



UNAIDS/PCB(14)/03.3  
29 April 2003

## PROGRAMME COORDINATING BOARD

**Fourteenth meeting**  
**Geneva, 26-27 June 2003**

*Provisional agenda item 2:*

### UNAIDS Unified Budget and Workplan 2004–2005

#### Executive Summary

The 2004–2005 Unified Budget and Workplan (UBW) for UNAIDS was developed as a collaborative exercise during a series of intensive consultations among the cosponsoring organizations and the Secretariat. This included consultations on specific substantive issues and on regional strategies and approaches.

The 2004–2005 UBW is organized from two complementary perspectives: the UNGASS Declaration of Commitment; and the work of individual Cosponsoring Organizations and the Secretariat, as well as interagency activities. The thrust of the UBW is on implementing the decisions of the Programme Coordinating Board (PCB) following the five-year evaluation of UNAIDS. In line with those decisions, significantly increased effort and resources in the UBW are devoted to scaling up the response to HIV/AIDS at country level. More specifically, the UBW aims to:

- *further catalyse action and strengthen capacity at country level;*
- *improve the scope and quality of UN support to national partners;*
- *increase the accountability of UNAIDS at country level;*
- *strengthen capacity of countries to gather, analyse and use strategic information;*
- *expand the response of the development sector to HIV/AIDS;*
- *sustain leadership on HIV/AIDS at all levels; and*
- *forge partnerships for full implementation of the Declaration of Commitment.*

Taking into account the possibility of securing the required funding, it is proposed that the **core** budget be set at US\$250.5 million in 2004–2005. A new component of the UBW is an additional core interagency budget of US\$20 million, which would be necessary in order to fully implement the decisions of PCB. The total UBW, which includes the core budget, as well as the additional interagency core, plus cosponsoring organizations' own global/regional resources and supplemental budgets, amounts to US\$522.3 million in 2004–2005.

**Action required at this meeting**

The PCB is requested to:

- review the proposed UBW 2004–2005;
- endorse the strategies and approaches contained in the UBW 2004–2005;
- approve the core budget of US\$250.5 million and the proposed distribution of those resources among cosponsoring organizations, the Secretariat and in the interagency budget;
- approve the additional interagency core budget of US\$20 million, subject to funding availability; and
- take note of cosponsoring organizations' own resources and supplemental budgets for HIV/AIDS.

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## Section I. Overview

### 1. Introduction

The UNAIDS Unified Budget and Workplan (UBW) is a unique mechanism within the United Nations system. The UBW unites, sharpens and rationalizes the HIV/AIDS activities of eight different UN system organizations (the UNAIDS Cosponsors), as well as the UNAIDS Secretariat, which together constitute UNAIDS. A prime example of UN reform in action, the UBW enhances coordination of HIV/AIDS-related programmatic and policy issues, reduces gaps, improves the Joint Programme's strategic focus, and capitalizes on each UNAIDS Cosponsor's comparative advantage to support national responses to the epidemic. The UBW provides core resources that leverage additional resources both within and outside of the UN system.

The 2004–2005 Unified Budget and Workplan is the most ambitious ever in terms of strategic breadth and scope. It represents the latest step in the Joint Programme's efforts to ensure a coordinated approach by the UN system in the fight against HIV/AIDS. The UBW provides a strategic overview of the entire range of work of the major players in HIV/AIDS in the UN system, irrespective of funding sources, and to provide an instrument for accountability.

The UBW has four budget components. First is the **core budget** of the Joint Programme, which includes funding for: the UNAIDS Secretariat, cosponsoring organizations, and interagency activities. Funds are solicited from donors by UNAIDS to fund the core budget as a whole. This budget is 'core' because the activities are central to meeting the mandate of UNAIDS and because donors are requested to give it priority funding. The second component is an **additional core interagency budget**, which is presented for the first time identifying additional resources required to implement fully Programme Coordinating Board decisions. The third component contains information on the proposed **supplemental budgets** of the cosponsoring organizations that would be implemented once the funding for the core budget is assured. The fourth component is summary data on **global and regional** HIV/AIDS activities of each cosponsoring organization funded from that organization's own budget. In addition, estimates are also provided of the **country-level activities** of the cosponsoring organizations, although these amounts are not formally part of the Unified Budget.

As agreed among the cosponsoring organizations, the structure of the 2004–2005 budget and workplan is based on the UN General Assembly Declaration of Commitment on HIV/AIDS and has six areas:

- building capacity and leadership, including human rights
- prevention and vulnerability reduction
- care, support and treatment
- alleviating socioeconomic impact and addressing special situations
- research and development
- resources, follow-up, monitoring and evaluation

To develop the UBW for the 2004–2005 biennium, a series of consultations were held.

- *Global* consultations focused on furthering agreement on the overall strategic focus and key results for 2004–2005, as well as division of resources between and among the eight Cosponsors and Secretariat.

- *Regional* consultations identified gaps and advanced agreement on key priorities at regional level, with the associated benefit of clarifying the roles, responsibilities and comparative advantages in different regions of individual cosponsoring organizations. Regional consultations also focused attention on strategies for ensuring that regional activities add value to the national response, and that UN activities are effectively coordinated.
- *Thematic* consultations were undertaken for the first time, with the aim of reviewing achievements to date and ensuring that the 2004–2005 UBW reflects optimal strategic focus in key substantive areas of work.

In addition to contributing to better coordination of UNAIDS partners, these consultations permitted extensive peer review of the core responsibilities of each agency, as reflected in the component parts of the 2004–2005 workplan and of the UBW as a whole.

To facilitate understanding and analysis of the 2004–2005 UBW, the Joint Programme is presenting the UBW from several perspectives.

- *Section I* provides an overview of the 2004–2005 UBW.
- *Section II* summarizes how the 2004–2005 UBW advances progress towards achievement of the targets set forth in the Declaration of Commitment approved in the UN General Assembly Special Session on HIV/AIDS.
- *Section III* summarizes the UBW according to the Joint Programme's constituent parts – individual Cosponsors, the Secretariat, and interagency activities.
- *Appendix I* summarizes proposed work under specific thematic areas.
- *A listing of key results*, including those of cosponsoring organizations and the Secretariat, using resources from the core UNAIDS budget, will be made available to the PCB during the meeting.

## **2. Achievements in 2002–2003**

The 2004–2005 Unified Budget and Workplan builds upon achievements of the Joint Programme in 2002–2003. The 2002–2003 UBW represented a significant increase in funding over the previous biennium for global and regional activities by the UNAIDS Secretariat and Cosponsors. This funding has been instrumental in strengthening the UN system's response. Capitalizing on UNAIDS' unique strengths, the Joint Programme recorded important achievements in 2002–2003 at global, regional and country levels. Some of these achievements include:

***Increased global awareness on HIV/AIDS*** – The recently completed external evaluation of UNAIDS acknowledged the increased commitment and leadership on HIV/AIDS worldwide at all levels as one of the Joint Programme's greatest successes.

***Strengthened commitment and capacity of Cosponsors and the broader UN system*** – The profile of HIV/AIDS within cosponsoring organizations has grown significantly. Most cosponsoring organizations now include HIV/AIDS as a corporate priority in its own right, with dedicated staff, separate strategies, targets and indicators integrated into medium-term strategic plans. Furthermore, individual cosponsoring organizations have undertaken to act as 'convening agencies' in key substantive areas such as care and support, orphans and vulnerable children, education, injecting drug use, governance and development planning, economic impact and the world of work. In 2002, the International Labour Organization

became a Cosponsor of UNAIDS, anchoring more strongly the response to HIV/AIDS in the world of work.

***Established normative frameworks*** – The Joint Programme has helped to develop normative frameworks in a number of important areas, including education, access to care and treatment in resource-limited settings, orphans and vulnerable children, and the HIV/AIDS response in the world of work. These and similar efforts improve the quality and coherence of action at all levels.

***Effective mobilization of resources*** – Activities funded by the UBW contributed to the successful mobilization of resources from non-UN sources, as well as major increases in programmable HIV/AIDS resources of UNAIDS cosponsoring organizations.

***Helped countries access funding from the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)*** – The Joint Programme as a whole has devoted significant resources, and provided invaluable support to countries seeking to access and implement HIV/AIDS programmes using resources from the World Bank and from GFATM, an important new mechanism to generate additional resources for countries to fight HIV/AIDS. This is an area that will continue to require special attention in the coming biennium.

***Enhanced country-level capacity to respond effectively to HIV/AIDS*** – The capacity of countries to mount and sustain multisectoral responses to HIV/AIDS has continued to improve. However, the external evaluation of UNAIDS revealed a number of weaknesses in UNAIDS collaboration at country level, which the 2004–2005 UBW is designed to address in a comprehensive, long-term manner.

***Strengthened monitoring and evaluation*** – The creation of the Global AIDS Monitoring and Evaluation Support Team (GAMET) is an important milestone. Housed at the World Bank, GAMET is spearheading global efforts to harmonize diverse monitoring and evaluation efforts across the UN system and to increase capacity at country level. The Country Response Information System (CRIS) is under implementation in countries to systematically gather a wide range of national data on HIV/AIDS to respond to national, regional and global information needs.

### **3. Responding to the evolving epidemic**

By December 2002, 42 million people were living with HIV/AIDS—up from 36.1 million only two years earlier. In 2002 alone, 5 million new infections occurred and 3.1 million people died due to HIV/AIDS. With the epidemic now expanding rapidly in some of the world's most populous countries, the rate of new infections could soon increase. Unless access to care and treatment is significantly expanded in the low- and middle-income countries that account for 95% of the world's infections, most people currently living with HIV/AIDS face debilitating illness and death.

In developing the 2004–2005 UBW, the UNAIDS Secretariat and Cosponsors have been especially mindful of the central challenges posed by the epidemic at this point in time.

**Prevention of HIV transmission** continues to be the mainstay of the global HIV/AIDS response. Amplified prevention efforts (especially those buttressed by available care and treatment), a human rights-based approach and addressing stigma

and discrimination are key to achieving the ambitious UNGASS Declaration of Commitment goals.

Although UNAIDS pilot projects and other international experience have demonstrated the feasibility of the use of antiretroviral therapies in resource-limited settings, **efforts to expand access to care and treatment** in low- and middle-income countries encounter a range of obstacles, from insufficient resources to weak health-delivery infrastructure. In 2004–2005, UNAIDS and other leaders of the HIV/AIDS response will confront the challenge of significantly increasing access to effective therapies while protecting and strengthening prevention.

Responding to HIV/AIDS increasingly requires that more timely and effective strategies be developed and implemented to address the **impact of the epidemic** on different populations and sectors. The education sector, for example (an essential component of an effective response to HIV/AIDS), is being devastated in many countries by the epidemic itself. Efforts to expand care and treatment access and deliver effective prevention interventions are hampered by the loss of human capacity due to HIV/AIDS. Especially in sub-Saharan Africa and the Caribbean, the epidemic is slashing life expectancy and creating population patterns that are inconsistent with economic growth and long-term development.

In addition, responses to the epidemic must address the compounding effects of **pre-existing crises** that help perpetuate HIV/AIDS, while being worsened by the epidemic itself. This is especially apparent in Southern Africa, the region hardest hit by HIV/AIDS. The impact of chronic food shortages in parts of Africa, which impede the ability of families and communities to care for people living with HIV/AIDS, is compounded by the loss of agricultural workers caused by the epidemic, and pushes entire communities beyond their ability to cope—with disastrous consequences. The inequities experienced by women contribute to the spread of the virus. At the same time, the epidemic worsens these inequities by forcing many young girls to drop out of school to care for parents and siblings suffering from the disease. Not only are there more than 14 million children orphaned by HIV/AIDS, but their vulnerability to infection is increased by their often precarious economic and social circumstances.

Globally, **the epidemic is rapidly outpacing programmatic expansion**. Unable to keep pace with the epidemic itself, the global response to HIV/AIDS has often focused more on alleviating the epidemic's consequences than in mounting programmes that can alter the epidemic's future course. While intensifying efforts to mitigate the human and sectoral impact of the epidemic, the 2004–2005 UBW reflects the need for proactive, evidence-based approaches that anticipate, rather than react to, the epidemic. By reorienting the work of the Joint Programme towards accelerated programmatic scale-up at country level, the 2004–2005 UBW aims to enable the global response to begin to outpace the growth in the epidemic.

#### **4. Strategic orientation for 2004–2005: implementing Programme Coordinating Board decisions**

The international coalition against HIV/AIDS encompasses a broad range of actors at global, regional, country and local levels: governments, intergovernmental organizations, nongovernmental organizations, private foundations, people living with HIV/AIDS, major corporations, small businesses, community groups and



individuals. They each bring indispensable elements to the joint response to HIV/AIDS: leadership, financial and human resources and, most importantly, sustained commitment. UNAIDS is but one set of actors in this continuum. But the role of UNAIDS, as recognized by the Programme Coordinating Board, is key to the success of the overall effort.

The Programme Coordinating Board's vision of the current role of UNAIDS is clearly set forth in the 37 decisions of its December 2002 meeting, made in response to the external evaluation of UNAIDS. UNAIDS aims to implement these decisions as fully as available resources permit. The 2004–2005 UBW reflects the strategic orientation of the Joint Programme to do its part in meeting the challenge of reversing the HIV/AIDS epidemic. The aim is that, within the next two years, a substantially larger number of countries will have vibrant, evidence-informed HIV/AIDS strategies that are fully funded, well implemented, grounded in human rights, and that reflect the active participation of a broad range of actors.

To achieve this vision, the 2004–2005 Unified Budget and Workplan aims to:

- *further catalyse action and strengthen capacity at country level*, particularly in the priority areas identified by the Programme Coordinating Board: monitoring and evaluation, resource mobilization, and expansion of civil society involvement, provision of technical resources, and interventions related to security, stability and humanitarian responses;
- *improve the scope and quality of UN support to national partners*, through strengthened UN Theme Groups on AIDS, better coordination at regional level, increasing staff capacity in key areas, and development of more coordinated UN programmes in line with national priorities and objectives;
- *increase the accountability of UNAIDS at country level* through support for country-level reviews of national HIV/AIDS responses, development of joint UN programmes to support countries' responses, and having Theme Groups report annually to PCB.
- *strengthen capacity of countries to gather, analyse and use strategic information* related to the epidemic and, in particular, on progress in achieving the goals and targets of the Declaration of Commitment. This includes the Country Response Information System (CRIS), which will be operational in all countries by the end of 2005;
- *expand the response of the development sector to HIV/AIDS*, including in relation to human capacity depletion, food security, governance, orphans and vulnerable children and the impact of the epidemic on the public sector (education in particular), as well as on women and girls;
- *sustain leadership on HIV/AIDS at all levels; and*
- *forge partnerships* of political and social leaders to ensure full implementation of the Declaration of Commitment and to realize the related Millennium Development Goals.

##### **5. Size and distribution of the Unified Budget 2004–2005**

The total **core budget** for 2004–2005 is US\$250.5 million, taking into account the possibility of securing funding. This compares to US\$190 million in 2002–2003—an increase of 32%. This constitutes the continuation of very modest increases in the

budget in recent years, as compared to the substantial increases registered in the epidemic and the international response to HIV/AIDS globally.

**Figure 1**

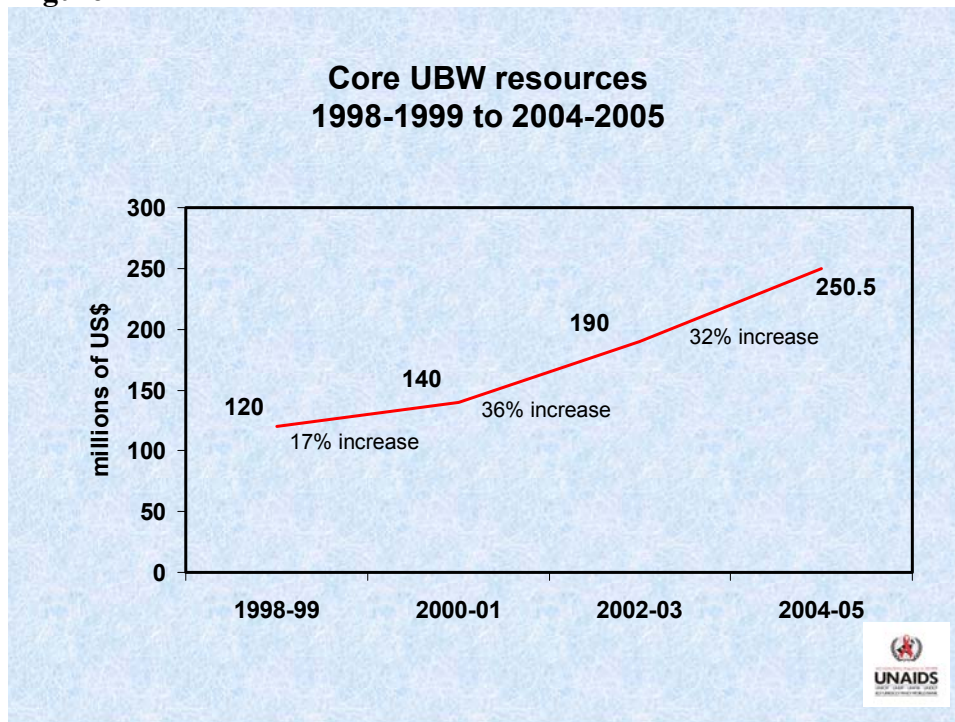
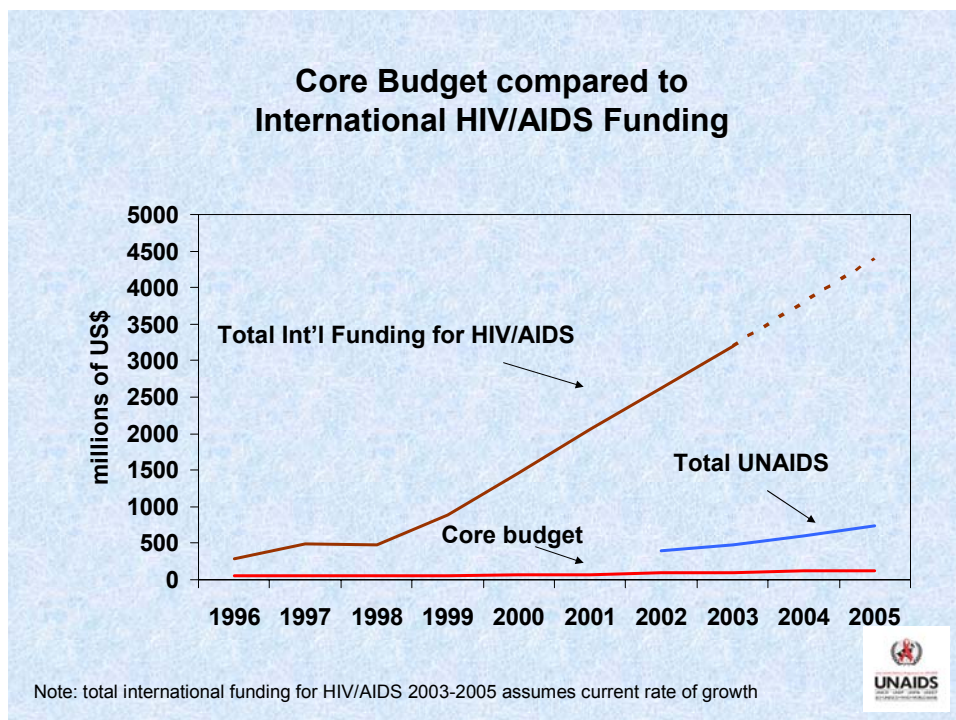


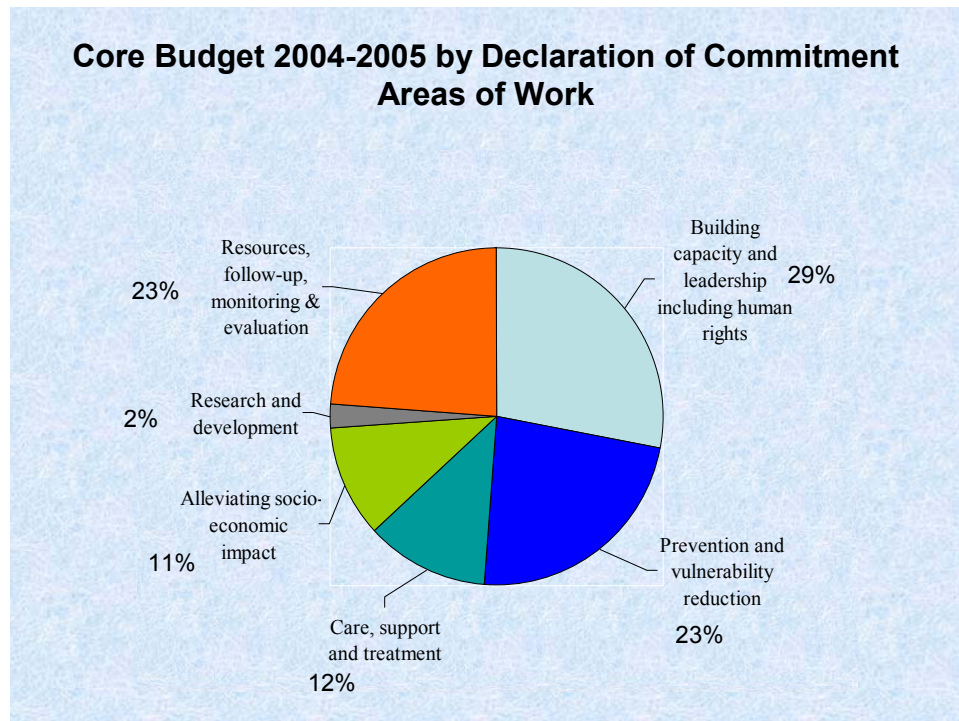
Figure 2 shows the relationship between the total international funding for HIV/AIDS, the total spending by UNAIDS (UBW plus Cosponsor country-level resources) and the core UBW.

**Figure 2**

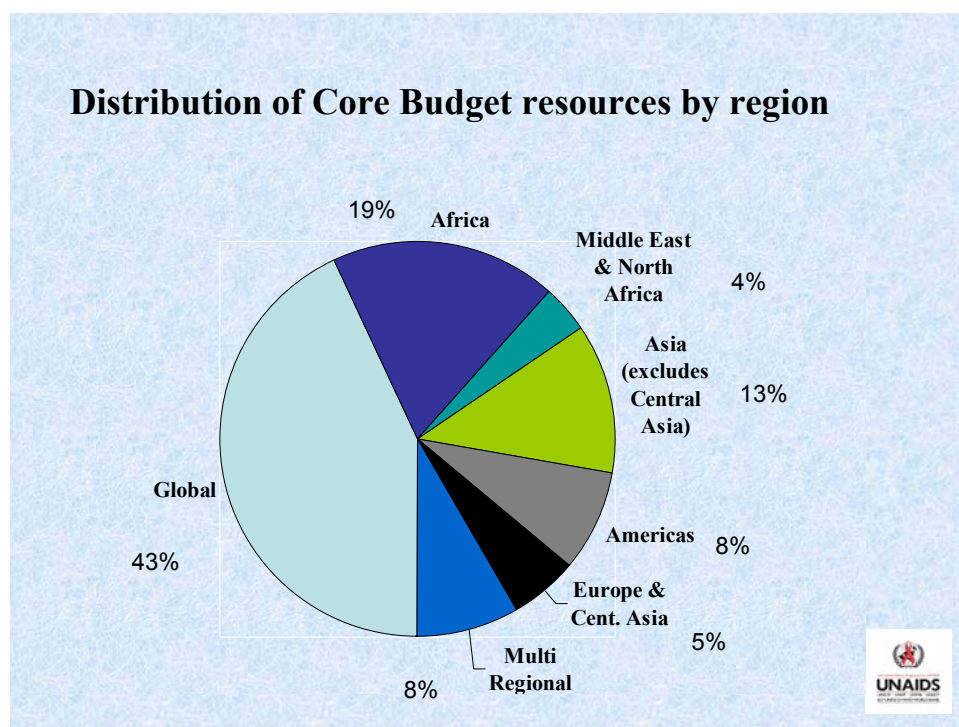


Figures 3 and 4 show the distribution of **core resources only**, by UNGASS Declaration of Commitment areas of work (according to which the UBW is structured), and by geographical area.

**Figure 3**



**Figure 4**

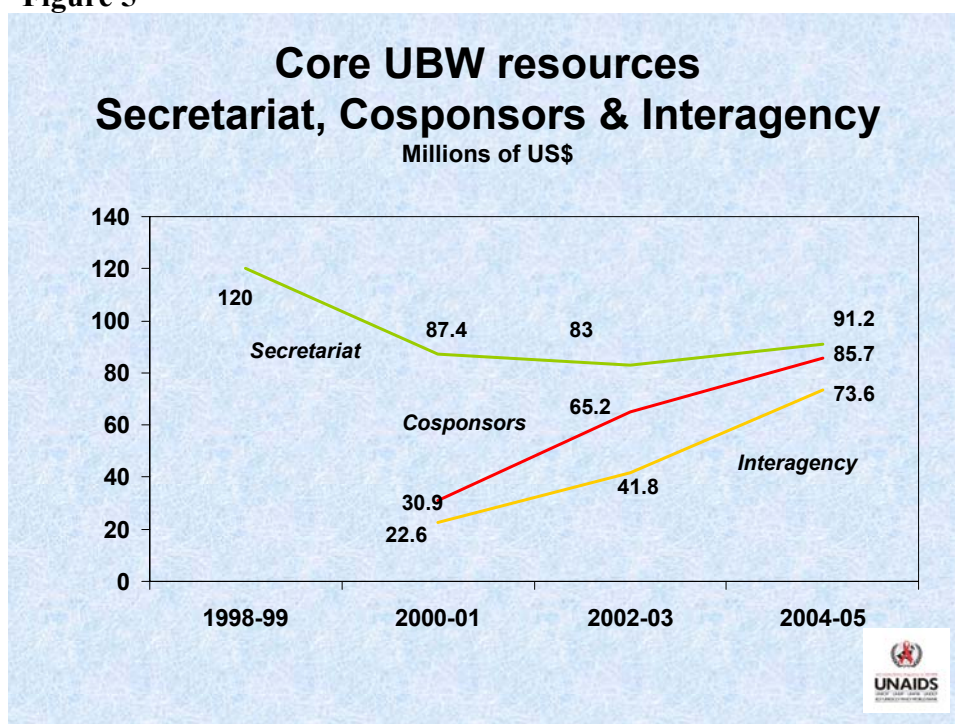


The proportion of ‘global’ resources in the core budget decreases in 2004–2005 to 43%, as compared to 55% in 2002–2003, reflecting a shift to regional and country level work. The bulk of the activities funded from these ‘global’ resources are used for purposes that support and strengthen country-level activities. It should also be

noted that the core budget distribution by geographic area does not include supplemental budgets, the additional core interagency budget, Cosponsors' own resources or country-level resources.

The increase in the core budget, as compared to the previous biennium, is mainly attributable to a major increase in the interagency budget for country-level work, which goes up US\$31.8 million (76%), as well as a significant increase in the resources for cosponsoring organizations, which increase by US\$20.5 million (31%). The funds in the budget for the UNAIDS Secretariat increase modestly, by just US\$8.2 million (10%). The proportional shares of the Secretariat, cosponsoring organizations and interagency activities show the greatest-ever degree of convergence, as illustrated below, with resources being increasingly allocated to interagency activities and cosponsoring organizations.

Figure 5



**Additional core interagency budget** – Taking into account the importance of fully implementing the decisions of the PCB, the Committee of Cosponsoring Organizations (CCO) has identified requirements for an additional US\$20 million in interagency country-level resources—above and beyond the core budget, which, as stated earlier, will receive priority in terms of resource mobilization. Those funds have been put in the category of ‘additional core interagency’ in view of an assessment of the likelihood of securing funding. Should, however, these funds be forthcoming, the Joint Programme has the capacity to implement the additional US\$20 million in interagency work to further strengthen capacity at the country level to scale up the response to HIV/AIDS. Specific deliverables would include an expansion of the following activities of the core budget (with reference also being made to the corresponding decision of the Programme Coordinating Board):

- *National resource mobilization* – enabling more countries to access and fully implement programmes funded by GFATM and the World Bank (PCB 35);

- *Country Response Information System (CRIS)* – having CRIS fully functional in all countries (PCB 12, 34);
- *Joint country reviews* – undertaking joint reviews in a greater number of programme countries (PCB 5);
- *Supporting national response* – placement in more countries of Country Coordinators/Country Programme Advisers, plus experts in monitoring and evaluation, resource mobilization and partnerships with civil society (PCB 22, 23);
- *Technical resource facilities* – establishing additional regional facilities to support countries (PCB 14);
- *Best practice* – further development and dissemination of best practices at the country level (PCB 17, 31).

As discussed, the entire Unified Budget and Workplan is composed of the core budget plus the additional core interagency and supplemental budgets, together with the resources that cosponsoring organizations themselves dedicate to HIV/AIDS work. The table below presents these four parts of the Unified Budget, by agency. The table also includes a column that shows projections by each agency of their additional spending at the country level, which is outside of the Unified Budget. The column relating to the core budget is highlighted.

**Table 1: Distribution of core, additional core interagency and supplemental UBW, and Cosponsor resources by agency (in US\$ '000)**

Agency	Unified Budget						Cosponsor agency country-level resources <sup>2</sup>	Grand total
	Core UBW <i>(a)</i>	Additional Core Inter-agency <i>(b)</i>	Supplemental <sup>1</sup> <i>(c)</i>	Cosponsor agency global/regional resources <i>(d)</i>	Total UBW <i>a + b + c + d</i>			
Secretariat	91,200	----	----	----	91,200	----	91,200	
UNICEF	16,000	----	19,000	15,000	50,000	280,000	330,000	
UNDP	9,360	----	15,640	20,000	45,000	120,000	165,000	
UNFPA	13,200	----	19,390	16,045	48,635	75,600 <sup>3</sup>	124,235	
UNODC	4,500	----	5,194	2,006	11,700	12,500	24,200	
ILO	6,500	----	7,400	5,600	19,500	14,000	33,500	
UNESCO	7,200	----	6,471	4,259	17,930	18,000	35,930	
WHO	21,500	----	58,545	26,779	106,824	98,000	204,824	
World Bank	7,410	----	9,000	21,495	37,905	200,000	237,905	
Interagency	73,600	20,000	----	----	93,600	----	93,600	
<b>Total</b>	<b>250,470</b>	<b>20,000</b>	<b>140,640</b>	<b>111,184</b>	<b>522,294</b>	<b>818,100</b>	<b>1,340,394</b>	

<sup>1</sup> The supplemental budget is for cosponsoring organizations only.

<sup>2</sup> Agency resources for HIV/AIDS at the country level are presented for information purposes only and are not included in the UBW.

<sup>3</sup> The anticipated country-level budget is US\$75.6 million, within a range of US\$70 to US\$80 million.

## **6. Monitoring, evaluation and reporting**

Implementation of the Budget and Workplan emphasizes the importance of monitoring and evaluation, both on the level of the global response, as well as of the UBW itself.

In developing their proposals for the UBW, each cosponsoring organization and the Secretariat have identified specific costed results with corresponding achievement indicators for all activities funded by the core budget. A comprehensive listing of these results is being made available to the PCB. It is against these articulated results that performance of the Unified Budget and Workplan will be monitored. This analysis will be extended to include assessment of the contributions of the Joint Programme to achievement of the objectives set forth in the UNGASS Declaration of Commitment, the United Nations System Strategic Plan on HIV/AIDS (UNSSP), and relevant Millennium Development Goals.

The Joint Programme will focus substantially greater resources in 2004–2005 on the monitoring and evaluation of the overall response to HIV/AIDS. For the first time, thanks in large measure to UNAIDS leadership under the UBW, diverse donors and stakeholders have agreed on a common framework for monitoring and evaluation of the global response to HIV/AIDS. In rationalizing global HIV/AIDS M&E efforts, UNAIDS has proceeded in two complementary directions. First, UNAIDS has led efforts to clarify and harmonize efforts by various global bodies that focus on monitoring and evaluation, specifically involving the following:

- *Cosponsor Evaluation Working Group*. This group focuses on integration of the UNAIDS evaluation framework into the evaluation efforts of individual Cosponsors.
- *UNAIDS Monitoring and Evaluation Reference Group (MERG)*. To ensure the independence of performance evaluation efforts of the Joint Programme, the MERG brings together Cosponsor evaluators with representatives of bilateral agencies and independent evaluators.
- *Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET)*. GAMET, funded through the UBW and housed at the World Bank, was established in 2002 to strengthen M&E capacity at the country level, support further harmonization of approaches to, and coordination of, technical assistance and to promote use of M&E tools in HIV/AIDS policy and programme decision-making.

In addition, the Joint Programme has strengthened its own M&E efforts through the following actions:

- *Enhanced M&E capacity of the Joint Programme*. The 2004–2005 UBW provides enhanced support to facilitate tracking resource flows, expanding CRIS and monitoring progress towards implementation of the goals of the Declaration of Commitment.
- *Country capacity for monitoring and evaluation*. The ability of the UN system to support countries in monitoring and evaluation of their HIV/AIDS programmes will be substantially increased through provision of expertise at the country level.
- *Monitoring and evaluation in specific thematic areas*. The 2004–2005 UBW enhances support to Cosponsors to strengthen monitoring and evaluation in thematic areas in which they serve as convening agency for the Joint Programme.

## Section II. Synthesis by area of work

This section contains a synthesis of the Unified Budget and Workplan by six areas of work, corresponding to the UNGASS Declaration of Commitment. The overall distribution of core resources by area of work is contained in the following table. Workplan and budget details for each of the six areas follow.

**Table 2: Distribution of UBW core resources by area of work**

Area code	Areas of work	Millions of US\$	% of total
1	<b>Building capacity and leadership, including human rights</b>	71.4	29%
2	<b>Prevention and vulnerability reduction</b>	56.8	23%
3	<b>Care, support and treatment</b>	29.3	12%
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	27.6	11%
5	<b>Research and development</b>	6.3	2%
6	<b>Resources, follow-up, monitoring and evaluation</b>	59.1	23%
	<b>Total</b>	<b>250.5</b>	<b>100%</b>

### 1. Building capacity and leadership, including human rights

#### ***Declaration of Commitment***

The Declaration of Commitment recognizes that “strong leadership at all levels of society is essential for an effective response to the epidemic.” To ensure robust leadership for an unprecedented worldwide response, the Declaration reflects global commitment to:

- strengthen national strategies, financing and programmes for HIV/AIDS and integration of such initiatives into mainstream development planning;
- accelerate global and regional responses to the epidemic;
- improve the coordination and effectiveness of the UN system in responding to HIV/AIDS; and
- ensure that measures are in place to eliminate all forms of HIV/AIDS-related discrimination, ensure the full enjoyment of all human rights by people living with, or made vulnerable by, HIV/AIDS, and advance the rights and social status of women.

#### **UNAIDS actions**

In furtherance of the objectives set forth in the Declaration of Commitment and the decisions made by the PCB, the 2004–2005 UBW reflects the following priority actions by the Secretariat and Cosponsors to promote effective leadership in the response to HIV/AIDS:

- **UNAIDS will strengthen national capacity to respond to HIV/AIDS by:**
  - *strengthening UNAIDS capacity at country level.* The 2004–2005 UBW will support UNAIDS intensification of UN system efforts at the country level, with emphasis on the most affected countries<sup>4</sup>. The Joint Programme will promote

<sup>4</sup> See PCB Decisions 11, 23.

- integration of HIV/AIDS strategies into mainstream development instruments, as well as the development and costing of national HIV/AIDS strategies<sup>5</sup>.
- *intensifying advocacy capacity at country level.* By strengthening countries' advocacy capacity, the Joint Programme will accelerate implementation and scale-up of national HIV/AIDS strategies<sup>6</sup>.
  - *increasing technical support to countries.* The 2004–2005 UBW reflects a substantial scale-up of the provision by the Secretariat and Cosponsors of technical assistance to countries and key sectors to accelerate implementation of national HIV/AIDS programmes based on best practices<sup>7</sup>.
  - *accelerating partnership cultivation and mobilization at country level.* With particular attention to people living with HIV/AIDS, civil society and key sectors, the Joint Programme will expand partnership forums at country level<sup>8</sup>.
  - *mobilizing key sectors.* In the next biennium, Cosponsors will capitalize on their comparative advantages by intensifying efforts at country level to generate the increased and sustained, expanded engagement of the education sector, the health sector, the world of work, and other key sectors<sup>9</sup>.
- **UNAIDS will accelerate global and regional responses by:**
    - *intensifying advocacy.* The Secretariat will strengthen and expand advocacy efforts towards implementing the goals of the Declaration of Commitment. The Joint Programme will also use the Millennium Development Goals as an advocacy and accountability tool to strengthen the response to HIV/AIDS<sup>10</sup>.
    - *mobilizing key actors.* The Joint Programme will increase efforts to engage leading philanthropic entities and corporations in the response to HIV/AIDS<sup>11</sup>.
    - *seizing key opportunities.* UNAIDS will continue to expand its efforts to highlight HIV/AIDS at selected global and regional intergovernmental forums, as well as at international and regional conferences.
  - **UNAIDS will improve the coordination and effectiveness of the UN system response by:**
    - *improving the accountability and effectiveness of Theme Groups.* The 2004–2005 UBW will significantly increase the Joint Programme's institutional support to Theme Groups to improve their effectiveness<sup>12</sup>.
    - *coordinating and monitoring the response.* At global, regional and country levels, coordination of UN system action on HIV/AIDS will be enhanced. Key instruments, including the Declaration of Commitment, the UBW, and the UN System Strategic Plan on HIV/AIDS, will be used to improve, accelerate and monitor the system's response.
  - **UNAIDS will protect and promote human rights by:**
    - *strengthening advocacy.* UNAIDS will build and nurture coalitions, assist in the development of anti-discrimination legislation, and focus enhanced advocacy efforts on the needs of key populations, such as young people and women.

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<sup>5</sup> See PCB Decisions 4–7.

<sup>6</sup> See PCB Decision 15.

<sup>7</sup> See PCB Decision 14.

<sup>8</sup> See PCB Decisions 5, 13, 16, 22.

<sup>9</sup> See PCB Decisions 13, 16.

<sup>10</sup> See PCB Decision 27.

<sup>11</sup> See PCB Decision 26.

<sup>12</sup> See PCB Decision 21, 24.



- *engaging people living with HIV/AIDS*. UNAIDS will significantly increase its work directly with organizations of people living with HIV/AIDS, as well as efforts to increase the capacity of diverse partners to promote and sustain effective participation by people living with HIV/AIDS<sup>13</sup>.
- *intensifying efforts to promote gender perspectives in the response to HIV/AIDS*. UNAIDS has developed data disaggregated by gender to monitor progress in implementing the goals of the Declaration of Commitment. This gender-disaggregated data, as well as other information generated through operations research, will provide a solid evidence-based advocacy tool and allow for better targeted programme interventions.

**Table 3. Summary distribution by agency/programme on building capacity and leadership, including human rights**

Agency	Core UBW	Additional Core Interagency	Supplemental UBW	Cosponsor UBW	Total UBW
ILO	3,570,000		1,470,000	1,630,000	6,670,000
Interagency	16,000,000	1,000,000	0	0	17,000,000
Secretariat	31,500,000		0	0	31,500,000
UNDP	4,212,000		7,038,000	9,000,000	20,250,000
UNESCO	1,790,000		1,915,000	1,360,000	5,065,000
UNFPA	1,340,000		0	1,539,000	2,879,000
UNICEF	4,325,000		2,750,000	2,550,000	9,625,000
UNODC	1,480,000		1,372,000	568,000	3,420,000
WHO	4,150,000		2,234,000	4,600,000	10,984,000
World Bank	3,036,500		4,575,000	8,082,000	15,693,500
<b>Grand total</b>	<b>71,403,500</b>	<b>1,000,000</b>	<b>21,354,000</b>	<b>29,329,000</b>	<b>123,086,500</b>

## 2. Prevention and vulnerability reduction

### *Declaration of Commitment*

“Prevention must be the mainstay of our response,” according to the Declaration of Commitment. Through clear, time-bound targets, the Declaration commits the global community to: a strengthening and acceleration of efforts to prevent new infections (with particular attention to young people, newborns, migrants and mobile workers); implementation of universal precautions in health-care settings; and the promotion of effective prevention in the world of work. The Declaration also urges implementation of strategies to reduce the vulnerability that increases HIV risk and/or exacerbates the epidemic’s impact on individuals, families and communities. In particular, the Declaration calls for intensified action to reduce the vulnerability of women and adolescent girls to HIV/AIDS.

<sup>13</sup> See PCB Decision 28.

**UNAIDS actions**

In furtherance of the objectives set forth in the Declaration of Commitment and the decisions made by the PCB, the 2004–2005 UBW reflects the following priority actions by the Secretariat and Cosponsors to promote effective HIV prevention, and reduction in the vulnerability of individuals and groups:

- *UNAIDS will promote the scaling-up of effective prevention programmes for **young people**, and thereby advance the youth-specific targets set forth in the Declaration of Commitment, by:*
  - *enhancing national capacity.* All component parts of the Joint Programme will collaborate in substantially strengthened efforts to enhance national capacity for youth-focused peer education, life-skills programmes, voluntary counselling and testing and other proven interventions<sup>14</sup>.
  - *enhancing its advocacy efforts.* High-level, sustained advocacy and mobilization of young people, civil society and other partners will contribute to the development of social and political environments that are conducive to effective prevention for young people<sup>15</sup>.
  - *promoting best practices.* Through publications, dissemination of best practices, curriculum development, and direct technical support, UNAIDS will promote clarity and consensus on effective HIV prevention programmes and strategies for young people<sup>16</sup>.
  - *monitoring and evaluation.* In 2004–2005, UNAIDS will build on current accomplishments and strengthen its efforts to track epidemiological and behavioural trends among young people, to enhance national efforts to use this information to design programmes and outreach strategies, and to evaluate interventions and strategies<sup>17</sup>.
- *UNAIDS will significantly enhance use of the **workplace** to promote HIV prevention by:*
  - providing additional resources to strengthen the capacity of employers, workers and their associations, and governments to implement and expand workplace prevention programmes<sup>18</sup>; and
  - enhancing organizational capacity and implementing a system-wide HIV/AIDS learning strategy to increase the UN system's ability to address HIV/AIDS-related workplace issues and enhance its programmatic competence to respond effectively to the epidemic.
- *UNAIDS will significantly enhance access to, and consistent use of, **condoms** (male and female) as one of the methods of preventing HIV transmission by:*
  - strengthening advocacy at global, regional and national levels to increase high-level commitment to effective condom programming among key stakeholders in the development of national policies, strategies and plans for HIV/AIDS prevention and care<sup>19</sup>. Special advocacy efforts, in tandem with other approaches, will seek to increase condom use among sexually active young people.

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<sup>14</sup> See PCB Decision 23.

<sup>15</sup> See PCB Decision 15.

<sup>16</sup> See PCB Decisions 14, 17, 31.

<sup>17</sup> See PCB Decisions 2, 22, 26.

<sup>18</sup> See PCB Decision 23.

<sup>19</sup> See PCB Decision 15.

- promoting best practices. The 2004–2005 UBW will support the introduction and dissemination of technical tools (e.g., needs forecasts, rapid needs assessment, logistics management systems) to strengthen condom programming, and for targeted interventions and approaches such as social marketing and national adoption and implementation of 100%-condom-use policies and programmes<sup>20</sup>.
- *UNAIDS will contribute to a significant reduction in the vulnerability of women and girls to HIV/AIDS by:*
  - providing gender-disaggregated data on epidemic trends and HIV/AIDS impact, support for culturally-specific awareness-raising efforts and information materials; and
  - factoring the gender perspective into preventative and impact mitigation strategies in education, health-care services and social support, and targeting interventions by gender, especially to vulnerable groups such as injecting drug users (IDUs) and sex workers.
- *UNAIDS will contribute to a significant reduction in the proportion of infants infected with HIV by:*
  - *scaling up programmes.* Through advocacy, dissemination of best practices, and extensive technical support to countries, the Joint Programme will contribute to the scaling-up of programmes to prevent mother-to-child transmission<sup>21</sup>.
  - *promoting safe breastfeeding practices.* In 2004–2005, UNAIDS will increase efforts to monitor breastfeeding practices and to advocate research to identify effective interventions for reducing the risk of transmission through breastfeeding.
- *UNAIDS will promote other prevention goals of the Declaration of Commitment by:*
  - assisting in the development and implementation of national strategies that address the spread of HIV among national uniformed services, including armed forces and civil defence forces; and
  - devoting substantially more attention to assisting countries in implementing and scaling up universal precautions in health-care settings.
- *UNAIDS will help reduce the special vulnerability of particular populations by:*
  - developing, through advocacy and coalition-building, the political and social support for policies to reduce the vulnerability of individuals and groups to HIV/AIDS, including injecting drug users, men who have sex with men, mobile populations, and sex workers<sup>22</sup>;
  - contributing to the scaling-up of prevention programmes that address the special needs of highly vulnerable populations, by disseminating best practices and providing direct technical support to countries;
  - expanding programming capacity to implement and scale up drug treatment and comprehensive HIV prevention services for injecting drug users<sup>23</sup>; and
  - supporting efforts to raise the awareness of young people in key regions to the risk of HIV transmission via injecting drug use.

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<sup>20</sup> See PCB Decisions 14, 17, 31.

<sup>21</sup> See PCB Decision 23.

<sup>22</sup> See PCB Decision 15.

<sup>23</sup> See PCB Decision 23.

**Table 4. Summary distribution by agency/programme area on prevention and vulnerability reduction**

Agency	Core UBW	Additional Core Interagency	Supplemental UBW	Cosponsor UBW	Total UBW
ILO	920,000		2,000,000	1,400,000	4,320,000
Interagency	13,000,000	2,200,000	0	0	15,200,000
Secretariat	10,900,000		0	0	10,900,000
UNDP	1,957,000		3,228,000	4,112,750	9,297,750
UNESCO	2,645,000		2,470,500	1,649,000	6,764,500
UNFPA	10,960,000		18,290,000	12,306,000	41,556,000
UNICEF	8,835,000		8,450,000	6,117,500	23,402,500
UNODC	2,680,000		3,154,000	1,136,000	6,970,000
WHO	4,925,000		18,355,000	6,809,000	30,089,000
World Bank	0		0	2,500,000	2,500,000
<b>Grand total</b>	<b>56,822,000</b>	<b>2,200,000</b>	<b>55,947,500</b>	<b>36,030,250</b>	<b>150,999,750</b>

### 3. Care, support and treatment

#### *Declaration of Commitment*

The Declaration of Commitment recognizes care, treatment and support as fundamental elements of an effective response to the epidemic. The Declaration commits countries to the adoption and implementation of comprehensive care strategies, including the provision of antiretroviral drugs and needed psychosocial care for individuals, families and communities affected by HIV/AIDS.

#### UNAIDS actions

In furtherance of the objectives set forth in the Declaration of Commitment and the decisions made by the PCB, the 2004–2005 UBW reflects the following priority actions by the Secretariat and Cosponsors to increase access to care, support and treatment:

- *UNAIDS will aggressively **advocate** policies, programmes and strategies to scale up access to comprehensive care, support and treatment, including ARVs, prevention and treatment of opportunistic infections, and palliative care, by:*
  - significantly increasing advocacy at country level to encourage governments to integrate care, support and treatment into national HIV/AIDS strategies and to implement such policies<sup>24</sup>;
  - strengthening advocacy to encourage adoption of workplace policies to provide needed care, support and treatment to HIV-infected workers and their families; and
  - devoting substantially more attention to global efforts to purchase and distribute ARVs and other HIV/AIDS therapies in resource-limited settings,

<sup>24</sup> See PCB Decision 15.

to strengthen and expand national health-care delivery capacity, and to further lower drug prices.

- *UNAIDS will **enhance country-level capacity to scale up comprehensive care, support and treatment programmes** by:*
  - providing extensive guidance and technical assistance to increase national capacity for the rational selection, purchase and use of ARVs and other HIV/AIDS treatments;
  - assisting countries in overcoming impediments to the expansion of treatment programmes<sup>25</sup>;
  - providing normative leadership through the development and dissemination of relevant norms, guidelines and standards to facilitate programmatic expansion, as new treatments emerge and operational issues evolve<sup>26</sup>;
  - helping to establish technical resource networks to facilitate increased access to treatment; and
  - establishing subregional partnerships to accelerate access to care, support and treatment<sup>27</sup>.
  
- *UNAIDS will effectively **mobilize resources** for the expansion of care, support and treatment programmes by:*
  - placing strong emphasis on the need to scale up access to care, support and treatment, in its global efforts to mobilize substantially greater resources for HIV/AIDS;
  - providing extensive technical assistance to countries in the development of proposals for HIV/AIDS care, support and treatment to the GFATM and international development banks<sup>28</sup>; and
  - increasing its financial assistance to countries for the scale-up of care, support and treatment programmes, primarily through the World Bank.

**Table 5. Summary distribution by agency/programme on care, support and treatment**

Agency	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
ILO	450,000	860,000	530,000	1,840,000
Interagency	11,000,000	0	0	11,000,000
Secretariat	9,700,000	0	0	9,700,000
UNDP	383,000	682,000	887,250	1,952,250
UNICEF	900,000	1,660,000	300,000	2,860,000
WHO	6,735,000	19,282,600	8,800,400	34,818,000
World Bank	150,000	0	2,800,000	2,950,000
<b>Grand total</b>	<b>29,318,000</b>	<b>22,484,600</b>	<b>13,317,650</b>	<b>65,120,250</b>

<sup>25</sup> See PCB Decisions 14, 17, 31.

<sup>26</sup> See PCB Decision 32.

<sup>27</sup> See PCB Decision 26.

<sup>28</sup> See PCB Decisions 2, 22.

#### 4. Alleviating socioeconomic impact and addressing special situations

##### ***Declaration of Commitment***

The Declaration of Commitment recognizes that diminishing the epidemic's socioeconomic impact requires investment in sustainable development, as well as shorter-term interventions to address the acute needs of populations particularly affected by HIV/AIDS. The Declaration commits the global community to:

- evaluating and addressing, through multisectoral strategies, the social and economic impact of HIV/AIDS;
- developing and implementing national policies and strategies that provide a supportive environment to children orphaned and made vulnerable by HIV/AIDS and that prevents discrimination against, and promotes de-stigmatization of, such vulnerable children;
- relieving the epidemic's impact on women and girls; and
- effectively addressing special situations, such as emergency situations and HIV/AIDS among peacekeepers and national uniformed services.

##### **UNAIDS actions**

In furtherance of the objectives set forth in the Declaration of Commitment and the decisions made by the PCB, the 2004–2005 UBW reflects the following priority actions by the Secretariat and Cosponsors to alleviate the epidemic's social and economic increase and address special circumstances:

- ***UNAIDS will mitigate the epidemic's impact by:***
  - *addressing the issue of children orphaned and made vulnerable by HIV/AIDS.* The Joint Programme will substantially strengthen policy guidance and technical assistance to help countries bring child-support programmes to scale, with particular focus on the need for rapid scale-up in sub-Saharan Africa. Sustained advocacy and improved situation analyses will strengthen UNAIDS' efforts to protect the world's children from the effects of the epidemic.
  - *focusing on women and girls.* UNAIDS will advocate increased attention to the needs of girls and women, who are seen as most vulnerable to the impact of the epidemic. It will support resource mobilization and programming for actions that aim to provide girls and women with better livelihood options, including sustained school enrolment, legal protection, workplace security, and social and health services that cater to their specific needs. It will also support activities that strengthen the resilience of women and their ability to take action to protect the health and livelihoods of their families.
  - *mobilizing the workforce.* The Joint Programme in 2004–2005 will assist stakeholders in implementing best workplace practices, including reasonable accommodations for workers living with HIV/AIDS.
  - *strengthening the education sector.* The Joint Programme will undertake significantly enhanced efforts to fortify education sectors against the epidemic's impact and to encourage advance sectoral planning in regions where the epidemic is emerging.

- *development planning.* The Joint Programme will help integrate HIV/AIDS into mainstream development planning instruments<sup>29</sup>.
  - *mitigating economic impact.* The Joint Programme will enhance its evaluation of the socioeconomic impact of HIV/AIDS, increase the regional knowledge base on the economics of HIV/AIDS through analysis, workshops and policy consultations, and develop new economic tools.
  - *undertaking data collection and analysis.* The Joint Programme will significantly enhance its collection, analysis and dissemination of data in 2004–2005, regarding the epidemic’s impact, with particular emphasis on the impact on populations and key sectors. HIV/AIDS policies and programmes will be based on sound economic analysis of country needs and responses<sup>30</sup>.
- *UNAIDS will strengthen the response to special circumstances by:*
    - ensuring that strategies and capacities are in place to respond to HIV/AIDS among national military services and UN-sanctioned peacekeepers; and
    - promoting the integration of HIV/AIDS into the international response to humanitarian emergencies through a coherent UN-wide institutional approach to humanitarian and post-crisis assistance<sup>31</sup>.

**Table 6. Summary distribution by agency/programme on alleviating socio-economic impact and addressing special situations**

Agency	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
ILO	1,180,000	2,450,000	1,600,000	5,230,000
Interagency	11,000,000	0	0	11,000,000
Secretariat	8,800,000	0	0	8,800,000
UNDP	1,872,000	3,128,000	4,000,000	9,000,000
UNESCO	1,330,000	575,000	635,000	2,540,000
UNFPA	650,000	1,100,000	800,000	2,550,000
UNICEF	1,350,000	3,060,000	5,682,500	10,092,500
WHO	230,000	1,500,000	250,000	1,980,000
World Bank	1,125,000	1,200,000	2,000,000	4,325,000
<b>Grand total</b>	<b>27,537,000</b>	<b>13,013,000</b>	<b>14,967,500</b>	<b>55,517,500</b>

## 5. Research and development

### *Declaration of Commitment*

In the absence of a cure for HIV/AIDS, the Declaration of Commitment recognizes that strengthened research and development is crucial to the global response to the epidemic. The Declaration commits the global community to increasing investments in HIV/AIDS-related research and development, enhancing development of national and international research infrastructures, and carrying out independent ethical evaluations of all research protocols.

<sup>29</sup> See PCB Decisions 4–7.

<sup>30</sup> See PCB Decision 33.

<sup>31</sup> See PCB Decisions 18, 19.

**UNAIDS actions**

In furtherance of the objectives set forth in the Declaration of Commitment and the decisions made by the PCB, the 2004–2005 UBW reflects the following priority actions by the Secretariat and Cosponsors to strengthen and accelerate HIV/AIDS-related research and development:

- **UNAIDS will strengthen and accelerate HIV/AIDS research and development by:**
  - developing evidence-based approaches and guidelines for measuring and mitigating the epidemic's impact;
  - strengthening global and national advocacy to accelerate research on HIV/AIDS vaccines, microbicides, therapeutics and other interventions;
  - maintaining and strengthening its global leadership on estimates and up-to-date analysis of the status, trends and impact of the epidemic;
  - providing substantial assistance to countries to increase their capacity to undertake, host and oversee HIV/AIDS clinical trials, social and behavioural research, and related research activities (with particular efforts being made to enhance HIV/AIDS research capacity in five Asian countries<sup>32</sup>);
  - enhancing its own collection and analysis of data, with particular emphasis on key sectors where UNAIDS Cosponsors have a comparative advantage; and
  - increasing its capacity to produce estimates of HIV/AIDS levels and impact, including those on specific populations such as young people, orphans, women, IDUs, sex workers and men who have sex with men<sup>33</sup>.

**Table 7. Summary distribution by agency/programme on research and development**

Agency	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
ILO	160,000	300,000	280,000	740,000
Interagency	600,000	0	0	600,000
Secretariat	300,000	0	0	300,000
UNESCO	1,135,000	1,410,000	535,000	3,080,000
UNODC	300,000	626,000	284,000	1,210,000
WHO	3,180,000	9,798,000	2,542,000	15,520,000
World Bank	5,90,000	500,000	2,313,500	3,403,500
<b>Grand total</b>	<b>6,265,000</b>	<b>12,634,000</b>	<b>5,954,500</b>	<b>24,853,500</b>

**6. Resources, follow-up, monitoring and evaluation**

***Declaration of Commitment***

The Declaration of Commitment envisions a dramatic and sustained increase in resources to fight HIV/AIDS. The Declaration calls on the global community to mobilize, by 2005, annual expenditures on HIV/AIDS in low- and middle-income countries of between US\$7 billion and US\$10 billion, drawing on multiple sources. To further the extraordinary resource mobilization required by the global epidemic, the Declaration endorses establishment of a global health fund and the launching of a global fundraising drive. The Declaration also calls for development and implementation of appropriate mechanisms to monitor and assess progress in implementing the commitments set forth in the Declaration.

<sup>32</sup> See PCB Decision 30.

<sup>33</sup> See PCB Decision 33.



**UNAIDS actions**

In furtherance of the objectives set forth in the Declaration of Commitment and the decisions made by the PCB, the 2004–2005 UBW reflects the following priority actions by the Secretariat and Cosponsors to mobilize sufficient resources and ensure appropriate follow-up, monitoring and evaluation:

- *UNAIDS will **mobilize unprecedented resources** for the response to HIV/AIDS by:*
  - targeting key current and potential donors and working in concert with multiple partners to significantly increase the level of resources available for scaling-up of HIV/AIDS programmes at country level<sup>34</sup>;
  - providing extensive assistance to countries to prepare proposals for financial support from the GFATM, bilateral agencies, and other key donors<sup>35</sup>;
  - strongly encouraging affected countries to increase their domestic outlays for HIV/AIDS programmes;
  - helping countries attract HIV/AIDS resources by assisting them in integrating HIV/AIDS strategies into mainstream development planning instruments<sup>36</sup>; and
  - capitalizing on the comparative advantage of particular Cosponsors to target strengthened and sustained attention on key sectors (such as industry and the philanthropic community) to encourage greater financial support to HIV/AIDS programmes at country level.
  
- *UNAIDS will collaborate with other partners in **maximizing the impact of resources** for HIV/AIDS by:*
  - working with bilateral partners, the GFATM, foundations and NGOs to help maximize the coordination and synergistic impact of different funding mechanisms, with the goal of closing key resource gaps;
  - providing extensive technical support to the GFATM to ensure the success and growth of this important new source of funding for essential HIV/AIDS programmes at country level; and
  - providing extensive technical support to countries to improve access to funding and to ensure rapid and effective implementation of projects approved by the GFATM.
  
- *UNAIDS (primarily UNFPA with the Secretariat) will increase its organizational capacity to **track resource flows** and projected needs on an ongoing basis and to broadly disseminate such findings, in order to increase global accountability and to spur greater global action to finance essential HIV/AIDS programmes.*
  
- *UNAIDS will promote effective **monitoring and evaluation** by:*
  - effectively monitoring and reporting on implementation of the Declaration of Commitment's goals through enhanced capacity and targeted work with countries and the establishment of agreed indicators;
  - substantially strengthening the global community's capacity to monitor the epidemic and to evaluate programmatic responses, through the Global AIDS

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<sup>34</sup> See PCB Decision 35.

<sup>35</sup> See PCB Decisions 2, 22.

<sup>36</sup> See PCB Decisions 4-7.

- Monitoring and Evaluation Support Team (GAMET), optimal use of reference groups, and enhanced collaboration with other partners;
- accelerating its leadership in sharing and harmonizing the M&E efforts of various donors and actors to enhance global consensus on key findings, strategies and action steps<sup>37</sup>;
  - facilitating and accelerating cross-country sharing of experiences and perspectives to enhance M&E capacity at country level;
  - collaborating with the Cosponsors in the implementation of a substantially strengthened effort to build and maintain M&E capacity at country level<sup>38</sup>;
  - expanding the Country Response Information System (CRIS) and other data sources to enhance the knowledge base on national responses to HIV/AIDS, help identify gaps requiring follow-up actions, and increase programmatic accountability<sup>39</sup>;
  - accelerating implementation of second generation HIV/AIDS/STI surveillance;
  - enhancing M&E for key sectors: capitalizing on their comparative advantages, individual Cosponsors will promote and accelerate effective M&E in key sectors affected by the epidemic;
  - enhancing M&E for key populations: capitalizing on their comparative advantage, individual Cosponsors will promote and accelerate effective M&E of interventions targeting key populations—including, but not limited to, young people;
  - assessing Cosponsor responses: Cosponsors will individually review, on an ongoing basis, their own contribution to the response to HIV/AIDS, specifically as it relates to the Declaration of Commitment and the Millennium Development Goals; and
  - pursuing strategies to increase the usefulness of the UBW as a management tool for the Joint Programme<sup>40</sup>.

**Table 8. Summary distribution by agency/programme on resources, follow-up, monitoring and evaluation**

Agency	Core UBW	Additional Core Interagency	Supplemental UBW	Cosponsor UBW	Total UBW
ILO	220,000		320,000	160,000	700,000
Interagency	22,000,000	16,800,000	0	0	38,800,000
Secretariat	30,000,000		0	0	30,000,000
UNDP	936,000		1,564,000	2,000,000	4,500,000
UNESCO	300,000		100,000	80,000	480,000
UNFPA	250,000		0	1,400,000	1,650,000
UNICEF	590,000		3,080,000	350,000	4,020,000
UNODC	40,000		42,000	18,000	100,000
WHO	2,280,000		7,375,000	3,777,500	13,432,500
World Bank	2,508,500		2,725,000	3,799,500	9,033,000
<b>Grand total</b>	<b>59,124,500</b>	<b>16,800,000</b>	<b>15,206,000</b>	<b>11,585,000</b>	<b>102,715,500</b>

<sup>37</sup> See PCB Decision 29.

<sup>38</sup> See PCB Decision 2, 22, 26.

<sup>39</sup> See PCB Decision 12.

<sup>40</sup> See PCB Decision 36.

### Section III. Priorities and resource allocation by agency

This section clarifies roles, responsibilities and priorities of the constituent parts of the Joint Programme (i.e., Secretariat and individual Cosponsors) during the next biennium, as well as interagency activities. Table 9 provides an overview of Cosponsor, UNAIDS Secretariat and interagency budgets by region.

**Table 9. Distribution of unified budget core resources by global and regional management units (in US\$ '000)**

	Africa	Middle East/ N. Africa	Asia and Pacific*	Americas	Europe & Cent. Asia*	Multi-regional	Regional total	Global total	Total
<b>Secretariat</b>	9,445	2,157	4,381	4,355	1,528	0	21,866	69,334	<b>91,200</b>
<b>UNICEF</b>	3,450	920	3,540	1,570	1,520	0	11,000	5,000	<b>16,000</b>
<b>UNDP</b>	3,150	500	1,630	600	600	0	6,480	2,880	<b>9,360</b>
<b>UNFPA</b>	1,700	325	1,850	800	525	5,360	10,560	2,640	<b>13,200</b>
<b>UNODC</b>	240	160	970	480	970	0	2,820	1,680	<b>4,500</b>
<b>ILO</b>	1,300	350	1,150	800	900	0	4,500	2,000	<b>6,500</b>
<b>UNESCO</b>	1,450	331	479	500	410	300	3,470	3,730	<b>7,200</b>
<b>WHO</b>	2,500	775	2,250	775	1,000	0	7,300	14,200	<b>21,500</b>
<b>World Bank</b>	1,300	100	725	250	315	0	2,690	4,720	<b>7,410</b>
<b>Interagency</b>	22,400	3,870	14,015	10,620	5,595	15,500	72,000	1,600	<b>73,600</b>
<b>Total</b>	<b>46,935</b>	<b>9,488</b>	<b>30,990</b>	<b>20,750</b>	<b>13,363</b>	<b>21,160</b>	<b>142,686</b>	<b>107,784</b>	<b>250,470</b>

\*The column for Asia excludes Central Asia, which is included in the column for Europe and Central Asia

#### 1. United Nations Children's Fund

**Background.** HIV/AIDS is one of UNICEF's five priority areas in its Mid-Term Strategic Plan (2002–2005), based on a recognition both of the magnitude of the epidemic's threat to children and of the existence of effective interventions to reverse the epidemic and provide care and support to those who are affected.

**Objectives for 2004–2005.** Under its Mid-Term Strategic Plan (MTSP), UNICEF will intensify its advocacy and programming efforts at global, regional and country levels to ensure the achievement of the following objectives:

- *Strategic Plans.* By 2005, ensure that all UNICEF country programmes have a strong situation analysis of the HIV/AIDS epidemic, including its actual and potential impacts on children and young people, and have in place country programme strategies to respond to HIV and AIDS;
- *Prevention in young people.* By 2005, ensure that national policies and strategies have been approved and that action plans are being implemented to reduce the risk to, and vulnerability of, young people, with special attention to the vulnerability of young girls and the involvement of male adolescents in prevention of HIV infection, in countries with emerging, concentrated and generalized epidemics;
- *Prevention of transmission of HIV to pregnant women, mothers and their children (PMTCT).* By 2005, ensure that national policies, strategies and action plans are being implemented to prevent parent-to-child transmission of HIV in all countries affected by HIV/AIDS; and

- *Orphans and other children made vulnerable by HIV/AIDS (OVC)*. By 2005, ensure that national policies, strategies and action plans are developed and implemented to ensure protection and care for children orphaned or made vulnerable by HIV/AIDS in all affected countries.

**Priority Work Areas for 2004–2005.** In furtherance of these objectives and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support UNICEF’s work in the following priority areas:

- *Technical support and programme guidance* to scale up national programmes in PMTCT, OVC, prevention in young people, and care and support, with emphasis on a minimum of 25 countries.
- *Building and strengthening partnerships* at global, regional, national and community levels to support programming activities.
- *Strengthening advocacy and communication strategies* to mobilize high-level commitment on HIV/AIDS from leaders in different regions.
- *Launching a global advocacy and communication strategy* focused on HIV prevention and young people’s ‘right to know’ the facts about HIV/AIDS. This strategy and campaign will be developed and launched together with partners.
- Continuing its pivotal role, together with partners, in *data collection and monitoring* in the areas of children orphaned by AIDS, and behavioural data on young people.
- *Documenting best practices* regarding what works and what does not, with particular emphasis on children orphaned or made vulnerable by HIV/AIDS.
- *Strengthening UNICEF’s role as convening agency* within the UN system on children orphaned or made vulnerable by HIV/AIDS, including data collection, monitoring and partnership development.
- *Evaluation* of prevention programmes for young people to assess the impact of ‘right to know’ strategies and life-skills education on young people’s HIV/AIDS risk and vulnerability.
- *Providing intellectual leadership, advocacy and services around the supply of key HIV/AIDS commodities* to expand options and access to HIV/AIDS-related products, in collaboration, where appropriate, with the Drug Access Initiative and the GFATM.
- *Strengthening policies on HIV/AIDS in the workplace* and ensuring that all UNICEF staff are trained in the ‘Caring for Us’ policies.
- *Advocating increased funding for HIV/AIDS* at global and national levels so that sufficient funding reaches the ground, where most services are provided and where needs are greatest. Within its own resources, UNICEF will strive to reach its target of US\$200 million annual expenditure on HIV/AIDS programming, 85% of which will be at country level.

Region	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
Global	5,000,000	9,475,000	2,300,000	16,775,000
Sub-Saharan Africa	3,450,000	2,940,000	700,000	7,090,000
Middle East and North Africa	920,000	0	85,000	1,005,000
Asia and the Pacific	3,540,000	3,075,000	650,000	7,265,000
Europe and Central Asia	1,520,000	1,000,000	0	2,520,000
Americas	1,570,000	530,000	0	2,100,000
Multiregional	0	1,980,000	11,265,000	13,245,000
<b>Grand total</b>	<b>16,000,000</b>	<b>19,000,000</b>	<b>15,000,000</b>	<b>50,000,000</b>

Area code	Areas of work	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
1	Building capacity and leadership including human rights	4,325,000	2,750,000	2,550,000	9,625,000
2	Prevention and vulnerability reduction	8,835,000	8,450,000	6,117,500	23,402,500
3	Care, support and treatment	900,000	1,660,000	300,000	2,860,000
4	Alleviating socioeconomic impact and addressing special situations	1,350,000	3,060,000	5,682,500	10,092,500
6	Resources, follow-up, monitoring and evaluation	590,000	3,080,000	350,000	4,020,000
<b>Grand total</b>		<b>16,000,000</b>	<b>19,000,000</b>	<b>15,000,000</b>	<b>50,000,000</b>

## 2. United Nations Development Programme

**Background.** UNDP contributes to an enabling policy and resource environment for achievement of the goals set forth in the Declaration of Commitment. Touchstones for UNDP's work on HIV/AIDS include *empowerment* through sustainable development and development planning; a *country-centred* approach; *leadership development* and transformation; *community processes* to empower communities to take effective action; *increasing understanding* of the epidemic and its complexities; *enrolling arts and media* in helping strengthen the response to HIV/AIDS; and serving as *convening agency* for UNAIDS on governance and development planning.

**Objectives for 2004–2005.** Spanning the full array of activities and sectors that determine the response to HIV/AIDS, UNDP's objectives in the next biennium are coterminous with objectives set forth in the Declaration of Commitment.

- *Leadership.* Provide and encourage effective *leadership* on HIV/AIDS, including a respect for human rights.
- *Prevention and vulnerability reduction.* Accelerate action to reduce the number of new HIV infections and reduce the vulnerability of groups at high risk of HIV/AIDS.
- *Care, support and treatment.* Substantially enhance the access of people living with, or affected by, HIV/AIDS to care, support and treatment.
- *Alleviation of socioeconomic impact.* Contribute to the measurement and reduction of the epidemic's social and economic impact and help ensure that strategies, policies and programmes are in place to address HIV/AIDS in special situations.
- *Resources, follow-up, monitoring and evaluation.* Help mobilize resources for effective action at global, regional and country levels and accelerate effective follow-up, monitoring and evaluation of progress in implementation of the Declaration of Commitment.

**Priority work areas for 2004–2005.** In furtherance of these objectives and to support the achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support UNDP's work in the following priority areas.

- *Leadership and capacity development.* UNDP seeks to develop transformative leadership at all levels, and harness the capacity of governments, civil society, the private sector, arts and media, communities, individuals and development partners to achieve an effective response to the epidemic by:
  - supporting multi-stakeholder programmes for responding to HIV/AIDS;
  - enhancing leadership capacities and institutional development of organizations and networks, including networks of people living with HIV/AIDS;
  - developing the capacity of individuals and communities, as well as media and arts, to respond to the epidemic;
  - sustaining workplace programmes on HIV/AIDS that reduce vulnerability of UNDP staff members and their dependents; and
  - developing national HIV/AIDS-related monitoring and evaluation capacity.
- *Development planning, implementation and HIV/AIDS response.* UNDP seeks to strengthen governance, development planning and systems at national, subnational and community levels to accelerate an effective response to HIV/AIDS by:
  - mainstreaming HIV/AIDS into development planning instruments and processes;
  - mainstreaming HIV/AIDS internally and reorienting Common Country Assessments (CCAs)/UN Development Assistance Frameworks (UNDAFs) and Country Cooperation Frameworks (CCFs) to respond effectively to the epidemic;
  - mainstreaming HIV/AIDS into key sector ministries and preparing sectoral studies and policy recommendations in key sectors such as education, health, manufacturing, agriculture and the environment;
  - supporting National AIDS Councils and implementation of national HIV/AIDS strategic planning processes;
  - supporting subnational and district-level HIV/AIDS responses, development planning and implementation;
  - supporting development and integration of community responses into national policy formulation and planning processes;
  - supporting implementation of HIV/AIDS-related aspects of the Convention of Elimination of all Forms of Discrimination against Women; and

- developing a comprehensive strategy and response to address HIV/AIDS in emergency settings.
- *Advocacy and communications.* UNDP seeks to generate a society-wide response to HIV/AIDS that is gender-specific and respectful of the rights of people living with HIV/AIDS and of marginalized groups by:
  - supporting the development of National and Regional Human Development Reports focusing on HIV/AIDS;
  - promoting national policy dialogues involving all key stakeholders to achieve the goals set forth in the Declaration of Commitment;
  - advocating legal reforms, including legislation prohibiting discrimination against people living with HIV/AIDS and promoting gender equality;
  - developing communication strategies to address stigma and discrimination and to promote gender equality; and
  - advocating increased visibility and importance of HIV/AIDS in the Millennium Development Goals campaign.

Region	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
Global	2,880,000	3,620,000	6,000,000	12,500,000
Sub-Saharan Africa	3,150,000	7,150,000	8,745,000	19,045,000
Middle East and North Africa	500,000	600,000	255,000	1,355,000
Asia and the Pacific	1,630,000	2,870,000	3,000,000	7,500,000
Europe and Central Asia	600,000	700,000	1,500,000	2,800,000
Americas	600,000	700,000	500,000	1,800,000
<b>Grand total</b>	<b>9,360,000</b>	<b>15,640,000</b>	<b>20,000,000</b>	<b>45,000,000</b>

Area code	Areas of work	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
1	<b>Building capacity and leadership including human rights</b>	4,212,000	7,038,000	9,000,000	20,250,000
2	<b>Prevention and vulnerability reduction</b>	1,957,000	3,228,000	4,112,750	9,297,750
3	<b>Care, support and treatment</b>	383,000	682,000	887,250	1,952,250
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	1,872,000	3,128,000	4,000,000	9,000,000
6	<b>Resources, follow-up, monitoring and evaluation</b>	936,000	1,564,000	2,000,000	4,500,000
<b>Grand total</b>		<b>9,360,000</b>	<b>15,640,000</b>	<b>20,000,000</b>	<b>45,000,000</b>

### 3. United Nations Population Fund

*Background.* Reflecting its longstanding experience in sexual and reproductive health and population issues, in responding to the pandemic, UNFPA's primary focus is HIV prevention, with particular emphasis in three core areas: young people,

pregnant women, and condom programming. Understanding that effective action against HIV/AIDS requires supportive and enabling environments, UNFPA will also continue to address key cross-cutting issues such as cultural influences; gender equity and equality, including women's and girls' empowerment and male responsibility; and documentation of the demographic impact of the HIV/AIDS epidemic, including through the collection and analysis of population-based data for use in programmes and policies.

***Objectives for 2004–2005.***

- *Capacity-building*: to continue building the capacities of national and regional institutions UNFPA to strengthen programming for HIV prevention.
- *Young people*: to strengthen the development and implementation of strategies and approaches aimed at scaling up best practices for preventing HIV infection in young people, and to overcome obstacles to accelerating prevention among and for young people.
- *Condom programming*: to strengthen capacity for effective male and female condom programming; to support improvement of the infrastructure to make condoms available; to better understand and meet the needs of condom users with a primary focus on sexually active young people, and to provide procurement services to ensure an adequate supply of good-quality condoms.
- *Prevention in pregnant women*: to strengthen national commitment and capacity to provide HIV-prevention information, counselling and related services for pregnant women, including development and evaluation of model intervention packages for prevention of HIV infection in pregnant women and mothers.

***Priority work areas for 2004–2005.*** In furtherance of these objectives and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support UNFPA's work in the following priority areas:

- *Young people*. In the next biennium, UNFPA will promote effective HIV prevention among young people by:
  - strengthening the capacity of regional technical institutions to provide support for policy and programme planners to develop, implement and monitor scaled-up HIV-prevention programmes for young people;
  - generating better data on determinants of sexual behaviour and networking patterns among young people;
  - supporting comprehensive programmes that promote healthy adolescent development, positive lifestyles and safe and responsible sexual behaviour among sexually active young people;
  - supporting the development of enabling policy, socio-cultural/community and family environments for programming for HIV prevention for young people, with particular focus on adult-youth partnerships;
  - ensuring that young people have the knowledge, positive attitudes and life skills to choose and negotiate safer sexual behaviours and good social norms through behavioural change approaches, including peer education;
  - increasing access of young people to culturally- and gender-sensitive and youth-friendly reproductive health information, counselling and services to protect themselves against HIV, other STIs, and unwanted pregnancy, with a special focus on young populations that are often neglected, including very young adolescents, married adolescents and young victims of sexual violence; and
  - as convening agency on young people, strengthening collaboration within the system and developing partnerships to expand country-level responses.



- *Pregnant women.* In the next biennium, UNFPA will promote effective HIV prevention among pregnant women to protect the women themselves as well as their partners and children by:
  - advocating that high-level attention be paid to preventing HIV infections among pregnant women;
  - providing technical guidance and programme tools to strengthen national capacity to programme and implement HIV prevention through the integration of STI/HIV-prevention services into ongoing/existing maternal health services; and
  - enhancing access to good-quality prenatal and postnatal care, including HIV-prevention information and counselling, voluntary counselling and testing, STI management, safe childbirth, infant-feeding counselling and support, safe childbirth, involvement of male partners and the community, and effective linkages and referral to treatment and/or care and support services for those who test HIV-positive.
- *Condom programming.* In the next biennium, UNFPA will promote effective access to, and utilization of, male and female condoms by:
  - assisting regional and country programmes in addressing both supply and demand issues of condom programming;
  - providing countries with technical tools, such as needs forecasts, rapid needs assessments, logistics management systems (including safe storage, inventory of monitoring and user-friendly channels of distribution), and guidance on how to overcome the key barriers to access (both operational and behavioural);
  - supporting effective communication strategies to promote safer sex; and
  - as convening agency, leading within the United Nations interagency collaboration and work with partners to develop, test and disseminate innovative models for condom programming for key population groups, towards ensuring that distribution channels address actual needs.

<b>Region</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
<b>Global</b>	2,640,000	2,556,000	3,780,000	8,976,000
<b>Sub-Saharan Africa</b>	1,700,000	6,000,000	2,250,000	9,950,000
<b>Middle East and North Africa</b>	325,000	200,000	200,000	725,000
<b>Asia and the Pacific</b>	1,850,000	4,000,000	2,400,000	8,250,000
<b>Europe and Central Asia</b>	525,000	200,000	300,000	1,025,000
<b>Americas</b>	800,000	2,600,000	1,445,000	4,845,000
<b>Multiregional</b>	5,360,000	3,834,000	5,670,000	14,864,000
<b>Grand total</b>	<b>13,200,000</b>	<b>19,390,000</b>	<b>16,045,000</b>	<b>48,635,000</b>

<b>Area code</b>	<b>Areas of work</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
1	<b>Building capacity and leadership including human rights</b>	1,340,000	0	1,539,000	2,879,000
2	<b>Prevention and vulnerability reduction</b>	10,960,000	18,290,000	12,306,000	41,556,000
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	650,000	1,100,000	800,000	2,550,000
6	<b>Resources, follow-up, monitoring and evaluation</b>	250,000	0	1,400,000	1,650,000
<b>Grand total</b>		<b>13,200,000</b>	<b>19,390,000</b>	<b>16,045,000</b>	<b>48,635,000</b>

#### **4. United Nations Office on Drugs and Crime**

**Background.** UNODC’s field presence and long history of community interaction and trust positions the organization well to contribute to the response to HIV/AIDS, especially as it pertains to the epidemic’s connection to drug use. UNODC works directly with drug control agencies in countries, providing technical assistance and policy guidance on, *inter alia*, demand reduction, supply control, law enforcement, and legal issues. As active members of United Nations Theme Groups on HIV/AIDS, UNODC staff members provide a much-needed link between drug control agencies and health ministries in addressing HIV/AIDS among injecting drug users (IDUs).

UNODC’s activities on HIV/AIDS focus on regions with the highest reported HIV/AIDS rates among IDUs, namely Central and Eastern Europe (including Central Asia), South East Asia and the Pacific, and the Southern Cone of Latin America. Key features of UNODC’s proposed UBW allocation for 2004–2005 are inclusion of new regions for UNODC activity (e.g., South-East Europe, North Africa, and the Middle East) and a wider range of projects and activities in comparison with the 2002–2003 UBW.

**Objective for 2004–2005.** UNODC seeks to contribute to the reduction of HIV/AIDS through the development of national strategies, policies and programmes aimed at protecting and promoting the health of IDUs.

**Priority work areas for 2004–2005.** In furtherance of this objective and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support UNODC’s work in the following priority areas:

- *strengthening* technical support and programme guidance to Member States;
- *strengthening UNODC’s role as the convening agency among Cosponsors* in the areas of HIV prevention and care among IDUs to ensure a strengthened and coordinated UN response at country level;
- *supporting diversification of HIV prevention and care services to IDUs* in the regions most affected by IDU-related HIV/AIDS epidemics, including Russia, East and South-East Europe, and Central Asia;

- *implementing joint interagency (UNAIDS, UNODC, WHO) projects on drug dependence treatment and HIV/AIDS in selected priority countries;*
- *improving institutional capacity and capabilities of criminal justice systems in HIV prevention in the regions of East Asia/Pacific, and the Caribbean;*
- *enhancing the capacity of civil society organizations in implementing HIV/AIDS prevention activities among high-risk groups in the Southern Cone region;*
- *improving the capacity of relevant ministries and civil society to mount effective intervention programmes to reduce the risk of HIV transmission among IDUs in the South Asian region;*
- *supporting the capacity-building of relevant networks and NGOs through support for regional task forces and harm-reduction networks;*
- *identification, publication and dissemination of best practices in drug use and HIV/AIDS prevention globally;*
- *implementing a region-wide advocacy project on drug use and HIV/AIDS prevention in Africa that will involve the African Union, regional African bodies and all African heads of government and States;*
- *conducting operational research on the global auditing of estimates of IDUs;*
- *conducting a thematic evaluation of UNODC's HIV/AIDS prevention projects/activities globally and in selected regions;*
- *implementing a peer-based primary drug abuse and HIV/AIDS prevention programme in North Africa and the Middle East region.*

Region	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
Global	1,680,000	1,764,000	756,000	4,200,000
Sub-Saharan Africa	240,000	360,000	150,000	750,000
Middle East and North Africa	160,000	240,000	100,000	500,000
Asia and the Pacific	970,000	1,130,000	400,000	2,500,000
Europe and Central Asia	970,000	1,130,000	400,000	2,500,000
Americas	480,000	570,000	200,000	1,250,000
<b>Grand total</b>	<b>4,500,000</b>	<b>5,194,000</b>	<b>2,006,000</b>	<b>11,700,000</b>

Area code	Areas of work	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
1	Building capacity and leadership including human rights	1,480,000	1,372,000	568,000	3,420,000
2	Prevention and vulnerability reduction	2,680,000	3,154,000	1,136,000	6,970,000
5	Research and development	300,000	626,000	284,000	1,210,000
6	Resources, follow-up, monitoring and evaluation	40,000	42,000	18,000	100,000
<b>Grand total</b>		<b>4,500,000</b>	<b>5,194,000</b>	<b>2,006,000</b>	<b>11,700,000</b>

## **5. International Labour Organization**

**Background.** HIV/AIDS affects the world of work in myriad ways. More than 70% of infected adults are workers in their productive prime, and discrimination against workers with HIV/AIDS undermines effective prevention and care in the workplace. ILO's premise in its HIV/AIDS work is that the workplace is an essential venue for combating the epidemic and a vital component in national responses to HIV/AIDS.

Although HIV/AIDS and the world of work is a relatively new area of emphasis for ILO, it now occupies a high priority within the organization and in the broader development agenda. HIV/AIDS activities are now fully integrated into all areas of ILO operations. As a sign of the high priority accorded HIV/AIDS at ILO, more than 30% of all resources anticipated in the next biennium will be provided by ILO's own budget.

**Objectives for 2004–2005.** Key operational objectives in the next biennium include the following:

- *Stronger partnerships.* ILO will mobilize social partners and strengthen their capacity to contribute effectively to the response to HIV/AIDS.
- *Employment policy support.* ILO will improve knowledge and understanding of the economic, labour force and social consequences of HIV/AIDS; raise awareness of the epidemic's socioeconomic impact and its implications for workers' rights and enterprises; and accelerate adoption of appropriate policy interventions through advocacy at the highest levels with ILO constituents;
- *Strengthening social dialogue.* ILO will strengthen institutions and arrangements for social dialogue in the workplace to facilitate the development of workplace policies and programmes on HIV/AIDS, consistent with the ILO *Code of Practice on HIV/AIDS and the world of work*;
- *Standards and fundamental principles.* ILO will promote implementation of the Code of Practice, with particular attention to anti-discrimination policies, workers' rights, safe working conditions, social protection and elimination of child labour.

**Priority work areas for 2004–2005.** In furtherance of these objectives and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support ILO's work in the following priority areas:

- *Leadership*
  - strengthen human resource and institutional capacity;
  - advocacy, with particular attention to the promotion of non-discriminatory and gender-sensitive programming in the world of work; and
  - provide advisory services, including reform and implementation of labour laws to address HIV/AIDS.
- *Prevention and vulnerability reduction*
  - develop and implement gender-sensitive workplace policies and programmes;
  - scale up ongoing workplace prevention initiatives at country level; and
  - advocate and promote policies to ensure equal rights in employment and services for vulnerable workers (e.g., women, migrants, youth, minorities, etc.).
- *Care, support and treatment*
  - advocate and promote access to social protection in the workplace;
  - identify and implement innovative health and life insurance schemes; and
  - provide information to workers and their families about confidential voluntary counselling and testing and HIV treatment.

- *Alleviation of social and economic impact*
  - support, and integrate workplace perspectives into, national strategic planning efforts;
  - enhance the capacity of ILO's constituents to implement workplace policies and programmes consistent with the goals set forth in the Declaration of Commitment; and
  - raise awareness of HIV/AIDS issues in the world of work.
- *Research and development*
  - support policy-oriented research on the impact of HIV/AIDS on key economic sectors and the labour market;
  - identify best workplace practices;
  - promote knowledge development, and sharing of experience and information with key partners; and
  - map the activities of the informal economy in selected countries.
- *Resources, follow-up, monitoring and evaluation*
  - strengthen the capacity of ILO's constituents to mobilize resources for HIV/AIDS programmes,
  - develop indicators for monitoring the implementation of workplace policies and programmes, and for monitoring the impact of HIV/AIDS in the workplace;
  - advocate, and mobilize resources for, the implementation of effective workplace policies and programmes; and
  - strengthen partnerships with the private sector to implement workplace programmes.

<b>Region</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
<b>Global</b>	2,000,000	1,000,000	2,500,000	5,500,000
<b>Sub-Saharan Africa</b>	1,300,000	2,200,000	1,500,000	5,000,000
<b>Middle East and North Africa</b>	350,000	500,000	300,000	1,150,000
<b>Asia and the Pacific</b>	1,150,000	1,050,000	500,000	2,700,000
<b>Europe and Central Asia</b>	900,000	1,000,000	500,000	2,400,000
<b>Americas</b>	800,000	1,650,000	300,000	2,750,000
<b>Grand total</b>	<b>6,500,000</b>	<b>7,400,000</b>	<b>5,600,000</b>	<b>19,500,000</b>

<b>Area code</b>	<b>Areas of work</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
1	<b>Building capacity and leadership including human rights</b>	3,570,000	1,470,000	1,630,000	6,670,000
2	<b>Prevention and vulnerability reduction</b>	920,000	2,000,000	1,400,000	4,320,000
3	<b>Care, support and treatment</b>	450,000	860,000	530,000	1,840,000
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	1,180,000	2,450,000	1,600,000	5,230,000
5	<b>Research and development</b>	160,000	300,000	280,000	740,000
6	<b>Resources, follow-up, monitoring and evaluation</b>	220,000	320,000	160,000	700,000
<b>Grand total</b>		<b>6,500,000</b>	<b>7,400,000</b>	<b>5,600,000</b>	<b>19,500,000</b>

## **6. United Nations Educational, Scientific and Cultural Organization**

**Background.** In 2001, UNESCO adopted the *UNESCO Strategy for HIV/AIDS Preventive Education*, which recognizes the central role of education in responding to a disease for which there is no cure or vaccine.

**Objectives for 2004–2005.** UNESCO seeks to mobilize its many sectors—education, culture, communications and information, social and human sciences, and natural sciences—to strengthen the response to HIV/AIDS at global, regional and country levels.

**Priority work areas for 2004–2005.** In furtherance of this objective and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support UNESCO’s work in the following priority areas: advocacy at all levels; customizing the message; changing high-risk behaviour and reducing vulnerability; caring for the infected and affected; and coping with the epidemic’s impact.

UNESCO’s work in these five areas in the next biennium will be conducted within the context of preparing specific regional strategies. Reflecting the deepening challenges of the epidemic, the largest volume of funding will be allocated to sub-Saharan Africa, followed by Asia and the Pacific and the Americas, while increased resources will be directed towards Europe and the Middle East/North Africa.

- *Advocacy.* In 2004–2005, UNESCO will:
  - enable effective mobilization of key partners, including education leaders, youth groups, teachers’ unions, media, researchers, universities, etc;
  - develop and widely disseminate tools for all levels of preventive education, including an HIV/AIDS information kit for university students, an adaptable modular training programme for basic education curricula, and the recently developed UNAIDS-UNESCO advocacy kit;
  - strengthen its capacity to document and disseminate materials and information, working with the Secretariat and Cosponsors through regional resource centres, websites and databases, and will consolidate and expand the two global

- HIV/AIDS and education clearinghouses at International Institute for Educational Planning (IIEP) and International Bureau of Education (IBE); and
- strengthen UNESCO's role as convenor for education within the United Nations system response to HIV/AIDS and its own institutional capacity to coordinate preventive education and enhance its intellectual leadership in the field.
  - *Customizing the message.* In 2004–2005, UNESCO will:
    - provide technical support for policy and programme development (UNESCO will continue to support the integration of HIV/AIDS into Education for All (EFA) National Action Plans, help develop policy frameworks for teachers and teacher training, promote a cultural approach to HIV prevention, and strengthen its social and behavioural research capacity);
    - support effective implementation of school-based prevention programmes (UNESCO will help build prevention capacity among key stakeholders, promote local action within a comprehensive school health framework, and accelerate the development of responsive and supportive learning environments); and
    - strengthen monitoring and evaluation of the education response (UNESCO will map policy decisions of Ministries of Education on HIV/AIDS prevention, assess the effectiveness of school-based education programmes, and invest in enhanced data collection).
  - *Changing high-risk behaviour and vulnerability.* In 2004–2005, UNESCO will:
    - work to reduce the vulnerability of marginalized young people, including out-of-school youth, children who have been orphaned by HIV/AIDS, vulnerable girls, and street and working children;
    - ensure that gender issues are central to the preventive education response (specific attention will be paid to reducing women's and young girls' vulnerability); and
    - promote the effective use of information communications technologies (ICTs) in HIV/AIDS prevention, including DVD-ROMS and high-quality television products in Asia and the Pacific, as well as use of on-line and CD-ROM training materials, targeting marginalized and unserved minority populations;
  - *Caring for the infected and affected.* UNESCO will continue to engage in high-level advocacy to combat HIV/AIDS-related stigma and discrimination, promote the participation of people living with HIV/AIDS, and support the development of education and training materials that specifically address these issues.
  - *Coping with the impact.* UNESCO will enhance capacity for Education Ministry planners in Asia and the Pacific to predict and manage the prospective impacts of HIV/AIDS on education systems.

<b>Region</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
<b>Global</b>	3,730,000	3,310,000	1,885,000	8,925,000
<b>Sub-Saharan Africa</b>	1,450,000	850,000	550,000	2,850,000
<b>Middle East and North Africa</b>	331,000	285,000	550,000	1,166,000
<b>Asia and the Pacific</b>	479,000	647,000	479,000	1,605,000
<b>Europe and Central Asia</b>	410,000	400,000	345,000	1,155,000
<b>Americas</b>	500,000	58,500	250,000	1,308,500
<b>Multiregional</b>	300,000	420,000	200,000	920,000
<b>Grand total</b>	<b>7,200,000</b>	<b>6,470,500</b>	<b>4,259,000</b>	<b>17,929,500</b>

<b>Area code</b>	<b>Areas of work</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
1	<b>Building capacity and leadership including human rights</b>	1,790,000	1,915,000	1,360,000	5,065,000
2	<b>Prevention and vulnerability reduction</b>	2,645,000	2,470,500	1,649,000	6,764,500
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	1,330,000	575,000	635,000	2,540,000
5	<b>Research and development</b>	1,135,000	1,410,000	535,000	3,080,000
6	<b>Resources, follow-up, monitoring and evaluation</b>	300,000	100,000	80,000	480,000
<b>Grand total</b>		<b>7,200,000</b>	<b>6,470,500</b>	<b>4,259,000</b>	<b>17,929,500</b>

## 7. World Health Organization

**Background.** HIV/AIDS has placed unprecedented demands on the health sector in all affected countries, both through direct costs such as patient care, medical supplies and personnel, and indirect costs such as loss of trained health-care providers to illness and strain on overextended services and staff. In most developing countries, the health sector has, until now, had little to offer the patients who are filling hospital beds in increasing numbers. In several high-prevalence countries where per capita health expenditure and coverage are currently low, the need for health care is expanding massively just as the capacity of health systems to provide it is being drained.

WHO's mission is to lead the health sector response to HIV/AIDS by strengthening the capacity of the health sector to better respond to the epidemic. WHO will do this by:

- developing global strategies and policies for the health sector;
- improving knowledge of the epidemic and health sector responses;
- producing evidence-based tools and normative guidance on key health sector interventions; and
- providing technical assistance to countries to strengthen health sector capacity and help translate normative guidance into effective action on the ground.

In 2004–2005, WHO will place increased emphasis on treatment, care and support. Important new opportunities now exist for the expansion of access to treatment and care, including new partners and funding sources, promising pilot programmes, simplified treatment regimens, lower drug prices, and increased medicine supplies and improved procurement skills in the public health sector, which will increase confidence in national health systems.

**Objectives for 2004–2005.** As the United Nations system's lead agency in public health matters, WHO incorporates as an operating framework the goals and objectives set forth in the Declaration of Commitment and the Millennium Development Goals. Specifically, WHO seeks, in active collaboration with partners both within and beyond the United Nations system, to ensure the following by 2005:

- 3 million people will be on antiretroviral therapy;
- 90% of young people will have access to the information, education and services they need to protect themselves and others from infection;



- 80% of reproductive health services will provide, and promote the use of, condoms;
- the proportion of infants born with HIV will be reduced by 20%;
- 50% of countries will have adequate surveillance of HIV/AIDS, STIs and related behaviours;
- all injectable medications and vaccines will be supplied with single-use injection equipment;
- 60% of people will have access to voluntary HIV counselling and testing services; and
- all blood supplies will be screened for HIV.

**Priority work areas for 2004–2005.** In furtherance of these objectives and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support WHO’s efforts to improve health sector capacity to:

- plan, implement and monitor health sector interventions;
- prevent transmission of HIV/AIDS in specific contexts and among specific groups through targeted interventions;
- prevent HIV infection in infants;
- provide HIV prevention and care services to young people;
- deliver good-quality interventions and strategies for the prevention and care of sexually transmitted infections;
- provide good-quality HIV/AIDS care, treatment and support in resource-limited settings, including scaled-up access to antiretroviral therapy as well as improved testing and counselling services;
- provide quality-assured HIV/AIDS-related medicines and diagnostics through improved registration processes and information on pre-qualified manufacturers and products, prices and rational use;
- monitor the emergence of HIV drug resistance;
- contribute to the development of new HIV vaccines, microbicides and diagnostics;
- conduct epidemiological and behavioural surveillance of HIV/AIDS and STIs; and
- provide good-quality diagnostic services and safe injection and blood supplies.

In all its work, WHO is guided by concerns for equity and gender equality, and it will work to ensure that these concerns are adequately addressed by the health sector.

<b>Region</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
<b>Global</b>	14,200,000	28,915,000	13,886,000	57,001,000
<b>Sub-Saharan Africa</b>	2,500,000	15,500,000	5,000,000	23,000,000
<b>Middle East and North Africa</b>	775,000	3,409,000	1,300,000	5,484,000
<b>Asia and the Pacific</b>	2,250,000	3,885,000	2,195,500	8,330,500
<b>Europe and Central Asia</b>	1,000,000	6,400,000	2,350,000	9,750,000
<b>Americas</b>	775,000	435,600	2,047,400	3,258,000
<b>Grand total</b>	<b>21,500,000</b>	<b>58,544,600</b>	<b>26,778,900</b>	<b>106,823,500</b>

Area code	Areas of work	Core UBW	Supplemental UBW	Cosponsor UBW	Total UBW
1	<b>Building capacity and leadership including human rights</b>	4,150,000	2,234,000	4,600,000	10,984,000
2	<b>Prevention and vulnerability reduction</b>	4,925,000	18,355,000	6,809,000	30,089,000
3	<b>Care, support and treatment</b>	6,735,000	19,282,600	8,800,400	34,818,000
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	230,000	1,500,000	250,000	1,980,000
5	<b>Research and development</b>	3,180,000	9,798,000	2,542,000	15,520,000
6	<b>Resources, follow-up, monitoring and evaluation</b>	2,280,000	7,375,000	3,777,500	13,432,500
<b>Grand total</b>		<b>21,500,000</b>	<b>58,544,600</b>	<b>26,778,900</b>	<b>106,823,500</b>

## 8. The World Bank

**Background.** HIV/AIDS is one of seven key corporate priorities for the Bank. The World Bank's strategic plan on HIV/AIDS contributes to achievement of the UNGASS goals in four ways: 1. *Advocacy* to position HIV/AIDS as a development issue and to catalyse resources across the Bank and among its development partners; 2. *Mainstreaming HIV/AIDS in priority sectors* (e.g., education, urban and local government, transport, mining and poverty-reduction strategies); 3. *Support to national HIV/AIDS strategies* through projects and other resources (e.g., Multi-country HIV/AIDS Programs (MAPs), Poverty Reduction Strategy Papers (PRSPs), the Heavily Indebted Poor Countries (HIPC) Initiative, and subregional grants); 4. *Knowledge management and coordination of technical resources*, especially on implementation, monitoring and evaluation, through support teams and networks in fiduciary, institutional and thematic areas.

**Objectives for 2004–2005.** Objectives of the Bank's work on HIV/AIDS include:

- *strengthening the Bank's capacity* to respond to the HIV/AIDS epidemic at regional, sectoral and country levels;
- *strengthening country capacity* to respond to the HIV/AIDS epidemic;
- *expanding available knowledge and developing new, innovative approaches*;
- *catalysing a global response* to the HIV/AIDS epidemic, through leadership;
- *expanding resource mobilization* for global HIV/AIDS efforts; and
- *improving the effectiveness of the response* at all levels, in collaboration with countries and partners.

**Priority work areas for 2004–2005.** In furtherance of these objectives and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support the Bank's work in the following priority areas:

- *Leadership.* The Bank will:
  - strengthen leadership on HIV/AIDS and enhance/accelerate implementation of national HIV/AIDS programmes,

- support advocacy at the global, regional, subregional and sectoral levels; and
- ensure that all eligible countries in the Caribbean covered under the Caribbean MAP, and in Central America will have fully costed national strategies and programmes.
- *Prevention and vulnerability reduction.* The Bank will:
  - strengthen and expand coverage of prevention and vulnerability reduction efforts, including PMTCT programmes; and
  - improve the knowledge base on the effectiveness of prevention, care and support interventions through analytical work, training and strengthening of regional learning, collaboration and coordination.
- *Care, support and treatment.* The Bank will expand coverage of care, support and treatment programmes, including ARVs (with particular attention to Africa and the Caribbean regions).
- *Alleviating social and economic impact.* The Bank will:
  - strengthen the evidence base on the economics of HIV/AIDS, and provide greater attention to HIV/AIDS in policy frameworks, post-conflict situations and accelerated implementation of programmes for orphans and vulnerable children;
  - develop economic tools, evaluate the socioeconomic impact of HIV/AIDS, in collaboration with the International AIDS Economic Network and UNAIDS Reference Group on Economics; and
  - strengthen HIV/AIDS regional knowledge base on the economics of HIV/AIDS.
- *Research and development.* The Bank will:
  - assist with policy analysis for prevention and treatment of HIV/AIDS; and
  - improve the HIV/AIDS-related knowledge base through analytical work, training and strengthening of regional learning, collaboration, and coordination on the effectiveness of prevention, care and support interventions.
- *Resources, follow-up, monitoring and evaluation.* The Bank will:
  - increase its focus on HIV/AIDS in HIPC, PRSP programmes and overall ODA;
  - support the creation and operation of regional, national and local M&E systems and contribute to harmonization of M&E approaches;
  - ensure that at least 50% of countries in the Europe and Central Asia (ECA) region will improve the level of financing of HIV/AIDS programmes and have national programmes based on local ownership and strong analysis of impact;
  - educate task teams and countries on the use of the IDA-13 grant facility; and
  - assist countries, with active HIV/AIDS support from the World Bank, in completing assessments of national M&E capacity, in designing an M&E framework based on this assessment and in implementing steps to strengthen and improve utilization of these systems.

<b>Region</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
<b>Global</b>	4,720,000	4,500,000	4,950,000	14,170,000
<b>Sub-Saharan Africa</b>	1,300,000	2,950,000	10,250,000	14,500,000
<b>Middle East and North Africa</b>	100,000	50,000	200,000	350,000
<b>Asia and the Pacific</b>	725,000	800,000	2,500,000	4,025,000
<b>Europe and Central Asia</b>	315,000	200,000	1,800,000	2,315,000
<b>Americas</b>	250,000	500,000	1,795,000	2,545,000
<b>Grand total</b>	<b>7,410,000</b>	<b>9,000,000</b>	<b>21,495,000</b>	<b>37,905,000</b>

<b>Area code</b>	<b>Areas of work</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
1	<b>Building capacity and leadership including human rights</b>	3,036,500	4,575,000	8,082,000	15,693,500
2	<b>Prevention and vulnerability reduction</b>	0	0	2,500,000	2,500,000
3	<b>Care, support and treatment</b>	150,000	0	2,800,000	2,950,000
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	1,125,000	1,200,000	2,000,000	4,200,000
5	<b>Research and development</b>	590,000	500,000	2,313,500	3,528,500
6	<b>Resources, follow-up, monitoring and evaluation</b>	2,508,500	2,725,000	3,799,500	9,033,000
<b>Grand total</b>		<b>7,410,000</b>	<b>9,000,000</b>	<b>21,495,000</b>	<b>37,905,000</b>

## 9. Interagency component

**Background.** As a programme jointly sponsored by eight United Nations organizations, UNAIDS not only combines the individual contributions of each Cosponsor but also generates interagency work that represents collaborative and joint efforts to achieve jointly agreed priority outcomes. Traditionally, interagency work has focused on three areas:

- supporting Country Programme Advisers,
- administering Programme Acceleration Funds; and
- pursuing cross-cutting issues, typically under the umbrella of various Inter-Agency Task Teams.

In the 2004–2005 UBW, the interagency component has been significantly strengthened to respond to PCB decisions mandating improved coordination among constituent parts of the Joint Programme and more effective action at country level to accelerate the scaling-up of prevention, care, support and treatment programmes. An additional core interagency budget of US\$20 million is presented, which would enable full implementation of PCB decisions. Please refer to the section entitled **Size and Distribution of the Unified Budget 2004-2005** in the **Overview** for a summary description of the results to be achieved with this additional budget, should funding become available.

**Objectives for 2004–2005.** The overarching purpose of the interagency resources is to improve interagency programme coordination and support, planning and performance monitoring at country level. In furtherance of PCB decisions, interagency work in 2004–2005 will:

- strengthen and expand the availability and quality of technical resources to countries;
- provide leadership on HIV/AIDS in the fields of security, stability and humanitarian response;

- strengthen advocacy, including expanding the advocacy capacity of countries; and
- accelerate the scaling-up of programmes at country level to advance progress towards the goals and targets in the Declaration of Commitment.

**Priority work areas for 2004–2005.** To achieve the above, the 2004–2005 UBW will support interagency work in the following priority areas:

- *Technical resource coordination facilities.* Regional centres will be organized to coordinate and manage the provision of technical assistance.
- *Monitoring and evaluation.* Interagency efforts will target technical support towards the consolidation and expansion of the Country Response Information System and the Global AIDS Monitoring and Evaluation Support Team. Through these and other vehicles, UNAIDS will support expansion and strengthening of national M&E capacity.
- *Mobilizing humanitarian response.* UNAIDS will strengthen the capacity of national entities to respond to HIV/AIDS in crisis situations, mobilize political commitment and support internationally to fight the epidemic in crisis situations, strengthen collaboration among key partners, and follow up and report on Security Council Resolutions 1308 and 1325.
- *Expansion of best practices.* UNAIDS will collect, publish and disseminate best practices and increase access to such strategic information through a more coherent multi-agency and multi-partner effort. National capacity will be enhanced to identify and document best practices for use in facilitating the scaling-up of the HIV/AIDS response.
- *Operations research.* UNAIDS will develop and disseminate tools and guidelines for enhancing country capacity for economic impact analyses and formulation of policies and programmes. Key emerging issues will be identified, and national capacity will be strengthened to analyse epidemiological data and to translate knowledge into programmes and policies.
- *Expanding national responses.* UN system capacity will be strengthened at country level to increase its level of support to countries to accelerate and scale up national responses, including the deployment of additional staff in approximately 20 selected countries.
- *National resource mobilization.* Coordinated UN teams will increase their support to countries in designing proposals for grants, strengthening Country Coordination Mechanisms, and implementing programmes approved by the GFATM, the World Bank, or other donors.
- *Advocacy.* UNAIDS will pursue strategies, including an interagency advocacy strategy group, to strengthen advocacy partnerships and mobilize political commitment. Interagency funds in the UBW will also support production of World AIDS Campaign materials and advocacy materials relating to the Declaration of Commitment.
- *Joint reviews of national responses.* UNAIDS will conduct and follow up on participatory reviews at country level, with the aim of increasing engagement by all sectors, national and international partners in the implementation of national AIDS plans. In these efforts, progress towards implementation of the Declaration of Commitment will be assessed and emphasized.

Description	Budget (in million US\$)		
	Core	Additional Core Interagency	Total
CPA salaries – international and national (64 posts) and support equipment	17.6		17.6
Expand the national response through strengthening staff support at country levels	15.0	7.0	22.0
Programme Acceleration Funds	16.0		16.0
Task team support	1.4		1.4
Operational support to theme groups	8.3		8.3
Orientation and training of CPAs and UN staff at country level	1.3		1.3
Governance reform and coordination	0.6		0.6
Country Response Information System (CRIS) strengthening country capacity and implementation in countries	2.8	0.5	3.3
Global advocacy through XV International AIDS conference at Bangkok (July 2004)	0.7		0.7
Resource mobilization, tracking, follow-up, monitoring and evaluation	1.7	2.0	3.7
Operations research	0.2	0.3	0.5
Technical coordination facilities	3.0	7.0	10.0
Mobilizing humanitarian response	0.8	2.2	3.0
Expansion of best practices	0.9		0.9
Intensification of advocacy efforts at all levels	2.0	1.0	3.0
Joint reviews of national response	1.3		1.3
<b>Total</b>	<b>73.6</b>	<b>20.0</b>	<b>93.6</b>

Region	Core UBW	Additional Core Interagency	Total UBW
<b>Global</b>	1,600,000		1,600,000
<b>Sub-Saharan Africa</b>	22,400,000		22,400,000
<b>Middle East and North Africa</b>	3,870,000		3,870,000
<b>Asia and the Pacific</b>	14,015,000		14,015,000
<b>Europe and Central Asia</b>	5,595,000		5,595,000
<b>Americas</b>	10,620,000		10,620,000
<b>Multiregional</b>	15,500,000	20,000,000	35,500,000
<b>Grand total</b>	<b>73,600,000</b>	<b>20,000,000</b>	<b>93,600,000</b>

<b>Area code</b>	<b>Areas of work</b>	<b>Core UBW</b>	<b>Additional Core Interagency</b>	<b>Total UBW</b>
1	<b>Building capacity and leadership including human rights</b>	16,000,000	1,000,000	17,000,000
2	<b>Prevention and vulnerability reduction</b>	13,000,000	2,200,000	15,200,000
3	<b>Care, support and treatment</b>	11,000,000	0	11,000,000
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	11,000,000	0	11,000,000
5	<b>Research and development</b>	600,000	0	600,000
6	<b>Resources, follow-up, monitoring and evaluation</b>	22,000,000	16,800,000	38,800,000
<b>Grand total</b>		<b>73,600,000</b>	<b>20,000,000</b>	<b>93,600,000</b>

## 10. UNAIDS Secretariat

**Background.** In 2004–2005, the Secretariat will reinforce its role as a catalyst for effective action on HIV/AIDS at all levels and among diverse stakeholders. Following up on PCB decisions, the Secretariat will concentrate in 2004–2005 on five cross-cutting activities:

- *leadership and advocacy* for effective action on the epidemic;
- development and dissemination of *strategic information* required to guide the efforts of partners;
- *tracking, monitoring and evaluation* of the epidemic and actions responding to it;
- *engaging civil society and developing partners*; and
- financial, technical and political *resource mobilization*.

**Priority work areas for 2004–2005.** In furtherance of these objectives and to support achievement of the goals set forth in the Declaration of Commitment, the 2004–2005 UBW will support the Secretariat’s work in the following priority areas.

- **Leadership and advocacy.** The Secretariat will contribute to empowering leadership for an effective response to the epidemic at all levels through:
  - sustaining effective worldwide advocacy that mobilizes a political commitment at all levels for a multisectoral response to the HIV/AIDS epidemic that is grounded in human rights and the active involvement of people living with HIV/AIDS;
  - building leadership at country level by strengthening development and coordination capacity of national AIDS coordinating bodies;
  - effective mobilization of the UN system by:
    - enhancing joint programming through UN Implementation Support Plans on HIV/AIDS, UN Development Assistance Framework and regional UN action plans;
    - raising HIV/AIDS with a range of UN coordination mechanisms (the Chief Executive Board, ECOSOC, Governing Bodies of UN system organizations);

- strengthening and mainstreaming of HIV/AIDS-related planning, strategy, programme development within the UN system through such instruments as UN Strategic Plan on HIV/AIDS, the UBW, and other multi-partner programme efforts;
  - strengthening the coordination role of UN Theme Groups on HIV/AIDS;
  - strengthening the actions and coordination of the Inter-Agency Advisory Group on HIV/AIDS and other interagency bodies; and
  - convening Cosponsors and UN partners and accelerating the UN response in the area of sex work.
- Enhancing communication strategies to increase support for a dramatically strengthened global response to HIV/AIDS.
  
- ***Strategic information.*** The Secretariat will contribute to ensuring that advocacy, policy formulation and design of the operational responses at all levels are supported by good-quality strategic information by:
  - improving the accessibility and use of strategic information to diverse stakeholders, especially at country level;
  - supporting identification, analysis, documentation, publishing and dissemination of best practices;
  - coordinating the development and dissemination of normative guidance provided by the Joint Programme;
  - providing good-quality information on modelling and projections of the status and trends of the epidemic, as well as analyses of its determinants;
  - providing good-quality information on resource flows for HIV/AIDS programmes at country level;
  - regularly issuing high-level reports on the epidemic and related issues; and
  - strengthening the Joint Programme’s website to increase use of UNAIDS strategic information.
  
- ***Tracking, monitoring and evaluation.*** The Secretariat will contribute towards improving monitoring and evaluation work in HIV/AIDS by:
  - implementing the Country Response Information System (CRIS) in all countries by the end of 2005;
  - monitoring and reporting on national and global progress towards achievement of the goals and targets in the Declaration of Commitment;
  - collaborating with the Global AIDS Monitoring and Evaluation Support Team to harmonize M&E mechanisms and strategies, increase M&E capacity at country level, and mobilize additional resources for M&E;
  - increasing national capacity to track resource flows and identify and address resource gaps;
  - providing extensive technical support and guidance to countries in evaluating programmes and interventions and in implementing and scaling up proven approaches—e.g., supporting government-led participatory reviews; and
  - working in collaboration with other key stakeholders to strengthen and harmonize monitoring and evaluation efforts worldwide.
  
- ***Civil society engagement and partnership development.*** The Secretariat will forge and strengthen partnerships to enhance the response to HIV/AIDS at global, regional and national levels by:
  - intensifying collaboration and cooperation with organizations of people living with HIV/AIDS at global and country levels;



- strengthening efforts to mobilize, and forge partnerships with, key sectors, including business, labour, religion, etc;
  - strengthening partnership forums at global, regional and national levels;
  - utilizing collaborative mechanisms, such as the multi-partner working groups, and facilitating regional initiatives to promote the response in the area of sex work; and
  - increasing the capacity of countries to forge and sustain partnerships with diverse stakeholders and to implement and accelerate strategic AIDS plans.
- **Resource mobilization.** The Secretariat will help generate substantially greater political, financial and technical support for the worldwide response to HIV/AIDS envisioned in the Declaration of Commitment, by:
    - leading a worldwide campaign to raise funds and HIV/AIDS awareness under the umbrella of the World AIDS Campaign;
    - advocating substantial increases in financial commitments for HIV/AIDS programmes from donor countries;
    - supporting national efforts to mobilize additional resources through all available channels, including the GFATM and the World Bank;
    - assisting countries in costing HIV/AIDS strategic plans;
    - providing technical support to the Secretariat of the GFATM;
    - strengthening commitment of philanthropic entities to integrate HIV/AIDS into grant-making activities; and
    - intensifying advocacy to encourage a greater commitment of resources for the fight against HIV/AIDS from the corporate sector.

<b>Region</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
<b>Global</b>	69,334,000	0	0	69,334,000
<b>Sub Saharan Africa</b>	9,445,000	0	0	9,445,000
<b>Middle East and North Africa</b>	2,157,000	0	0	2,157,000
<b>Asia and the Pacific</b>	4,381,000	0	0	4,381,000
<b>Europe and Central Asia</b>	1,528,000	0	0	1,528,000
<b>Americas</b>	4,355,000	0	0	4,355,000
<b>Grand total</b>	<b>91,200,000</b>	<b>0</b>	<b>0</b>	<b>91,200,000</b>

<b>Table 30. Secretariat summary of 2004-2005 budget assigned (by areas of work)</b>					
<b>Area code</b>	<b>Areas of work</b>	<b>Core UBW</b>	<b>Supplemental UBW</b>	<b>Cosponsor UBW</b>	<b>Total UBW</b>
1	<b>Building capacity and leadership, including human rights</b>	31,500,000	0	0	31,500,000
2	<b>Prevention and vulnerability reduction</b>	10,900,000	0	0	10,900,000
3	<b>Care, support and treatment</b>	9,700,000	0	0	9,700,000
4	<b>Alleviating socioeconomic impact and addressing special situations</b>	8,800,000	0	0	8,800,000
5	<b>Research and development</b>	300,000	0	0	300,000
6	<b>Resources, follow-up, monitoring and evaluation</b>	30,000,000	0	0	30,000,000
<b>Grand total</b>		<b>91,200,000</b>	<b>0</b>	<b>0</b>	<b>91,200,000</b>

## Appendix 1. Multi-agency action in specific thematic areas

This Appendix provides an overview of the UNAIDS cross-agency actions envisaged in 2004–2005 for a number of thematic priorities. The overview covers the thematic areas where agencies have convened thematic consultations as part of the UBW development process. The World Bank is the convening agency<sup>41</sup> for the economic impact of HIV/AIDS. Although a thematic consultation was not held in this area, a significant amount of work is being done by the Cosponsors in 2004–2005. In addition, summary information is also provided on two other key issues: *HIV/AIDS and gender*, and *the greater involvement of people living with or affected by HIV/AIDS (GIPA)*.

<i>Cross-cutting themes</i>	<i>Convening agency</i>
Evaluation of HIV/AIDS programming - at country level	World Bank
- at global level	Secretariat
Gender and HIV/AIDS	UNIFEM <sup>42</sup>
Governance and development planning	UNDP
Greater involvement of people living with or affected by HIV/AIDS	Secretariat
 <i>Population groups</i>	 <i>Convening agency</i>
Injecting drug use	UNODC
Men who have sex with men	Secretariat
Orphans and vulnerable children	UNICEF
Sex work	Secretariat
Young people	UNFPA
 <i>Programmatic approaches</i>	 <i>Convening agency</i>
Care, support and treatment	WHO
Condom programming for prevention of HIV	UNFPA
Education sector	UNESCO
Prevention of HIV transmission to pregnant women, mothers and their infants	WHO
World of work	ILO

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<sup>41</sup> The definition of a UNAIDS convening agency is specified by the CCO paper, prepared in April 2002 at the request of the CCO meeting, October 2001.

<sup>42</sup> While not formally recognized as a UNAIDS convening agency for Gender and HIV/AIDS, UNIFEM leads in this cross-cutting area. Together with UNFPA, it co-chairs the UNAIDS Interagency Task Team on Gender and HIV/AIDS.

## **1. Cross-cutting themes**

### ***Evaluation of HIV/AIDS programming***

**Background.** The increased prominence of monitoring and evaluation (M&E) in the response to the HIV/AIDS pandemic presents many challenges as well as opportunities. The rapid expansion of HIV/AIDS programmes calls for major new efforts to track the evolution of country and regional responses to the epidemic; new work to measure the impact of policies and programmes; and improved mechanisms for communication of lessons learned and knowledge of what works.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *strengthening collaboration among key stakeholders* through mapping and strategic employment of M&E resources worldwide, improved utilization of the UBW as a management tool, refining the roles of global resource groups, such as the Monitoring & Evaluation Reference Group and the Cosponsor Evaluation Working Group;
- *assistance to key national partners in the development and implementation of M&E plans* through establishment of mobile country M&E support teams, installation of the Country Response Information System, and sharing of cross-country experiences;
- *mobilization of resources for the implementation of M&E plans* through tracking availability, support to costing M&E activities and advocacy;
- *strengthening the M&E capacity of key regional & national institutions/individuals* through identifying and reorienting global and regional institutions that could play a long-term M&E role, mainstreaming M&E skills into existing curricula of key sectoral management and workforce-training institutions;
- *refinement and expansion of tools for more effective monitoring and harmonization of M&E approaches of key stakeholders* such as the GFATM; and
- *institutional evaluations of UNAIDS Cosponsors* at global, regional and country levels for accountability and continuous learning.

**UBW and evaluation of HIV/AIDS programming.** All Cosponsors dedicate UBW resources for evaluation in the context of their HIV/AIDS programming to sustain institutional learning for more targeted and effective programming. In addition, several specific initiatives funded by the UBW deserve particular mention.

- *World Bank, convening agency for country-level HIV/AIDS evaluation: collaboration among key M&E stakeholders, harmonizing support to national M&E work;*
- *Secretariat, a convenor for global-level HIV/AIDS evaluation: collaboration among the key M&E stakeholders, harmonization of global support to national M&E work;*
- *Interagency budget, placement of expertise in key countries under the UNAIDS Country Coordinator to support national monitoring and evaluation of HIV/AIDS programming;*
- *Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET).* GAMET, funded through the UBW and housed at the World Bank, supports harmonization of approaches to, and coordination of, M&E tools in HIV/AIDS policy and programme decision-making. GAMET is a resource available to all Cosponsors.

## ***Gender and HIV/AIDS***

The UBW development process embraced additional consultations on cross-cutting themes—including one on HIV/AIDS and gender organized by UNFPA/UNIFEM. UNAIDS intends to intensify action and amplify advocacy around women and HIV/AIDS-related issues over the next biennium. UNAIDS has a major role to play in linking and expanding many of the gender- and HIV/AIDS-related projects of the UN system and NGOs worldwide. The UBW will support a range of activities that will strengthen the capacity of women to protect themselves and their families from infection, increase their access to care and treatment, and address a number of specific areas in which improvements would have a positive impact on the status of women. These include, among others:

1. *Violence against women:* UNAIDS will highlight the linkages between violence and HIV transmission and work with a range of partners to support national laws and activities that promote ‘zero tolerance’ for violence against women; WHO is conducting an extensive study examining the health consequences of domestic violence against women, with funding from its core resources; UNFPA will promote the enforcement of legislation and policies for the prevention of HIV transmission through gender-related violence/abuse; and UNDP will seek to reduce women’s vulnerability to violence and will promote leadership capacity development of women.
2. *Prevention of HIV infection among girls and adolescents:* UNFPA and UNICEF are undertaking significant work in this area, backed up by UNICEF's campaign to increase the information on HIV/AIDS available to young people.
3. *Property and inheritance rights:* UNAIDS will work with partners within and outside the UN system to promote the development and/or enforcement of legislation that safeguards inheritance rights for women widowed by AIDS as well as for children orphaned by the epidemic.
4. *Caring for women infected and affected by HIV/AIDS:* WHO will work to ensure that women have the same access to HIV prevention and care services as men; ILO seeks to improve the situation of women providing unpaid care to relatives within the household; and UNFPA will develop a strategy to address the reproductive health needs of HIV-infected women, within a rights framework.

Other efforts by UNAIDS to address the special needs of women include: support for the development of effective microbicides in collaboration with the first Partnership for Microbicides; work by the UNAIDS Secretariat and UNFPA to promote greater gender awareness among uniformed services and peacekeeping operations, through development of guidelines, training and placement of gender advisers in selected countries; and efforts by UNFPA and others to promote policy and programmes that recognize the links between HIV/AIDS, poverty and gender inequalities.

### ***Governance and development planning***

**Background.** The UNGASS Declaration of Commitment on HIV/AIDS underlines the importance of effective governance for mounting an expanded response to the HIV/AIDS epidemic and its impact. In particular, the Declaration encourages the development and implementation of national multisectoral HIV/AIDS strategies and financing plans, strengthening of partnerships, including those with civil society, the private sector and people living with HIV/AIDS, as well as the integration of HIV/AIDS prevention, treatment and impact mitigation into development planning.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *increasing capacity of National HIV/AIDS Coordinating bodies* to strategically manage HIV/AIDS responses;
- *integration of HIV/AIDS into national planning—i.e., national development plans and budgets, other financing instruments such as medium-term expenditure frameworks, HIPC processes, poverty-reduction strategies;*
- *integration of national HIV/AIDS responses into sectoral and ministerial policy formulation and planning, including service delivery;*
- *supporting multisectoral subnational and district-level HIV/AIDS responses.*
- *supporting stronger links between community HIV/AIDS responses and local government decentralized structures;*
- *integration of HIV/AIDS into global and regional development initiatives* with sustained and expanded engagement of multi- and bilateral organizations; and
- *strengthening and better coordinating the UN system assistance to national HIV/AIDS efforts* through the CCA and UNDAF processes, and UN Implementation Support Plans on HIV/AIDS.

**UBW and governance and development planning.** In the context of ongoing collaboration in this cross-cutting priority area, the following organizations have specifically allocated UBW resources for governance and development planning activities:

*UNDP, convening agency:* promotion and integration of HIV/AIDS into core development planning, support for implementation of national multisectoral strategic plans, promotion of community approaches and decentralized planning and implementation, strengthening networks and coalition-building, supporting South-South cooperation, improving the legislation environment, support for mitigating HIV/AIDS impact on sectors; and strengthening the capacity of the Resident Coordinator system in relation to HIV/AIDS.

- *ILO:* mobilization and strengthening of the capacity of private sector employer and trade union leadership to contribute efficiently to the national response;
- *UNICEF:* mobilization of high-level commitment, focusing on the needs of children;
- *World Bank:* strengthening leadership and accelerating implementation of national HIV/AIDS programmes, contributing to availability of costed national plans, and strengthening partnerships between governments, donors and civil society.
- *Secretariat:* mobilizing and empowering public, private and civil society leadership, resource mobilization to finance national programmes, technical support through operational technical resource networks, strengthening UN coordination, and contributing to HIV/AIDS mainstreaming into major development instruments.

### ***Greater involvement of people living with or affected by HIV/AIDS (GIPA)***

UNAIDS has been supporting the principle of greater involvement of people living with or affected by HIV/AIDS (GIPA) as an effective strategy in the response to the epidemic. This principle includes participation of people living with or affected by HIV/AIDS in the development as well as the implementation of policies and programmes at all levels. GIPA is grounded in a human rights framework, principles of non-discrimination, equality and participation and respect for human dignity. The UNGASS Declaration of Commitment provides and calls for global action and acknowledges the “particular role and contribution of people living with HIV/AIDS”.

#### **Key activities in 2004–2005:**

- *Advocacy: intensify UN system advocacy around international treaties, UN resolutions and intergovernmental agreements that help governments to ensure promotion, protection and fulfilment of human rights for people living with or affected by HIV/AIDS and reduce stigma related to HIV.*
- *Standard-setting, legislative and policy development: strengthen national policy and legal frameworks to respond to HIV-related human rights issues, and to protect vulnerable populations, particularly people living with HIV/AIDS.*
- *Facilitation of partnership creation and support for the development of PLWHA organizations, key global, regional, national and local networks of PLWHA, and strengthening of human capacity development, as well as organizational capacity development.*
- *Care and support for people living with or affected by HIV/AIDS.*
- *Elimination of stigma and discrimination: support legislative and programmatic actions to protect human rights, counter stigma and discrimination, and monitor HIV-related human rights violations.*

**UBW and GIPA.** In the context of on-going collaboration, all the Cosponsors promote and support implementation of the GIPA principle, while the following organizations will receive funding through the 2004–2005 UBW:

*Secretariat:* Advocacy for GIPA, overall advancement of HIV/AIDS-related human rights. Monitoring violations of HIV/AIDS-related rights at national level, through the integration of HIV/AIDS-related issues in the investigation, monitoring and enforcement mandates of national human rights institutions.

- *UNDP:* enhancing institutional development of organizations and networks, including networks of people living with or affected by HIV/AIDS; promotion of active involvement of PLWHA, advocating legal reforms and formulation of anti-discrimination legislation for PLWHA and gender equality; developing communication strategies to address stigma and discrimination to protect the rights of PLWHA.
- *UNICEF:* communication strategy to create a supportive and positive environment for PLWHA and to create demand for services.
- *WHO:* advocacy for care, promotion and dissemination of strategic information, partnership and coordination of HIV care and treatment; and technical support for increasing availability and accessibility of care services, including ARV therapy.

## **2. Population groups**

### ***Injecting drug use***

**Background.** The UNGASS Declaration of Commitment recognizes that reduction of risk-taking behaviour through expanded access to sterile injecting equipment and harm-reduction efforts related to drug use are important elements in HIV/AIDS prevention efforts. The UNGASS Declaration urges all countries to ensure, by 2003, development and implementation of programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including drug-taking behaviour.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *leadership, partnerships and networking;*
- *technical support* to countries on appropriate policy and legislative environments and bolstering capacity for strategy and programme development;
- *strengthening of technical resource capacity of UN agencies* so they are better able to contribute to national responses;
- *best practice* documentation and dissemination; and
- *strengthening the capacity of criminal justice systems* for legal reforms and interventions in correctional institutions.

**UBW and injecting drug use.** In recognition of the fact that injecting drug use (IDU) is a major avenue for the spread of HIV infection in a number of countries, the UBW sees increases in resources for this priority area, as follows:

- *UNODC, convening agency:* diversification of treatment services for IDUs; improvement of institutional capacity of criminal justice systems in drug use and HIV prevention, building institutional capacity of relevant stakeholders, advocacy and awareness-raising on the linkages between injecting drug use and spread of HIV, enhancing interagency coordination, and supporting capacity-building and networking of relevant NGOs.
- *ILO:* promotion of occupational safety and health measures and advocacy for the implementation of policy for the prevention of drugs, alcohol and substance abuse in the workplace.
- *UNDP:* creating an enabling policy and resource environment to achieve UNGASS and UNSSP goals and objectives.
- *UNESCO:* increasing use of empowering educational prevention strategies aimed at groups at risk and vulnerable populations, including IDUs, in most affected regions.
- *UNICEF:* developing programme guidance for reaching especially vulnerable young people for HIV prevention, support for the scaling-up of HIV prevention programmes with, and for, especially vulnerable young people, and capacity-building of UNICEF staff in programming skills for HIV prevention in young people.
- *WHO:* advocacy, normative guidance and development of tools on prevention and care (i.e., drug dependence treatment and HIV/AIDS treatment), technical guidance on coverage and quality of substitution therapy for HIV prevention among injecting drug users, technical support and capacity-building on treatment and care issues, on HIV prevention (i.e., harm reduction), and on monitoring and surveillance (i.e., biological and behavioural HIV surveillance).



### ***Men who have sex with men***

**Background.** The UNGASS Declaration of Commitment commits countries to develop and/or strengthen, by 2003, national strategies, policies and programmes to promote and protect the health of groups that are particularly vulnerable to HIV/AIDS. Globally, men who have sex with men (both gay-identified and other) are at special risk of infection due to the social, legal and political disadvantages they face. Men who have sex with men (MSM) account for a notable percentage of HIV infection worldwide, and sexual transmission among men is the epidemic's driving force in many parts of the world. In Latin America and the Caribbean, for example, MSM account for more than 40% of cumulative AIDS cases. MSM frequently confront unique problems in obtaining the care and support they need. In many parts of the world, homosexual behaviours between men are heavily stigmatized and subject to discrimination. In other parts of the world, the existence of homosexual behaviours is officially denied. In either case, the stigma associated with homosexuality makes responding to the special needs and circumstances of MSM particularly difficult.

**Key activities.** The Joint Programme will undertake the following activities to accelerate progress towards the Declaration of Commitment's goals regarding the especially vulnerable population of MSM:

- *improvement of epidemiological and behavioural surveillance.* In particular, data on the diversity of male-male sex;
- *advocacy and human rights.* The 2004–2005 UBW will support clearer articulation and promotion of the key dimensions of a human rights responses to HIV/AIDS and MSM; and
- *enhanced partnerships.* Additional efforts will be supported in the next biennium to strengthen networking between NGOs and community-based organizations providing HIV/AIDS prevention and care services to MSM.

**UBW and MSM.** In the context of ongoing collaboration, the following organizations will receive funding through the 2004–2005 UBW to accelerate progress towards implementation of the Declaration of Commitment's goal with respect to MSM:

- *WHO:* surveillance and epidemiology.
- *Secretariat:* advocacy; partnership development; epidemiology and surveillance.

### ***Orphans and vulnerable children***

**Background.** HIV/AIDS is having a devastating impact on the world's children. By 2010, an estimated 25 million children will be orphaned due to HIV/AIDS. Compounding the loss of a parent, increasing numbers of children are caring for ill or dying parents, with many having to drop out of school to help with farm or household work, or due to lack of school fees. Children orphaned or otherwise made vulnerable by the epidemic often experience declining health due to reduced access to food and health services, and many are at risk of violence, abuse, discrimination, exclusion and stigma.

The Declaration of Commitment requires that, by 2003, countries develop and, by 2005, implement national policies and strategies to develop the capacities necessary to provide a supportive environment for children orphaned and made vulnerable by the epidemic. The Declaration further commits countries to the eradication of discrimination against such children and to ensure their full and equal enjoyment of human rights. In recognition of the fact that many countries lack the resources to implement comprehensive programmes to support and protect children orphaned and made

vulnerable by HIV/AIDS, the Declaration calls on the entire international community to join with affected countries in scaling up needed programmes and strategies.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *strengthened advocacy and leadership mobilization* through awareness-raising among global opinion leaders and decision-makers and other constituencies;
- *broadened and strengthened partnerships* through establishment of the OVC Partners Forum in recognition of the large number of NGOs and non-UN partners active in this area, forging and strengthening other partnerships;
- *programming guidance and experience sharing* through development and dissemination of policy, technical and programming guidance, as well as tool kits and best practices;
- *expansion of technical and programming capacity* through regional-level programming and establishment of technical resource networks, with a focus on sub-Saharan Africa;
- *resource mobilization* through advocacy with governments and other stakeholders in developed countries to generate funds sufficient to meet the (UNICEF) global target of US\$1 billion annually for programmes for children orphaned and made vulnerable by HIV/AIDS; and
- *expansion of knowledge base* through strengthening situation and response analyses, monitoring and evaluation, and research base.

**UBW and children orphaned and made vulnerable by HIV/AIDS.** The importance of addressing the issue of children being orphaned and made vulnerable by HIV/AIDS is integral to the strategic orientation of the UBW. The 2004–2005 UBW will support three Cosponsors in undertaking work specifically concerned with children orphaned and made vulnerable by the epidemic:

- *UNICEF, convening agency:* advocacy, strategic information, best practices, monitoring and evaluation, technical and programme support, including significant work at country level.
- *ILO:* programme on the elimination of child labour, which includes special emphasis on children orphaned by AIDS.
- *UNESCO:* improved counselling services for children orphaned by AIDS, with a special focus on girls.

### ***Sex work***

**Background.** The UNGASS Declaration of Commitment on HIV/AIDS-related goals and targets acknowledged the importance of protecting different vulnerable groups from the impact of the epidemic and sought to place specific actions addressing their needs within the mainstream of national responses. To match the complex challenges faced by vulnerable groups, it urged that responses be grounded in gender equality and human rights, multisectoral partnerships, and the elimination of stigma and discrimination.

Alongside the needed scale-up of current successful prevention programmes, there is the growing challenge of dealing with sex work as a multifaceted issue with implications at various levels, ranging from legislative frameworks and economic conditions and policies to the quality of health-care services. Furthermore, in environments of poverty and conflict, the occasional practice of sex work means that responses must take into account the different circumstances in which sex work transactions take place.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *advocacy* at global, regional and country levels to foster a favourable environment for scaling up prevention and care programmes for sex workers and clients;
- *expansion of Cosponsor responses on sex work issues*. Cosponsors will work towards increasing access to prevention education, health, legal, social and economic assistance services, especially of young sex workers; improving quality of care for those involved in sex work; and working with clients of sex workers;
- *partnership-building* at global and regional levels that will generate collaboration among UN partners, sex work networks, government programmes, and international development organizations;
- *strategic and programme guidance* that will inform strategy, policy and programming at national levels. The Programme will develop tools, including regional situation analysis of sex work, analysis of surveillance studies, best practices, and research guidelines, to improve policy and programme practices; and
- *policy studies and reviews* that will analyse, and seek synchronization of, policies affecting those involved in sex work—i.e., policies on migration, legal protection, and enforcement procedures.

**UBW and sex work.** UNAIDS recognizes the important role sex work plays in spreading the epidemic. Consequently, the current UBW dedicates additional resources to this important issue.

- *UNAIDS Secretariat*: convening the Cosponsors and UN partners in the area of sex work. Substantial resources will be directed towards accelerating UN responses, supporting collaborative mechanisms, such as the multi-partner working groups, and facilitating regional initiatives.
- *WHO*: operational research for treatment provision in special settings.
- *UNFPA*: STI/HIV/AIDS prevention addressing sex workers and their clients.
- *UNODC*: drug use awareness-building programmes for sex workers and their communities and street youth who are vulnerable to sex work; and research on the linkages between drug use and sex work.
- *UNICEF*: advocacy on issues related to sex work, such as trafficking of young people.
- *UNDP*: address sex work within their overall initiatives with political leaders and will build on the regional efforts, in trafficking and migration, such as those in South Asia.

### ***Young people***

**Background.** Young people under the age of 25 account for 50% of all new infections – more than 6000 daily; and 11.8 million young people (aged 15–24) are currently living with HIV/AIDS. Young people represent not only an extraordinarily vulnerable population, but also the greatest opportunity for reversing the global epidemic.

The Declaration of Commitment recognizes the centrality of young people to the global response to HIV/AIDS. It provides for:

- establishment, by 2003, of time-bound national targets to achieve, by 2005, the reduction of HIV prevalence among young men and women (aged 15–24) in the most affected countries by 25% and by 25% globally by 2010; and
- ensuring, by 2005, that at least 90% and, by 2010, at least 95%, of young men and women (aged 15–24) have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV.

Although progress has been made in rallying consensus and commitment on the need for effective HIV prevention for young people, too few scaled-up programmes currently exist to meet the Declaration of Commitment's time-bound targets. Achieving the Declaration's goals will require an immediate expansion and acceleration of efforts to prevent HIV infection among young people.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *capacity development*: all Cosponsors are committed to increasing the level of technical and financial resources in support of HIV/AIDS prevention activities for young people at country level. Specific attention will be focused on:
  - support for a comprehensive assessment of the financial investment being channelled to HIV prevention for young people, as well as estimates of the human and financial resource needs to achieve the Declaration of Commitment goals;
  - strengthening regional training institutions to facilitate rapid scale-up and to enhance monitoring and evaluation; and
  - capacity-building, including implementation of proven prevention approaches through peer education and life skills.
- *enabling a supportive political environment*: strengthen evidence-based advocacy for policies and programmes, including through a joint global advocacy initiative to build support for scaled-up HIV prevention programmes for young people.
- *clarity and consensus on programming approaches*: develop, disseminate and promote a joint set of effective approaches for HIV prevention among young people primarily targeted at policy-makers, programme planners and United Nations Theme Groups; and develop and disseminate effective approaches to deliver HIV prevention services directed at those young people who are most vulnerable to HIV infection and to the impact of AIDS.
- *monitoring and coordination*: measure (through the establishment and promotion of youth-specific indicators) progress towards implementation of the youth-specific goals in the Declaration of Commitment.

**UBW and young people.** It is understood that reaching young people is key to curbing the epidemic. This reality is embedded in the workplans of all Cosponsors, which uniformly give priority to youth-focused action.

*UNFPA, convening agency*, will strengthen peer education as an approach to educating and involving young people in prevention programmes; build capacity of youth serving networks to deliver young male-friendly preventive information, education and services enhancing a greater involvement of young boys and men in HIV prevention programmes and develop approaches for married adolescents, very young adolescents and young victims of sexual violence. UNFPA will document and disseminate good practice models for youth-adult partnerships with a particular focus on parent-youth programmes and involvement of faith-based organizations in HIV prevention programmes for young people.

*ILO* will strengthen the capacity of workers' and employers' organizations, governments and youth stakeholders to implement HIV prevention actions among young workers and with youth business leaders and youth unions to guide application of the ILO Code of Practice and identify best practices in HIV/AIDS prevention among young people through the world of work. In addition, ILO will conduct research on the socioeconomic impact of HIV/AIDS on domestic labour/burden of care and its impact

on gender equality in addition to analysis of the linkages between child labour and HIV/AIDS.

*UNDP* will lead actions to nurture leadership capacity development, to protect the rights of all people living with HIV/AIDS, including young people, through the development and dissemination of strategies that effectively address issues of stigma and discrimination. *UNDP* will also promote national policy dialogue and legal reform for the formulation of anti-discrimination legislations.

*UNESCO* will enhance regional and national capacity in the area of skills-based and prevention education both through formal in-school and non-formal outreach channels. Special attention will be focused on university students and youth organizations/networks and on efforts to pilot integrated approaches to address HIV/AIDS education and sustainable livelihood for marginalized youth – linking issues of basic education, life skills, sports, entrepreneurial training and micro-credit opportunities.

*UNICEF* will provide technical support to strengthen programme communication, social mobilization and skills-based education for HIV prevention, including the development of programme guidance for reaching especially vulnerable young people; the documentation of good practice; and the development of its own staff to support scaling-up of HIV prevention programmes. Furthermore, *UNICEF* will pursue its work in social mobilization and global advocacy for young people through the ‘Right to Know’ campaign and around *UNICEF*'s programming areas in HIV/AIDS.

*UNODC* will develop institutional capacity and capabilities of relevant ministries and civil society to mount effective information, education and service interventions to reduce risk of HIV transmission among injecting drug users and their sexual partners.

*WHO* will increase the collection, analysis and use of data to support advocacy, policy and programme development, will increase access to youth-friendly health services, will create a supportive policy environment for programmes, will promote integration of HIV/AIDS into school health education curricula and will support an integrated adolescent health package in countries in sub-Saharan Africa.

*The World Bank* will provide guidance on effective approaches to reaching poor youth, costing youth programmes, and effectively involving the private sector in HIV prevention programmes. In addition, the Bank will strengthen the capacity of countries to draw on and effectively manage available and potential grants and loans for programmes for young people.

### ***3. Programmatic approaches***

#### ***Care, support and treatment***

**Background.** Consistent with the UNGASS Declaration of Commitment, WHO and the international community pledged to provide ARV therapy to 3 million people by 2005. Reaching this target requires an unprecedented scaling-up of health programmes in low- and middle-income countries. Only 300,000 people in developing countries (out of a possible six million) currently have access to ARV therapy.

Although substantial obstacles must be overcome to meet the target, it is feasible to bring comprehensive care programmes to scale. ARV treatment regimens are

standardized, and monitoring requirements are simplified in such a way that ARV treatment programmes are possible in district rural hospitals and even through general programmes, such as antenatal clinics, TB services and STI services.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *Norms, standards, policies, strategies and guidelines*, including HIV care-planning toolkit, ARV treatment guidelines, HIV clinical management guidelines, and strategies to address life and health insurance regulations and HIV/AIDS care and treatment in the workplace;
- *Capacity-building to facilitate rapid scale-up* through development of ARV programmes; building capacity of national drug regulatory authorities, financial, technical and logistical support to scale-up at global, regional and country level; implementation of delivery models for scaling up access to ARVs; training of staff for planning and scaling up access to ARVs; ARV price reductions; information on patent status, improved skills and attitudes of health workers; and sharing examples of successful ARV programmes;
- *Selection, quality, procurement and use of ARVs and other HIV/AIDS-related commodities* through introduction of mechanisms to ensure quality and safety: pre-qualification of HIV-related drug manufactures, integration of ARVs into National Essential Drugs Programmes, and provision of up-to-date information on sources and prices of drugs and diagnostics;
- *Improving laboratory capacity* through provision of guidelines on laboratory monitoring for ARV therapy, training materials for laboratory technicians quality-assurance programmes;
- *Advocacy* to promote HIV/AIDS care and treatment will include dissemination of strategic information for scaling up access to care and ARV therapy, campaign and advocacy presentations at various events; and development of the International HIV Treatment Access Coalition (ITAC) networks at global, regional and country levels.

**UBW and care, support and treatment.** In the context of ongoing collaboration, the following organizations will receive funding through the 2004–2005 UBW to accelerate progress towards UNGASS targets for care, support and treatment:

- *WHO, convening agency*: improving selection, procurement and use; capacity-building technical guidance for scaling up, information dissemination on sources and prices, laboratory guidelines, advocacy;
- *ILO*: life and health insurance regulations; workplace policies;
- *UNDP*: accessibility to care and treatment expanded beyond health system and linked to broad-based services;
- *UNICEF*: capacity-building; technical guidance; communications strategy; information dissemination on sources and prices; advocacy;
- *World Bank*: provision of resources to scale up; and
- *Secretariat*: advocacy, including for the special needs of women related to care and treatment; information dissemination on sources and prices.

### ***Condom programming for prevention of HIV***

**Background.** While delayed sexual debut, mutual partner fidelity, voluntary testing and counselling continue to serve as possible HIV/STI prevention methods, condoms remain the most scientifically documented method, as confirmed by different studies. The contribution, therefore, of male and female condoms cannot be over-emphasized. In many countries, the significant gap between the levels of HIV awareness and those of condom use remain one of the greatest priorities requiring urgent attention. Although condoms have long been recognized as a highly effective means of preventing

transmission of HIV, STIs and unintended pregnancies, their utilization rates have remained low and unchanged, and substantially below the levels required to help reverse the epidemic.

The UNGASS Declaration of Commitment calls for “expanded access to essential commodities, including male and female condoms...by 2005”. This goal cannot be realized without an intensive and sustained response by national governments and the international community to ensure an adequate and timely supply of condoms and to effectively promote correct and consistent condom use. This is particularly crucial among the youth, who remain very vulnerable. Through targeted and concerted action, this international response must overcome barriers to condom access and use, including lack of political commitment, inadequate financial and human resources, inconsistent supply of good-quality products, limited channels of distribution, poor logistics systems, and provider and public attitudes that inhibit use. Cost, in some cases (especially that of the female condom), is still a major deterrent to condom use in many communities. Condom programming therefore remains a critical intervention strategy that is continuously evolving and, while the key activities identified below serve as contributing elements of condom programming planned for the coming year, the list is by no means exhaustive.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *capacity-building and programming tools* to strengthen condom programming for HIV prevention;
- *procurement and distribution of good-quality condoms* through advocacy, resource mobilization, introduction and use of model specification and procurement guidelines, procurement coordination and sustainability;
- *reaching sexually active young people* through targeted approaches to the introduction and promotion of condoms; and
- *targeted condom policies and programming* with a major emphasis on scaling up, including condom social marketing interventions for dual protection.

**UBW and condom programming.** In the context of ongoing collaboration, the following organizations will receive funding through the 2004–2005 UBW to accelerate progress towards the Declaration of Commitment’s condom access goal:

- *UNFPA, convening agency:* capacity-building; procurement and distribution; social marketing of male and female condoms;
- *UNDP:* creating enabling environment;
- *UNICEF:* global advocacy campaign targeting young people;
- *World Bank:* condom procurement; and
- *WHO:* procurement guidelines, capacity-building.

### ***Education sector***

**Background.** Education systems are intimately involved in the response to HIV/AIDS in a variety of ways. Schools and other education sites are key venues for delivering and reinforcing HIV-prevention messages and for teaching critical life skills to reduce vulnerability. Schooling is critical to the empowerment of girls and young women to reduce their vulnerability to HIV infection and other health-related, social and economic ills. Education strategies are also essential to efforts to mitigate the epidemic’s impact on orphans and other vulnerable children. In addition, education systems are being decimated by HIV/AIDS, especially in sub-Saharan Africa. Mitigating the epidemic’s

impact requires investment in strategies to reduce infections among teachers, support those who are already infected, and otherwise strengthen educational infrastructures.

The Declaration of Commitment recognizes the importance of education sectors in the response to HIV/AIDS by:

- committing countries by 2003 to address lack of education as a factor that increases vulnerability to HIV/AIDS and include HIV/AIDS in the curricula for adolescents;
- committing countries to develop by 2003, and implement by 2005, policies to provide a supportive environment for orphans and other children made vulnerable by the epidemic, including measures to ensure their enrolment in school; and
- committing the global community to evaluate and address the epidemic's social and economic impact at all levels of society.

**Key activities in 2004–2005** will be undertaken in the following areas:

- expanding the knowledge base on education and HIV/AIDS;
- building both commitment and capacity among key groups to reduce risk and vulnerability to HIV/AIDS through education, while ensuring appropriate diversity in the response to the epidemic; and
- support to scaled-up, sector-wide responses to the epidemic at country level to:
  - employ effective education strategies for changing behaviour and reducing vulnerability;
  - mitigate the impact of HIV/AIDS on the education sector; and
  - mainstream gender, human rights, and effective responses to stigma and discrimination as critical aspects of successful prevention education.

**UBW and education.** In the context of ongoing collaboration, the following organizations will receive funding through the 2004–2005 UBW to accelerate progress towards implementation of the Declaration of Commitment's education goals:

- *UNESCO, convening agency:* prevention and vulnerability reduction, impact mitigation; leadership and advocacy; capacity-building; research and development; monitoring and evaluation;
- *ILO:* workplace policy and training programme in the education sector for prevention and vulnerability reduction;
- *UNDP:* mainstreaming HIV/AIDS into the sector's development activities;
- *UNFPA:* capacity development for school-based health and reproductive services;
- *UNICEF:* prevention and vulnerability reduction; technical support for scaling up;
- *WHO:* prevention and vulnerability reduction; and
- *Secretariat:* coordination of the development of a comprehensive, coherent set of youth-focussed evidence-based policies and strategies across Cosponsors.

### ***Prevention of HIV transmission to pregnant women, mothers, and their children***

**Background.** Each year, an estimated 200 million women become pregnant. The 2.5 million HIV-positive women among them transmit HIV to 800,000 infants—either before or during delivery, or as a result of breastfeeding. Transmission to pregnant women, mothers and their children is a tragedy that represents an enormous humanitarian, social and economic burden that requires an emergency response by the international community.

A substantial reduction in HIV transmission to pregnant women, mothers and their children could be achieved through widespread scaling-up of a package of key interventions, including comprehensive HIV prevention counselling and prenatal care



(STI management, safe labour and delivery practices, etc.), HIV testing and counselling, administration of ARV therapy to mother and newborn, and strategies to avert or reduce the risk of transmission through breastfeeding—all with particular attention to the involvement of the community and male partners. The Declaration of Commitment calls for the proportion of infants infected with HIV to be reduced by 20% by 2005 and by 50% by 2010, by ensuring that 80% of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them. To meet these targets, substantial funds must be mobilized, capacity must be dramatically expanded at country level, and an array of additional impediments must be overcome, underscoring the importance of strengthened and concerted action by UNAIDS to assist countries in scaling up PMTCT<sup>43</sup>.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *advocacy and fundraising* to strengthen commitment at global, regional and country levels to the scaling-up of PMTCT programmes;
- *support to countries* to help nations mobilize resources (from such sources as the World Bank MAP programme and the GFATM) for scaling-up of PMTCT;
- *partnership development* to accelerate and overcome obstacles to scaling-up;
- *research and evaluation* to improve strategies to prevent mother-to-child transmission and to facilitate programmatic expansion;
- *technical guidance* to help countries bring national PMTCT programmes to higher levels of implementation;
- *capacity-building* to help countries plan and implement PMTCT programmes effectively, overcome barriers to scale-up and to sustain PMTCT initiatives over the long term; and
- *monitoring* to assess progress towards implementation of the Declaration of Commitment's PMTCT targets.

**UBW and PMTCT.** In the context of ongoing collaboration, the following organizations will receive funding through the 2004–2005 UBW to accelerate progress towards the Declaration of Commitment's PMTCT targets:

- *WHO, convening agency:* monitoring and evaluation indicators, research on safety and efficacy of ARV regimens for PMTCT, training packages for capacity-building of health service providers, and strategies and plans for integrating PMTCT into existing MCH services, including antenatal clinics.
- *UNICEF:* support implementation of national policies, strategies and plans on PMTCT; monitoring progress and research.
- *UNFPA:* intervention package for HIV prevention in pregnant women and mothers.
- *World Bank:* improved knowledge base on effectiveness of prevention interventions.
- *Secretariat:* advocacy and fundraising and monitoring progress.

### ***World of work***

**Background.** ILO estimates that more than 70% of HIV-infected adults are workers, with most in their productive prime (aged 15–49). As a key element of any local community, the workplace is an essential component of an effective response to

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<sup>43</sup> Although the acronym PMTCT stands for prevention of mother-to-child transmission, UNAIDS uses the term PMTCT comprehensively to refer to prevention of HIV transmission in pregnant women, mothers, and their children.

HIV/AIDS. In particular, the workplace represents a critical vehicle for providing HIV prevention interventions and for ensuring access to HIV-related treatment and care. Consistent with the importance of the workplace in the response to HIV/AIDS, the ILO *Code of Practice on HIV/AIDS and the world of work* sets forth the basis for a comprehensive and rights-based approach to HIV/AIDS policy.

The Declaration of Commitment includes the following work-related goals:

- to strengthen, by 2005, the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes and taking measures to provide a supportive workplace environment; and
- to develop, by 2003, a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS.

**Key activities in 2004–2005** will be undertaken in the following areas:

- *capacity development* – strengthen the capacity of the UNAIDS Secretariat and Cosponsors to help countries maximize use of the world of work to advance the fight against HIV/AIDS;
- *technical support* – support Member States to integrate workplace components into national strategic plans and other development plans to accelerate the expansion of workplace programmes on HIV/AIDS;
- *advocacy* – UNAIDS will actively advocate and promote policies to ensure equal rights in employment and entitlements for vulnerable workers, as well as the extension of access to HIV/AIDS-related care and treatment;
- *research* – improve strategic information on employment and labour market implications; and
- *enhanced partnerships with public and private sectors*.

**UBW and the world of work.** In the context of ongoing collaboration, the following organizations will receive funding through the 2004–2005 UBW to accelerate progress towards implementation of the Declaration of Commitment's goals with respect to the world of work:

- *ILO, convening agency*: capacity development; technical support; advocacy; policy-oriented research; enhanced partnerships.
- *UNDP, UNESCO, UNFPA, WHO*: capacity development; technical support; advocacy.
- *World Bank*: capacity development; technical support; advocacy; policy-oriented research, enhanced partnerships.
- *Secretariat*: technical support; advocacy; enhanced partnership.