordance with the structure of UN System Strategic Plan**

#### **1. Ensuring an extraordinary response to the epidemic <sup>5</sup>**

- By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;
- By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;
- Support greater action and coordination by all relevant United Nations system organizations, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in this Declaration;
- Support greater cooperation between relevant United Nations system organizations and international organizations combating HIV/AIDS;
- Foster stronger collaboration and the development of innovative partnerships between the public and private sectors and by 2003, establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

#### **Resource mobilization**

- Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;
- By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between US\$ 7 billion and US\$ 10 billion in low and

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<sup>5</sup> Links to sections on leadership, resources and follow-up in the Declaration of Commitment on HIV/AIDS

middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that needed resources are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;

- Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;
- Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required and ensure that adequate allocations are made by all ministries and other relevant stakeholders;
- Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking of 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/ AIDS epidemic;
- Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;
- Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate and encourage the most effective and transparent use of all resources allocated;
- Call on the international community and invite civil society and the private sector to take appropriate measures to help alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;
- Without further delay implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for their making demonstrable commitments to poverty eradication and urge the use of debt service savings to finance poverty eradication programmes, particularly for HIV/AIDS prevention, treatment, care and support and other infections;
- Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;

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- Encourage increased investment in HIV/AIDS-related research, nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;
  - Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments inter alia in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean and to those countries at high risk, mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;
  - By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/ AIDS and health fund;
  - Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, subregional and regional level in their efforts to respond to the crisis;
  - Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of this Declaration;

### ***Maintaining momentum and monitoring progress***

- Conduct national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews;
- Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;
- Devote sufficient time and at least one full day of the annual General Assembly session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;
- Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;
- Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in this Declaration and in this regard encourage participation in and wide dissemination of the outcomes of: the forthcoming Dakar Conference on Access to Care for HIV Infection; the Sixth International Congress on

AIDS in Asia and the Pacific; the XII International Conference on AIDS and Sexually Transmitted Infections in Africa; the XIV International Conference on AIDS, Barcelona; the Xth International Conference on People Living with HIV/AIDS, Port of Spain; the II Forum and III Conference of the Latin American and the Caribbean Horizontal Technical Cooperation on HIV/AIDS and Sexually Transmitted Infections, La Habana; the Vth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Changmai, Thailand;

## **2. Cross-cutting issues in an expanded response <sup>6</sup>**

- By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;
- By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;
- By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;
- By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;
- By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

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<sup>6</sup> Links to sections on human rights and follow-up in the Declaration of Commitment on HIV/AIDS

### **3. Protecting children and young people from the epidemic and its impact <sup>7</sup>**

- By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;
- By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;
- Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;
- Urge the international community, particularly donor countries, civil society, as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa;
- By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;
- By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

### **4. Addressing those most vulnerable, and at greatest risk of HIV infection <sup>8</sup>**

- By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV

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<sup>7</sup> Links to sections on prevention and children orphaned and made vulnerable by HIV/AIDS in the Declaration of Commitment on HIV/AIDS

<sup>8</sup> Links to sections on reducing vulnerability, prevention and human rights in the Declaration of Commitment on HIV/AIDS:

incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection

- By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;
- By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;
- By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons; such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;
- By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;
- By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug using behaviour, livelihood, institutional location, disrupted social structures and population movements forced or otherwise.

## 5. Care and support to individuals and communities affected by HIV/AIDS <sup>9</sup>

- By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations as well as with civil society and the business sector, to strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia affordability and pricing, including differential pricing, and technical and health care systems capacity. Also, in an urgent manner make every effort to: provide progressively and in a sustainable manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;
- By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/ AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care; By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS
- By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;
- By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS;

## 6. Operations and biomedical research <sup>10</sup>

- Increase investment and accelerate research on the development of HIV vaccines, while building national research capacity especially in developing countries, and especially for

<sup>9</sup> Link to sections on care and support to individuals and communities affected by HIV/AIDS, and prevention in the Declaration of Commitment on HIV/AIDS

<sup>10</sup> Links to section on Research and development in the Declaration of Commitment on HIV/AIDS

viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development including biomedical, operations, social, cultural and behavioural research and in traditional medicine to: improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their delivery, and to diagnostics, tests, methods to prevent mother-to-child transmission; and improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; create a conducive environment for research and ensure that it is based on highest ethical standards;

- Support and encourage the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of rapid expansion of the epidemic;
- Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions, and drug resistance, develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;
- Strengthen international and regional cooperation in particular North/South, South/South and triangular cooperation, related to transfer of relevant technologies, suitable to the environment in prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage that the end results of these cooperative research findings and technologies be owned by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;
- By 2003, ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines and best practices are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

## **7. Human resource and institutional capacities in key sectors <sup>11</sup>**

- By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees, internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international

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<sup>11</sup> Links to sections on HIV/AIDS in conflict and disaster affected regions, follow-up and prevention in the Declaration of Commitment on HIV/AIDS

assistance programmes;

- Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;
- Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;
- By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;
- By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;
- By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

#### **8. Policies and programmes addressing HIV/AIDS and its socioeconomic impacts <sup>12</sup>**

- By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS;
- By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;
- By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to: address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods, and access to basic social services, with special focus on individuals, families

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<sup>12</sup> Links to sections on alleviating social and economic impact and prevention in the Declaration of Commitment on HIV/AIDS

and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society especially on women and the elderly, particularly in their role as caregivers and in families affected by HIV/AIDS and address their special needs; adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;

## **9. Regional strategy development**<sup>13</sup>

- Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;
- Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum Consensus and Plan of Action: Leadership to Overcome HIV/ AIDS; the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases; the CARICOM Pan-Caribbean Partnership Against HIV/AIDS; the ESCAP Regional Call for Action to Fight HIV/ AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; the European Union Programme for Action: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction;
- Encourage the development of regional approaches and plans to address HIV/AIDS;
- Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;
- Encourage the United Nations Economic and Social Council to request the regional commissions within their respective mandates and resources to support national efforts in their respective regions in combating HIV/AIDS;
- Include HIV/AIDS and related public health concerns as appropriate on the agenda of regional meetings at the ministerial and Head of State and Government level
- Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities and ensure wide dissemination of the results of these reviews;
- Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in this Declaration, and in particular facilitate intensified South-South and triangular cooperation;

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<sup>13</sup> Links to sections on leadership and follow-up in the Declaration of Commitment on HIV/AIDS

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## ANNEX 4

### UNSSP Objectives

#### 1. Ensuring an extraordinary response to the epidemic

1. To more effectively mobilize global, political and public support, including top level leaders in the response to the epidemic.
2. To fully engage the UN system leadership, and its policy and programme resources in addressing HIV/AIDS.
3. To strengthen the institutional partnerships required to generate epidemiological and strategic information needed to guide the response to the epidemic.
4. To mobilize and coordinate increased international support for national efforts to develop and implement National Strategic Plans on HIV/AIDS.
5. To mobilize and assist in channelling the financial and technical resources required for urgent and expanded national responses.

#### 2. Cross-cutting issues in an expanded response

1. To intensify UN system advocacy around international treaties, UN resolutions and intergovernmental agreements which help governments to promote, protect and fulfil human rights and reduce stigma related to HIV.
2. To significantly strengthen UN machinery required to monitor and report on HIV/AIDS related human rights violations.
3. To mobilize policy and programme support to governments seeking to strengthen legislative, legal and human rights frameworks protecting vulnerable population and people living with HIV/AIDS.
4. To strengthen evidence-based advocacy of policies and programmes which assist governments to address gender-based inequalities fuelling the HIV/AIDS epidemic.
5. To mobilize technical and programme support to governments seeking to reduce inequality of access for women to essential HIV/AIDS-related information, services, legal protection and commodities.
6. To advance strategies and mechanisms required for an expanded response that:
  - increase the participation of people living with and affected by HIV/AIDS in the response to the epidemic, and
  - strengthen the capacities required to build partnerships with the private sector and civil society.

#### 3. Protecting children and young people from the epidemic and its impact

1. To strengthen evidence-based advocacy of policies and programme approaches which ensure maximum protection of children and young people from HIV/AIDS, and more fully involve young people in the response to the epidemic;
2. To increase policy and programme support to governments seeking to address the needs of children and adolescents particularly vulnerable to HIV/AIDS, including fulfilling their rights to access basic educational, health and social services and legal protections;

3. To mobilize international technical and programme resources in support of efforts by national governments and civil society to dramatically increase access to:
  - information and life skills education for in-school and out-of-school youth,
  - youth-friendly reproductive health and sexual health services,
  - services which prevent HIV infection in mothers and infants, and
  - basic education, health, social and vocational services for children affected by HIV/AIDS, in particular orphans.

#### **4. Addressing those most vulnerable, and at greatest risk of HIV infection**

1. To promote policy and programme approaches which protect the human rights and reduce the stigmatisation, marginalisation and discrimination of groups most vulnerable to HIV/AIDS;
2. To provide policy services and mobilize programme support to countries seeking to address the basic and HIV/AIDS related needs of:
  - sex workers
  - injecting drug users (IDU) and their partners
  - men who have sex with men
  - migrants, refugees and internally displaced persons
  - prisoners and other institutionalized persons
  - men and women separated from their families
  - women and children affected by trafficking and violence.

#### **5. Care and support to individual households and communities affected by HIV/AIDS**

1. To assist governments and civil society partnerships to increase the proportion of people infected or affected by HIV/AIDS who access a continuum of affordable care and treatment, including:
  - safe reproductive health and sexually transmitted infection services;
  - voluntary counselling and testing and psychological support;
  - treatment of TB and other opportunistic infections;
  - HIV/AIDS therapy, including antiretrovirals;
  - essential legal, educational and social services.

#### **6. Operations and biomedical research**

1. To mobilize governments, the private sector, foundations, and the international research community to increase investments in high priority research required to improve understanding of the epidemic and actions to address it,
2. To increase advocacy and support for research to accelerate access to new and improved preventive and therapeutic approaches and technologies, including diagnostics, microbicides and HIV vaccines.

## **7. Human resource and institutional capacities in key sectors**

1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including the:
  - education sector,
  - health sector,
  - social welfare sector,
  - agricultural sector,
  - military and uniformed services,
  - judiciary and legal sectors,
  - information and media sectors.
2. To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic,
3. To develop and strengthen international mechanisms and partnerships required for improving access to HIV/AIDS-related commodities in the most affected countries.

## **8. Policies and programmes to address HIV/AIDS socioeconomic impact**

1. To strengthen the institutional partnerships required to generate and disseminate information on the impact of the HIV/AIDS epidemic on all productive and service sectors;
2. To provide policy services and mobilize programme support to countries seeking to develop strategies to address the impact of HIV/AIDS at the individual, family, community and national levels;
3. To promote proven strategies and mobilize the programme support resources required to assist national governments to strengthen the response to HIV/AIDS in the world of work, including through the development of legal and policy frameworks to protect workers' rights.

## **9. Regional strategy development**

1. To encourage regional partners to collaborate in the development of mechanisms and elaboration of regional strategies to support countries in their efforts to respond to HIV/AIDS.
2. To support the development of regional and inter-country UN strategies that reinforce overall regional strategic priorities and address country-defined needs.
3. To ensure regional coordination and more integrated programming of UN resources so as to ensure optimal support to country responses.
4. To broker and channel additional technical and financial resources in support of agreed regional strategic priorities.

## ANNEX 5

## UN System Strategic Plan – Agency Summaries

## Section I: Background and Context

Key Questions to be Addressed	
<b>1. HIV/AIDS in Agency's Mandate:</b>	<p><i>What is your agency's mandate with respect to HIV/AIDS?</i></p> <p><i>Are your agency's HIV/AIDS related efforts (1) mostly global with a focus on advocacy and normative work, (2) mostly supporting regional level initiatives, or (3) mostly supporting country programmes (either implementation, technical or financial support)?</i></p>
<b>2. Governing Board/Executive Board Actions addressing HIV/AIDS</b>	<p><i>What resolutions/actions addressing HIV/AIDS have been adopted by your agency's governing board? Has the issue of HIV/AIDS been addressed in reports to or from your Executive Board?</i></p>
<b>3. Major Accomplishments over last 5 Years</b>	<p><i>What have been your agency's major accomplishments been over the last 5 years in the area of HIV/AIDS? In particular please give details of key efforts to influence political support for HIV/AIDS initiatives.</i></p> <p><i>Please give details of major achievements in implementing programmes that address HIV/AIDS. What major lessons has your agency learned from its work related to HIV/AIDS?</i></p>

## Section II: Priorities and Targets

Key Questions to be Addressed	
<b>4. Programming Priorities addressing HIV/AIDS</b>	<p><i>What are your agency's key HIV/AIDS related priorities?</i></p> <p><i>Does your agency have institutional targets that reflect these priorities?</i></p>
<b>5. Major Constraints to be addressed</b>	<p><i>What are the major constraints that your agency anticipates it will need to overcome to address the priorities listed above?</i></p>
<b>6. Global and Country Level Efforts which address HIV/AIDS</b>	<p><i>Does your agency focus its efforts on standard setting (its normative function) with little direct support for implementation in individual countries? If so what on?</i></p> <p><i>How are these aimed at strengthening national level programmes?</i></p>
<b>7. Priority Geographic Regions for HIV/AIDS Efforts</b>	<p><i>Please indicate three priority regions (if they exist). On what criteria is this prioritisation made? What are the key themes addressing HIV/AIDS in these regions?</i></p>
<b>8. Institutional Priority Setting and Coordination Mechanisms</b>	<p><i>Does your agency have a formal mechanism for promoting HIV/AIDS in priority setting and for coordinating programmes addressing HIV/AIDS (for example inter-departmental task force, working group or committee responsible for HIV/AIDS)?</i></p> <p><i>How does your agency view its role on this task force? Are the mechanisms adequate for addressing the priorities of the next five years?</i></p> <p><i>What monitoring and evaluation mechanisms will be required to ensure your agency knows when it is and is not addressing its HIV/AIDS priorities and targets?</i></p>

## Section III: Strategies and Resources

## Key Questions to be Addressed

<b>9. Key Partnerships Required for Successful Institutional Action</b>	<p><i>Does your agency have key partnerships, particularly with NGOs, the private sector, bilateral donors, foundations? What are they?</i></p> <p><i>What new partnerships will need to developed in the 2001-2005 period?</i></p>																														
<b>10. Financial Resources/ Implications</b>	<p><i>For each box in the table below can you give figures for the estimated necessary funds, and then indicate in brackets the percentage of that figure that comes from core funds?</i></p> <table border="1" data-bbox="507 629 1394 831"> <thead> <tr> <th></th> <th colspan="2">1996 - 2000</th> <th colspan="2">2001 - 2005</th> </tr> <tr> <th></th> <th>Total Estimated</th> <th>Core Funds</th> <th>Total Estimated</th> <th>Core Funds</th> </tr> </thead> <tbody> <tr> <td><b>Global</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Regional</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Country</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		1996 - 2000		2001 - 2005			Total Estimated	Core Funds	Total Estimated	Core Funds	<b>Global</b>					<b>Regional</b>					<b>Country</b>					<b>Total</b>				
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<b>11. Human Resources, Institutional Learning, and Systems Strengthening : Implications and Objectives</b>	<p><i>How many staff within your agency will need to work on HIV/AIDS issues (absolute and/or in full time equivalents) to achieve objectives outlined in Section 1 and 2? (How many work at present?)</i></p> <table border="1" data-bbox="507 1014 1394 1216"> <thead> <tr> <th></th> <th colspan="2">1996 - 2000</th> <th colspan="2">2001 - 2005</th> </tr> <tr> <th></th> <th>Actual Staff</th> <th>FTE*</th> <th>Actual Staff</th> <th>FTE*</th> </tr> </thead> <tbody> <tr> <td><b>Global</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Regional</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Country</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*FTE=Full Time Equivalent</p> <p><i>Does your agency have the necessary mechanisms in place to ensure staff will be trained in HIV/AIDS related issues or regularly updated to enable priority setting and programme strengthening to fully address HIV/AIDS?</i></p> <p><i>Does your agency have formal/structural mechanisms or a specific department, committee or working group responsible to ensure institutional learning about its HIV/AIDS programmes and best practice? What are they?</i></p>		1996 - 2000		2001 - 2005			Actual Staff	FTE*	Actual Staff	FTE*	<b>Global</b>					<b>Regional</b>					<b>Country</b>					<b>Total</b>				
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<b>12. UN Staff and Dependants</b>	<p><i>What information is being disseminated to agency staff and dependants to reduce their risk of HIV/AIDS? Does your agency disseminate the UN Handbook, AIDS and HIV Infection: Information for UN Employees and Their Families?</i></p> <p><i>What provision for treatment and/or care is provided/planned for agency staff and dependants with HIV/AIDS? How will these need to be strengthened in the next five years?</i></p>																														

## ANNEX 6

**Summary of Estimated Total Expenditure of  
UN Organizations on HIV/AIDS**

	1996 -2000	2001 - 2005
Name of Organization	Estimate of Total Expenditure US\$ Million	Estimate of Total Expenditure US \$ Million
1. UNICEF	164	650
2. UNDP	187.7	632
3. UNFPA	87.5	254
4. UNDCP	11 *	60
5. UNESCO	51	55
6. WHO	95	174.6
7. The World Bank	681.7	976.4 **
8. ILO	0.766	20.2
9. UNIDO	0	0.3
10. WIPO	N/A	N/A
11. FAO	0.15	1.9
12. IFAD	3.55	11 ***
13. WFP	1	100
14. UNRWA	0.2	0.25
15. UNCTAD	N/A	N/A
16. UNHCR	0.13 **#	2 #
17. OHCHR	0.15 #**	0.27
18. UNV	1.26	1.6
19. UNIFEM		10.3 ##
20. UNRISD	-	2.4
21. DPKO	N/A	###
22. DESA	0.52	0.52
23. UNFIP	N/A	N/A
24. UNMS	N/A	1 # *
25. WTO	N/A	N/A
26. WOTO	N/A	N/A
27. IOM	1.4	5.1
28. FICSA	N/A	N/A
29. The UNAIDS Secretariat		

Notes: Financial information provided has been rounded to nearest decimal place

- \* UNDCP - Total amount spent on HIV/AIDS activities over several years up until May 2001
- \*\* The World Bank - Figures include International Bank for Reconstruction and Development (IBRD) loans and International Development Association (IDA) loans. IDA is included in the MAP for Africa
- \*\*\* IFAD - In the form of loans and grants.
- # UNHCR – over a 3 year period \*\*# UNHCR - 1998 – 2000 #\*\* OHCHR – 1998 - 2000
- ## UNIFEM - \$8 m needed at both global and country level, of which \$2 m exists in the core budget.
- ### DPKO - As part of the cooperation agreement with the UNAIDS Secretariat a transfer of \$800,000 to DPKO is envisaged for 2001-2002.
- # \* UNMS - Costs refer only to staff costs, and technical equipment to develop programmes to prevent HIV infection among UN system staff and their dependents.