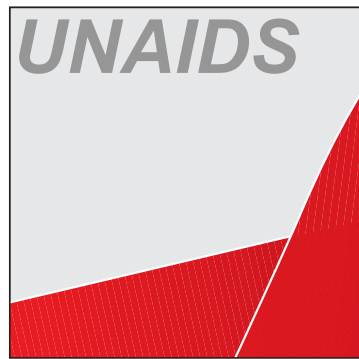


**FACTS** *about*  
**UNAIDS**



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**UNAIDS: An overview**

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# UNAIDS – an overview

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UNAIDS – newcomer with a mission .....	1
Why UNAIDS was created .....	1
The challenge: an expanded response .....	2
UNAIDS at a glance .....	3
Key roles of UNAIDS .....	4
UNAIDS at the global level .....	5
Staffing and structure .....	5
Global activities .....	6
UNAIDS at country level: where partnership is power .....	7
UNAIDS at the intercountry level .....	8
Aims and expectations .....	9

## UNAIDS – newcomer with a mission

Around 6 million people worldwide have died of AIDS since the start of the epidemic. Well over 20 million are living with HIV, the virus that causes AIDS. Already, there are communities and even whole cities where one out of every three adults is infected, and the repercussions of these dense clusters of illness and death will linger for decades. The epidemic and its impact are becoming a permanent challenge to human ingenuity and solidarity.

Since the first of January 1996, UNAIDS – the Joint United Nations Programme on HIV/AIDS – has carried the main responsibility within the UN system for helping countries strengthen their long-term capacity to cope with this challenge.

Based in Geneva, Switzerland, the new programme is cosponsored by six organizations of the UN family – United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), and the World Bank. Together with its cosponsors and other partners around the world, UNAIDS is hard at work on its mission – leading and catalysing an expanded response to the epidemic to improve prevention and care, reduce people’s vulnerability to HIV/AIDS, and alleviate the epidemic’s devastating social and economic impact.

### Why UNAIDS was created

UNAIDS has taken over the baton from WHO’s Global Programme on AIDS, which led the fight against AIDS starting in 1986.

Alongside WHO, other UN agencies and bodies have been active against the epidemic, each in its own sphere of action. There are two key reasons for the six agencies to join forces in UNAIDS:

- **The need for a broader-based, expanded response to the epidemic in sectors ranging from health to economic development.** AIDS remains an important health issue, and health systems are central to the response as millions of HIV-infected people fall ill and need care and support. But many of the epidemic’s causes and consequences lie outside the health sector. The spread of the virus is fuelled by poverty, migration, the inferior status of women and many other societal factors that make people vulnerable to HIV, while the impact of the epidemic impoverishes families, fields and factories and threatens the gains and very process of development.

*“UNAIDS brings the AIDS activities of six United Nations organizations into a single synergistic effort. I am confident that UNAIDS, as a small programme with a large outreach, will become a model of the streamlined action that the world can expect of the United Nations as we move into the twenty-first century.”*

Boutros Boutros-Ghali, Secretary-General of the United Nations

With UNAIDS, countries tackling this array of challenges can tap more easily into the expertise, networks and resources of six UN organizations with mandates ranging from health to economic development, and from education to family planning.

- **The need to provide leadership and better-coordinated UN system support to countries.** Much has been learned and accomplished in responding to the epidemic, thanks to the courageous efforts of many individuals and groups around the world and the contributions of the international development community. But with over 8500 people a day becoming infected – 90% of them in developing countries – we clearly need more innovation and collaboration and an even greater sense of urgency. UNAIDS was created to provide strong leadership and coherent, well-coordinated UN support to countries.

The need for a joint UN programme on AIDS was confirmed by a resolution of WHO's World Health Assembly in 1993 and later endorsed by the governing bodies of the other prospective cosponsors and by the Economic and Social Council of the UN. By early 1996, the six cosponsoring organizations had signed a Memorandum of Understanding to work together against AIDS and support UNAIDS.

UNAIDS is thus United Nations reform in action. It takes a unique, collaborative approach to a fundamental health and development challenge. Through UNAIDS, countries can draw on the broad expertise of the cosponsors and other UN organizations in areas such as programme development and management, women and child health, education, legal networking, demand reduction for drug use, community care initiatives, rural development and resource mobilization. The goal is an expanded response to HIV/AIDS.

## The challenge: an expanded response

AIDS is not simply a health crisis, but a social and economic crisis whose impact extends to the community, nation, and beyond, in some cases threatening entire economic systems. UNAIDS is calling for a response to the epidemic that openly recognizes these facts and builds on existing efforts to incorporate AIDS issues into existing social and economic development agendas.

There *is* encouraging news about successes in scaling back the spread of HIV and medical breakthroughs for treating people with AIDS. But more must be done to multiply these successes and strengthen the ability of individuals and communities to deal with the epidemic. An expanded response means:

- tackling the social and economic structures that leave people with few options for protection
- forging new working partnerships with all those who are in a position to do something about the causes or consequences of the epidemic: in government, with ministries of health, education, youth, defense, tourism, agriculture, planning, and legislative bodies; in wider society, with nongovernmental and community-based organizations, the private sector, religious organizations, human rights initiatives, social service networks, and people living with HIV/AIDS
- understanding and addressing the impact of the epidemic not only at an individual and community level but also at a societal level
- aiming efforts at influencing individual behaviour on the one hand and reducing individual and community risks and vulnerability on the other
- increasing people's access to technologies for prevention and to drugs needed for appropriate care and treatment.

***Peter Piot, Executive Director, UNAIDS:  
“Our task in UNAIDS is to help countries  
build on the hopeful trends we are hearing  
about, and make them materialize  
worldwide.”***



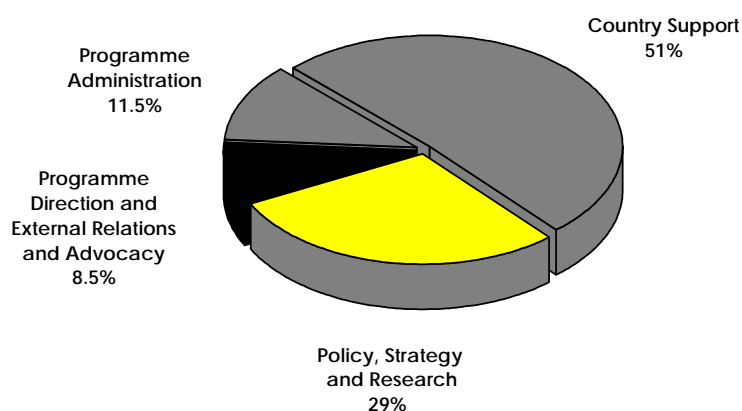
## UNAIDS at a glance

UNAIDS' main office is located in Geneva, Switzerland. In addition to its Geneva-based staff, UNAIDS is posting Country Programme Advisers in approximately 50 countries and intercountry teams in selected locations.

The multinational, multicultural professional staff of UNAIDS come from all major regions of the world; 40% are women. Many disciplines are represented, including health economics, human rights, clinical management, social science, communications and epidemiology.

UNAIDS is governed by a Programme Coordinating Board (PCB) with representatives of 22 governments from all geographic regions; government membership rotates. Also represented are the six cosponsoring organizations, and five nongovernmental organizations,

including associations of people living with HIV/AIDS – this is a first in the UN system. The PCB, which meets at least once a year, has the ultimate responsibility for all policy and budgetary matters.



*Breakdown of the US\$ 120 million UNAIDS budget for the 1996-1997 biennium*

The six cosponsors also meet as a separate committee 2-4 times a year. The Committee of Cosponsoring Organizations (CCO) makes input into policy and programme development and helps ensure that policies and guidelines developed in partnership with UNAIDS are fed back into their own work.

## Key roles of UNAIDS

Even as the epidemic expands, many countries are being forced to scale back their support for social, health and welfare activities, nationally and internationally. This gives further urgency to efforts to ensure that existing resources, both financial and technical, are used most efficiently and effectively.

UNAIDS is not a funding agency, although it will support selected activities. As a small catalytic programme with just 160 professional and support staff foreseen worldwide, UNAIDS works primarily through the UN cosponsors in countries and focuses its time and energy on the following roles.

***Policy Development and Research*** To identify, develop and be a major source of *international best practice*, that is, identifying effective and ethical policies and strategies for prevention and care, and promoting and supporting relevant research to develop new tools and approaches to HIV/AIDS.

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<b>Technical Collaboration</b>	To help government departments, community groups and others build capacity to manage their own response to the epidemic, especially in developing countries.
<b>Advocacy</b>	To speak out for a comprehensive response to HIV/AIDS that is technically, ethically and strategically sound, and is provided with adequate resources.
<b>Coordination</b>	To strengthen and streamline action by the cosponsors and other UN bodies in support of the national response to HIV/AIDS.

## UNAIDS at the global level

### Staffing and structure

With around 50 professional and 40 support staff, the UNAIDS main office in Geneva is organized into five departments.

The **Office of the Executive Director** (OED) leads and catalyses global advocacy, guides the programme, and oversees programme performance.

The **Department of Country Support** (COS) oversees support to the UN Theme Groups on HIV/AIDS in countries (described below under “UNAIDS at country level”), coordinates intercountry activities and the provision of technical support to countries, and networks with NGOs.

The **Department of Policy, Strategy and Research** (PSR), in collaboration with cosponsors and the international community working on HIV/AIDS, identifies, develops, disseminates and promotes best practices in response to the AIDS epidemic.

The **Department of External Relations** (EXR) is responsible for media relations, liaison with the PCB, fund-raising activities, coordinating the involvement of the cosponsors and other UN partners, and disseminating UNAIDS messages around the world.

The **Department of Programme Administration** (PAD) is in charge of planning for and servicing the operational needs of the technical departments, including personnel issues, and administrative relations with cosponsors.

## Global activities

At the global level, UNAIDS is the AIDS programme of its six cosponsoring organizations. Building on their work and that of the wider international community, UNAIDS works in the following areas.

**Programme development and coordination.** Through training materials and guidelines, among other things, UNAIDS helps build national capacity and skills for advocacy, fund-raising, programme planning, network development, training, monitoring and evaluation.

**Advocacy and working with decision-makers.** Advocacy involves engaging in dialogue with top political leaders, keeping the epidemic in constant public view, and speaking out frankly for AIDS approaches with an effective track record, no matter how controversial. UNAIDS systematically explores how to strengthen national and global commitment to appropriate, ethical policies and increased resources for AIDS work. It creates and takes advantage of every opportunity to influence and inform key opinion leaders and policy-makers about the need for a sustained and expanded response to the epidemic.

**Global programme monitoring.** UNAIDS, with its cosponsors, keeps track of the progress being made in responding to the epidemic in countries around the world and makes certain that this information is used for global priority setting and programme planning.

**Global HIV/AIDS surveillance.** In collaboration with WHO, UNAIDS provides updated estimates and other information on the HIV/AIDS situation and trends in the epidemic in countries and worldwide.

**Information networking.** UNAIDS takes full advantage of the information revolution by developing new and better ways to communicate both ideas and data with its own staff, cosponsors, NGOs and national partners.

**Resource mobilization.** UNAIDS works continuously to keep AIDS on the agenda of major donor countries, organizations and the private sector, and to find ways of increasing the level of funding both globally and at the country level.

**Networking with nongovernmental organizations (NGOs), community-based organizations (CBOs) and people living with HIV/AIDS.** UNAIDS helps ensure that the experiences and skills of NGOs, CBOs and people living with HIV/AIDS contribute to the development and implementation of best practices (see below).



UNAIDS solicits their advice and opinions, and assists them when possible with their own efforts.

**International best practice.** Best practices are defined as the principles, policies and strategies which, according to collective experience from around the world, are recognized to be ethically sound and effective when it comes to slowing the spread of HIV, caring for those infected, or cushioning the impact of the epidemic. To ensure that best practices do not remain confined to the localities or countries where they were developed, UNAIDS leads the effort to ensure that these innovations are discovered and shared with all countries. At the same time, UNAIDS promotes research to generate, improve on or adapt best practices.

**Research.** UNAIDS promote, supports, and facilitates international coordination of research, above all to meet the needs of developing countries. As stated above, some research is aimed at generating or contributing to the development of best practices in prevention, care and support. For example, a major multicentre project in four African countries is looking into the social, behavioural and biological factors that may explain why the epidemic has taken a dramatically different course in each of them. In biomedical research, the focus is on antiretroviral drug regimens to reduce mother-to-child transmission and above all on the two main hopes for the future – vaccines and vaginal microbicides (creams or foams that kill HIV).

**Technical collaboration.** This denotes the sharing or provision of information, skills and ideas that will enable countries and communities to build their capacity for an expanded response, apply best practices, and generally manage their own response to the epidemic. UNAIDS is using multiple channels for technical collaboration, including (a) national and global task groups to solve problems and build partnerships on priority issues; (b) networks of technical resources and expertise; (c) information exchange networks using electronic media; and (d) the provision of direct technical support in the form of missions by advisers and experts, workshops, training courses, guidelines or other materials.

## UNAIDS at country level: where partnership is power

As a small part of the global AIDS community, UNAIDS has no pretensions of going it alone. On the contrary, its whole structure and way of working are predicated on partnerships and alliances. Whether in research, or in advocacy, or in the identification of best practices,

*National governments have the primary responsibility for the response to HIV/AIDS in countries. UNAIDS' role is to strengthen the ability of countries to respond effectively to the AIDS epidemic and to coordinate the UN system's activities in support of the national response.*

the philosophy of UNAIDS is not to duplicate what others can do or do better, but to facilitate, build on and link up their activities.

Nowhere is this clearer than in the field, where UNAIDS can best be described as the sum of AIDS-related work carried out by its six cosponsors with the support of UNAIDS staff and the backing of the wider UN system.

In developing countries and in the economies in transition in central and eastern Europe, UNAIDS operates through the existing UN Resident Coordinator system. The Resident Coordinator establishes the UN Theme Group on HIV/AIDS, composed of the local heads of all UNAIDS cosponsors present in the country plus the host government, if it so wishes. This interagency group then meets regularly to coordinate and strengthen UN system support to national action against AIDS.

UNAIDS plans to have Country or Inter-Country Programme Advisers (CPAs) cover at least 90 developing countries and economies in transition. The CPA is a key staff member with the triple job of helping the Theme Group in its work, serving as the link person with the country's AIDS actors and activities as well as their source of technical support, and ensuring implementation of UNAIDS policies. In countries without a UNAIDS Country Programme Adviser, the Theme Group is expected to designate a professional staff member working for one of the cosponsors as the UNAIDS Focal Point, who then carries out similar duties with the support of Geneva and intercountry staff (see below) and CPAs in neighbouring countries.

As part of its philosophy of working in partnership, UNAIDS makes every effort to avoid duplicating mechanisms or structures that exist already. In countries, UNAIDS benefits from UNDP's administrative help, while its staff may be housed in the offices of any one of the cosponsoring agencies.

*For more information on how UNAIDS operates at the country level, see "UNAIDS in Individual Countries" in this series.*

## **UNAIDS at the intercountry level**

UNAIDS has no management structure at the regional or intercountry level. However, to help countries respond to an epidemic with cross-border causes and consequences, UNAIDS has started to set up intercountry teams of staff. Such teams will be located in West and Central Africa (Abidjan), Southern and East Africa (Pretoria), South-East Asia (Bangkok), Europe, and the Americas. Their primary role is to provide and foster technical collaboration.

UNAIDS is also forging links with the regional and headquarters offices of its six cosponsoring organizations, and is working with them to develop new regional activities (e.g. working groups to develop policy on regional issues) or support ongoing ones. For example, UNAIDS staff are being posted in the regional offices of WHO in Manila, Washington, Copenhagen, and Brazzaville; UNAIDS staff will be posted with UNICEF and UNDP in New York; and cosponsor staff from UNICEF, UNDP and UNFPA have been seconded to the UNAIDS office in Geneva.

## Aims and expectations

Leading and catalysing an expanded response to the epidemic is a tall order in a world where health systems are often incapable of delivering even palliative care let alone sophisticated antiretroviral treatment, where persistent human rights violations leave millions of people vulnerable to HIV, where fields and factories are losing skilled workers to AIDS and defence forces have HIV infection rates as high as 60%.

While maintaining a sense of realism about what can be achieved, UNAIDS is committed to its mission. Building on a modest resource base, UNAIDS pledges to be an advocate, a bridge between partners, and a catalyst for commitment to a safer world.

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For more information about the programme, please refer to other modules in the series ***Facts about UNAIDS***. As of October 1996 this series consists of the following:

- UNAIDS – an overview
- UNAIDS in individual countries
- UNAIDS – international best practice and research.