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Follow-up to the 2006 Political Declaration on HIV/AIDS
2007-2010 Strategic Framework for UNAIDS support to countries' efforts
to move towards universal access

1. Introduction

The landscape of the global AIDS response has shifted dramatically in recent years. Billions of dollars have been mobilized to fight the epidemic. Antiretroviral treatment—once considered impossible in low-resource settings—is now available to 1.6 million people in low- and middle-income countries. A renewed focus on evidence-informed prevention within a comprehensive response has been emboldened by the promise of microbicides and other new technologies currently under development. There is growing understanding of the needs of children and adolescents, emphasizing the importance of care and support services, and of increasing coverage of paediatric treatment and services for the prevention of mother-to-child transmission of HIV. Charitable foundations and faith-based organizations have joined national and international activists groups and service NGOs as major non-state actors in the response. Trade unions and employers' organization are helping deliver HIV prevention and health care programmes in the workplace, and private companies are increasingly finding that it is financially viable to provide these programmes to their workforce.

Although substantial progress has been made, HIV infections and AIDS deaths continue to rise. Recent country reporting on their efforts to fulfil their obligations in the 2001 Declaration of Commitment on HIV/AIDS made clear that the international community must do more to achieve the Millennium Development Goal of halting and reversing the spread of HIV by 2015. It was within this context that momentum built around a bold new objective: **universal access**.

The G8 industrialized nations endorsed a push towards universal access at their July 2005 Gleneagles Summit. Soon afterwards, the Joint UN Programme on HIV/AIDS (UNAIDS)¹ facilitated an inclusive, country-driven process and recommended a course for achieving this objective. The resulting UNAIDS assessment² became the basis for formal international agreement at the UN General Assembly's June 2006 High Level Meeting on AIDS to "scale up towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010".

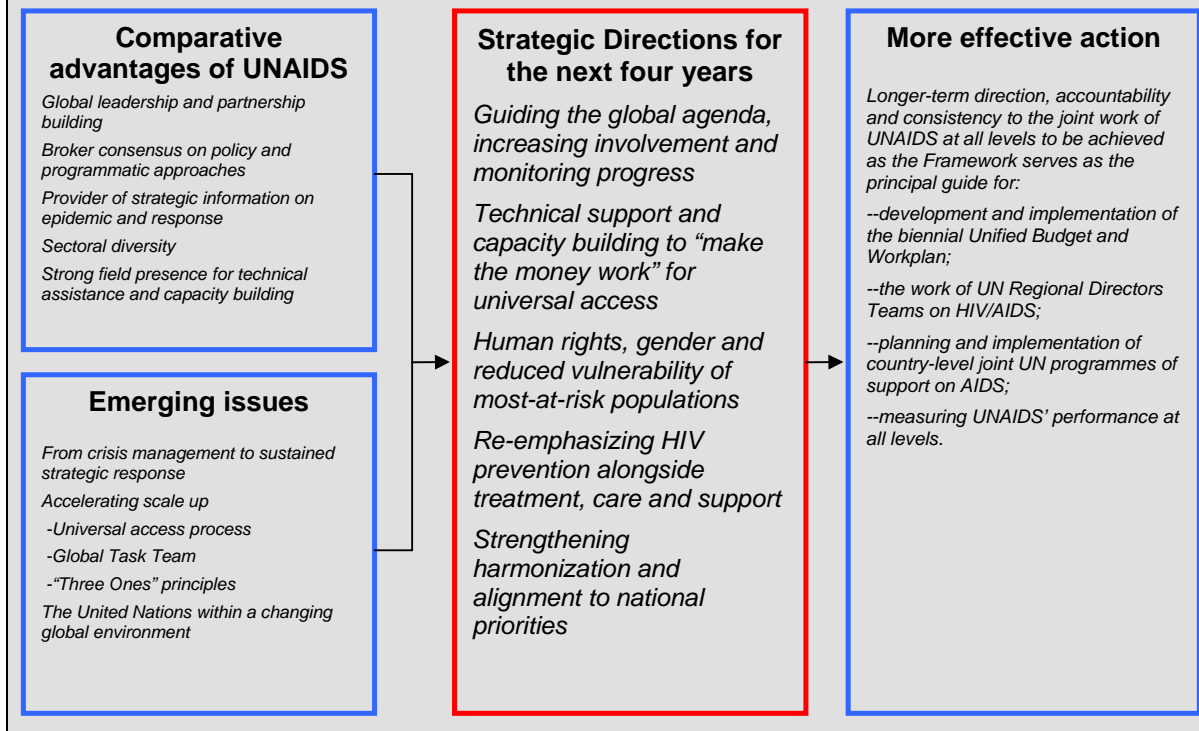
A few weeks later, the Programme Coordinating Board called on UNAIDS to develop a four-year framework that can guide joint UN support to countries to achieve universal access as well as fulfilling other commitments made in the 2001 Declaration and the 2006 Political Declaration on HIV/AIDS. In response, this paper outlines a Framework that:

- places universal access as the overarching objective of UNAIDS for the next four years;
- re-affirms country support as a priority in UNAIDS joint planning and budgeting at all levels;
- establishes a common set of Strategic Directions among Cosponsors and the Secretariat; and
- brings longer-term direction, accountability and consistency to the joint work of UNAIDS at all levels (see Figure 1).

¹ Unless otherwise stated in this paper, the terms "UNAIDS" and "the Joint Programme" refer to the collective efforts of the UNAIDS Cosponsors and the Secretariat at global, regional and country levels.

² UN General Assembly document A/60/737, *Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support*.

Figure 1: Strategic Framework for UNAIDS support to countries as they move towards the goal of universal access to HIV prevention programmes, treatment, care and support by 2010.



2. Key considerations

In setting the strategic directions of the Joint Programme as it supports efforts to move towards universal access, the Framework takes into consideration the comparative advantages of UNAIDS and emerging issues in the global AIDS response.

Comparative advantages of UNAIDS

UNAIDS provides global **leadership** in the AIDS response and convenes a wide range of partners to broker global consensus on policy and programmatic approaches. As noted in a comprehensive evaluation of UNAIDS' first five years³, the Joint Programme had been largely successful in forging a global agenda on AIDS and mobilizing resources from donor countries. In more recent years UNAIDS has continued to play a leading role in efforts to maintain AIDS as a priority on the global political agenda, as evidenced by the High Level Meeting on AIDS earlier this year.

UNAIDS also serves as a **global monitor** of the epidemic and the response. The UN General Assembly has called on UNAIDS to report progress on fulfilment of international agreements on AIDS, and Cosponsors and the Secretariat regularly collect and analyse country-level data and

³ *Five-year Evaluation of UNAIDS*, Final Report, 8 October 2002.

report regional and global trends. Additionally, country-level strategic information is used by UNAIDS to produce evidence-informed technical guidance and “best practice” reports that help partners’ improve their programmatic efforts. UNAIDS inter-agency task teams⁴ bring together UNAIDS Cosponsors, bilateral agencies, private donors and civil society to develop ways to improve the response in thematic areas (e.g. education, drug use. Prevention of mother-to-child transmission) or vulnerable populations (e.g. most-at-risk adolescences, children affected by AIDS). The international community also relies on the Joint Programme to fulfil normative functions in the response to AIDS.

At the heart of UNAIDS are the 10 UN agencies that, together as Cosponsors, possess sectoral diversity reflecting the multisectoral approach required to overcome the political, social, developmental and public health challenges of AIDS. The strong field presence of UNAIDS Cosponsors allows the Joint Programme to provide technical assistance and strengthen the capacity of low- and middle-income countries to develop comprehensive national strategies and implement effective AIDS programmes, and monitor progress. In response to the Five-Year Evaluation, the Programme Coordinating Board allocated additional financial and human resources to improving UNAIDS country support and agreed on five cross-cutting functions for the Joint Programme:

1. Advocacy and leadership for effective action against the epidemic
2. Strategic information required to guide the efforts of partners
3. Tracking, monitoring and evaluation of the epidemic and actions responding to it
4. Civil society engagement and partnership development
5. Financial, technical and political resource mobilization

The cross-cutting functions remain relevant as countries move towards universal access. The country-focused approach of UNAIDS in recent years has also seen an increase in technical support to national AIDS programmes as well as the emergence of initiatives that support country ownership, such as the “Three Ones” principles, the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, and the universal access process itself.

Cosponsors’ individual areas of responsibility for universal access are summarized in Figure 2. These functions are coordinated at country level within the UN Resident Coordinator System. At global and regional level, the UNAIDS Secretariat plays a catalytic and coordinating role for the Joint Programme, as well as leadership, advocacy, partnership-building, strategic information and other functions.

⁴ For example, the UNAIDS Inter-agency Task Team on Education recently completed a survey of the readiness of the education sector to respond to the challenges posed by AIDS. Ministries of Education from 71 countries and civil society organizations from 18 countries analysed the impact of AIDS on education, areas of progress and weaknesses in their response to date.

Figure 2: Cosponsors' areas of responsibility for universal access

UNHCR: Reaching out to refugees, conflict affected and displaced populations

The United Nations High Commissioner for Refugees actively advocates for and supports moving towards universal access for refugees, internally displaced populations and other persons of concern to UNHCR. UNHCR follows the principles outlined in UNHCR's policy on refugees and HIV/AIDS, antiretroviral therapy policy and refugee health policies. It advocates for an integrated, equitable and comprehensive AIDS response, including antiretroviral therapy, which includes conflict-affected and displaced populations as well as their surrounding host populations. Since refugees and other persons of concern to UNHCR are often situated in marginalized and remote areas, UNHCR's extensive human resources and logistical system can be used to deliver prevention and antiretroviral therapy to these isolated areas. UNHCR promotes a sub-regional approach to ensure continuity of prevention and antiretroviral therapy to those refugees who repatriate to their countries of origin, as well as for other displaced and mobile populations. Finally, UNHCR advocates for non-discriminatory practices and the provision of prevention and antiretroviral therapy for refugees who are resettled in third countries (i.e. countries other than those of asylum or origin).

UNICEF: 'Unite for Children, Unite against AIDS'

The United Nations Children Fund works with partners through the global campaign 'Unite for Children, Unite against AIDS' to provide and mobilize support for child-focused comprehensive national AIDS programmes that are fully integrated within reproductive, child and adolescent health, education and social welfare services. Specifically, UNICEF supports national efforts to ensure and increase access to programmes to:

- prevent mother-to-child transmission of HIV;
- provide paediatric treatment;
- prevent infection among adolescents; and
- protect and provide support for children affected by HIV, including orphans.

UNICEF also works with national and international partners to establish and strengthen secure and reliable supply and distribution systems, including capacity building for competitive cost estimation for antiretroviral medicines, demand forecasting, procurement and supply management, and effective distribution systems.

WFP: Food and nutritional support to optimize the benefits of antiretroviral drugs

The World Food Programme actively advocates for and support universal access by improving the comprehensiveness and outreach of treatment programmes by providing food and nutritional support as part of a comprehensive care and treatment package. In response to growing recognition of the importance of food and nutritional support as part of comprehensive care for people living with HIV, WFP country offices and regional bureaux provide food and nutritional support to antiretroviral therapy, home-based care, tuberculosis treatment and prevention of mother-to-child transmission programmes in a number of African countries. WFP is working with WHO to design nutritional guidelines for care and treatment of people living with HIV in order to optimize the benefits of antiretroviral drugs. WFP is also working to mitigate the impact of AIDS by improving the food security of orphans and vulnerable children and families affected by AIDS, through programmes such as school feeding. Furthermore, WFP is integrating HIV prevention education and awareness into school feeding, food for work/food for assets, food for training, relief operations and mother-and-child health programmes.

UNDP: Scaling up towards universal access in the broader context of development

Through its lead role in addressing AIDS in the context of development, governance, mainstreaming, human rights and gender, UNDP is engaging a wide range of government and civil society stakeholders in the universal access process, particularly at regional and country level. In partnership with the World Bank and UNAIDS Secretariat, support is being provided for setting and supporting national priorities, including mainstreaming of AIDS priorities into poverty reduction strategies. To increase access to AIDS medicines, UNDP is building capacity of national partners for employing flexibilities in the WTO agreement on Trade-Related Aspects of Intellectual Property Rights. UNDP actively promotes human rights of people living with HIV and women, and supports their meaningful involvement in the AIDS response, in addition to providing support to address gender-related vulnerabilities to HIV.

UNFPA: Linking the AIDS response with sexual and reproductive health and reproductive rights

The United Nations Population Fund works to better link AIDS and sexual and reproductive health and their interrelationship with broader issues of public health, development and human rights, as well as to intensify HIV prevention. UNFPA continues to focus its work with partners in three priority areas:

1. HIV prevention among young people and adolescents;
2. comprehensive condom programming of both male and female condoms; and
3. HIV prevention in women and girls which requires a gender perspective and the protection of women's rights.

Newly added responsibilities include meeting the sexual and reproductive health needs of women living with HIV and leading the UN system in addressing issues surrounding AIDS and sex work.

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Cosponsors' areas of responsibility for universal access

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UNODC: Reaching out to injecting drug users, prisons and victims of human trafficking

The United Nations Office on Drugs and Crime, through headquarters and its net of project, field and regional offices, assists governments with the implementation of large-scale and comprehensive interventions to prevent HIV infections and provide care and support to people living with and affected by HIV. In particular, UNODC focuses on three key areas, namely HIV as it relates to (1) injecting drug use; (2) prisons; and (3) victims of human trafficking. UNODC supports countries to move towards the goal of universal access of AIDS services for these population groups. This is done through assistance in assessments, capacity building (training a critical mass of service providers), legal and policy reviews, and providing technical support.

ILO: Strengthening workplaces capacity and reaching out to formal and informal workers

The ILO contributes to universal access through mobilizing, guiding and supporting workplaces to deliver prevention, care, support and treatment. This is carried out through workplace structures, especially occupational safety and health and employee assistance programmes. Other programmes used include vocational training and apprenticeship schemes; small business and women entrepreneurship development; micro-finance; and social protection. Services increasingly include prevention of mother-to-child transmission of HIV and tuberculosis control; they may be offered directly at the workplace or through referral to public services, supported by advocacy and education, e.g. 'know your status' campaigns. The ILO works with and through its three constituencies—ministries of labour, employers' and workers' organizations—to help them mainstream HIV in their policies and activities, support their involvement in national AIDS structures, and strengthen their capacity to directly promote workplace action.

UNESCO: Education on prevention, treatment, care and support

The United Nations Educational, Scientific and Cultural Organization's distinctive mix of competences in education, science, social science, culture and communications gives it an interdisciplinary organizational and technical capacity that is particularly suited to support efforts towards universal access. Education has been identified as a key element and an area of UNESCO's comparative advantage, with much of UNESCO's actions placing special emphasis on addressing risk, vulnerability and system-strengthening through this means. UNESCO particularly seeks to ensure the full and active participation of ministries of education and other key stakeholders in the education sector, exploring ways that the education sector can be fully engaged in efforts to scale up towards the goal of universal access. Through its leadership of the UNAIDS inter-agency Global Initiative on Education and HIV/AIDS (EDUCAIDS), UNESCO supports the consideration of a holistic education sector response to AIDS, emphasizing key issues including human rights, equity, and stigma and discrimination, drawing on the strengths of all of UNESCO's sectors. UNESCO also builds on its partnerships with other Cosponsors, for example; WHO, to develop treatment education as a critical component of access to HIV treatment, firmly establishing this as a core component of the continuum necessary in the response to AIDS, and; the ILO in its partnership to develop and implement appropriate workplace policies in educational settings.

WHO: Health sector response

The World Health Organization is intensively assisting countries to plan for and implement rapid scale up of comprehensive and sustainable HIV prevention, treatment, care and support programmes in the health sector. These efforts build upon the momentum and lessons learned from the '3by5' initiative and the Global Health Sector Strategy for HIV/AIDS 2003-2007. WHO focuses on five areas where it has a clear mandate and comparative advantage for its contribution to the process of scaling up towards universal access:

1. enabling individuals to know their HIV status through HIV testing and counselling;
2. accelerating the momentum of HIV treatment and care scale-up;
3. maximizing the health sector's contribution to HIV prevention;
4. investing in strategic information to guide a more effective AIDS response; and
5. taking urgent action to strengthen and expand health systems.

Within these directions WHO concentrates its efforts to help countries with a limited number of priority interventions in the health sector that have the potential to significantly impact on the pandemic.

The World Bank: Funding for comprehensive AIDS programmes

The World Bank contributes to the effort to scale up towards universal access through funding for comprehensive AIDS programmes, as well as through ensuring that AIDS is part of the broader development agenda. As articulated in the Bank's Global HIV and AIDS Program of Action, the Bank will focus on the following priority areas for the next three years:

- Continued funding for national and regional AIDS programmes and for strengthening health systems;
- Support for strengthening national AIDS strategies and annual action plans to ensure they are prioritized, evidenced-based, strategic and integrated into development planning instruments;
- Assist country implementing partners to increase the scope, efficiency, effectiveness and quality of priority activities, and work to improve donor coordination and harmonization;
- Strengthen country monitoring and evaluation systems to enable countries to assess and improve their programmes;
- Analytic work to improve AIDS knowledge.

Emerging issues

The introduction of this paper highlights the rapidly changing face of the global AIDS response. As UNAIDS supports countries to move towards universal access and continues to deliver on other “core business” of the Joint Programme outlined above, the Joint Programme must consider several major, interlinking issues that have emerged in recent years.

*From crisis management to a sustained strategic response*⁵

Since the establishment of UNAIDS 10 years ago, the AIDS response has dramatically expanded in both size and complexity. AIDS has been recognized as an exceptional challenge and placed high on the global agenda. Billions of additional dollars are flowing through the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, bilateral AIDS programmes, the private sector, charitable foundations, nongovernmental organizations and faith-based organizations. Public expenditure by low- and middle-income countries has also risen in recent years.

But despite these gains, the financing gap for the AIDS response is widening as more and more people require HIV treatment and countries scale up their prevention programmes. Strong leadership and larger sums of money are not only needed in the near future, but over several decades. Treatment is a life-long commitment, and widespread behaviour change to avoid HIV infection could take decades to achieve. Reaching and sustaining universal access will require a long-term global strategy against AIDS and fiscal commitments from both developing and industrialized countries that cover at least 10 years.

The AIDS response is also intertwined with wider development, health and human rights issues, such as poverty, gender inequality, poor public service systems, sexual and reproductive health, tuberculosis, mother and child health, education, security and nutrition. The response to AIDS cannot succeed if it occurs in isolation from mainstream development, but its exceptional nature requires a balance between vertical and mainstreamed approaches and a continued ring-fencing of funds.

Accelerating scale up

Broad recognition of the need for a faster, more efficient and more comprehensive response to the epidemic led to the General Assembly’s pledge in the 2006 Political Declaration on HIV/AIDS to scale up towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010. The Political Declaration also contains more specific agreements by UN Member States to tackle the major obstacles to universal access:

- poor planning and coordination;
- insufficient and inconsistent financial resources;
- inadequate human capacity;
- weak service delivery systems;
- expensive medicines and prevention commodities;
- lack of respect for human rights;
- persistent stigma and discrimination of groups vulnerable to HIV infection and people living with HIV; and

⁵ See *AIDS: from crisis management to sustained strategic response*, by Dr. Peter Piot, The Lancet, 5 August 2006.

- insufficient accountability for results.

The Political Declaration also emphasized the need to ensure every dollar is used as efficiently as possible. Increasing the impact of existing resources and “making the money work” was the objective of the Global Task Team, which developed in 2005 a set of recommendations within the context of the “Three Ones” principles⁶ that focused improvement in the procedures and practices of the multilateral system and international donors in four areas:

1. National leadership and ownership
2. Alignment and harmonization
3. Reform for a more effective multilateral response
4. Accountability and oversight

In response, several new programmatic mechanisms have been established. The UNAIDS Technical Support Division of Labour, Joint UN Teams on AIDS, regional Technical Support Facilities and the Global Joint Problem-Solving and Implementation Support Team are increasing the speed and quality of country-level technical support being directly provided or brokered by UNAIDS. More targeted support efforts have also been undertaken by Cosponsors and the Secretariat, such as support to the integration of national AIDS planning into development instruments such as Poverty Reduction Strategy Papers and Medium-Term Expenditure Frameworks, and building national capacities in procurement and supply-chain management.

The United Nations within a changing global environment

A rapidly changing world is driving changes within the United Nations as a whole. From its inception, UNAIDS has been a natural pathfinder for UN reform efforts, sharing fundamental objectives such as greater coherence and maximizing our collective effectiveness. More perhaps than any other single issue, AIDS has compelled UN system agencies to break down agency or institutional barriers, and to make optimal use of their collective resources to achieve shared objectives.

The report of the UN Secretary-General’s *High-level Panel on UN System-wide Coherence in the Areas of Development, Humanitarian Assistance, and the Environment* is recommending the establishment of “One UN” at country level. The experiences of UNAIDS should inform the next steps of the UN reform process. The Global Task Team, the consultative process around universal access and country-level joint UN programmes and teams on AIDS provide valuable examples of UN agencies and other partners working closely together to support national priorities and build national capacities.

3. Strategic Directions for the next four years

Universal access is a major milestone in efforts to achieve the Millennium Development Goal of halting and reversing the spread of HIV by 2015. The overarching objective of UNAIDS for the

⁶ The “Three Ones” principles for the coordination of national AIDS responses are: one agreed AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed AIDS country-level monitoring and evaluation system.

next four years is clear: **supporting countries to move towards the goal of universal access to HIV prevention programmes, treatment, care and support by 2010.**

After careful consideration of the comparative advantages of UNAIDS and emerging issues in the global AIDS response, the Secretariat and Cosponsors have together formulated five Strategic Directions that—upon approval of the Programme Coordinating Board—will guide joint budgeting, planning, programming and accountability from 2007 to 2010.

Guiding the global agenda, increasing involvement and monitoring progress

UNAIDS has retained its unique position of global authority by acting as an advocate, convenor and honest broker on AIDS. UNAIDS must continue to mobilize political leaders and financial resources, build partnerships between state and non-state actors, support the participation of people living with HIV and most-at-risk populations, and forge new partnerships with cutting-edge communications organizations.

UNAIDS plays a particularly important role in supporting the meaningful participation of civil society at all levels of the response. The universal access consultation process and the High Level Meeting on AIDS featured strong civil society participation, and UNAIDS has strongly advocated and provided direct support for civil society involvement in target-setting and planning of scaled-up responses aimed at reaching universal access targets. This approach will continue as UNAIDS supports implementation of universal access plans over the next four years.

Countries' efforts to make the money work require stronger policy and programmatic guidance from UNAIDS. In recent years, added focus has been placed on UNAIDS' leading role in the development and sharing of evidence-informed policies on challenging issues, such as HIV prevention. UNAIDS Cosponsors are also regularly refining technical guidance in areas such as antiretroviral treatment and prevention of mother-to-child transmission in low-resource settings.

UNAIDS must also bring its HIV surveillance and monitoring and evaluation work to bear on universal access efforts. UNAIDS is specifically requested in the 2006 Declaration to "assist national and regional efforts to monitor and report on efforts to achieve national universal access targets" and to support the Secretary-General's efforts to report on Member States' progress, as part of ongoing reporting on the implementation of the 2001 Declaration of Commitment on HIV/AIDS. This assistance will be incorporated into UNAIDS ongoing support to national monitoring and evaluation, as well as its global monitoring of the state of the epidemic and responses and regular reporting through its annual *AIDS epidemic update* and its biennial *Report on the global AIDS epidemic*.

Technical support and capacity building to "make the money work" for universal access

The international community has only a few years to convert the universal access commitment into considerable progress. UNAIDS efforts to "make the money work" and build sustainable local capacities have never been more important. The Global Task Team recommendations and UNAIDS' universal access assessment identify the programmatic areas where countries need the most technical support, including:

- strategic and operational planning;
- procurement and supply-chain management;

- counselling and testing;
- human resource and systems strengthening;
- reducing the cost of medicines and prevention commodities;
- HIV surveillance, monitoring and evaluation of the response; and
- national resource tracking and other accountability mechanisms.

UNAIDS must intensify its provision of short-term technical assistance and longer-term capacity building in these key areas.

Human rights, gender and reduced vulnerability of most-at-risk populations

UNAIDS' assessment on universal access stressed that AIDS information and services must be made available to rich and poor, women and men, young and old, mainstream society and marginalized communities. Gender-sensitive and human rights-based approaches including the participation of civil society are critical to achieving equity in access. Additionally, cost cannot be a barrier to services, medicines or commodities.

The failure of the international community to specifically name several most-at-risk populations in the 2006 Declaration is a testament to the political, legal and social difficulty of reaching them with prevention, treatment, care and support programmes. In the *UNAIDS policy position paper on intensifying HIV prevention*, approved by the PCB in June 2005, key populations⁷ include:

- women and girls;
- youth;
- men who have sex with men;
- injecting and other drug users;
- sex workers;
- people living in poverty;
- prisoners;
- migrant labourers;
- people in conflict and post conflict situations;
- refugees and internally displaced persons.

UNAIDS is advocating for increased coverage of services among these populations, and leveraging additional resources for national programmes that reduce stigma and discrimination and promote human rights. A clear agenda of action to tackle the epidemic's worsening toll on women has been laid out by the Global Coalition on Women and AIDS. There is an urgent need for UNAIDS to support national AIDS programmes as they translate this agenda into action among men, women, girls and boys.

⁷ both those most at risk of HIV infection and those living with HIV, based particularly on epidemiological data.

Re-emphasizing HIV prevention alongside treatment, care and support

Ending the epidemic will ultimately rest on the prevention of new infections. While some countries have significantly increased access to prevention services, overall coverage is far below that required to reverse the spread of HIV by 2015. Country reporting in 2005 on progress towards their obligations in the 2001 Declaration of Commitment shows that fewer than 50% of young people were knowledgeable about AIDS; only 9% of men who have sex with men received any type of HIV prevention service; only 9% of pregnant women in low- and middle-income countries were offered services to prevent transmission to their newborn; and only 12% of people who wanted to be tested for HIV were able to do so⁸.

It is clear that a renewed emphasis on evidence-informed HIV prevention—guided by the *Intensifying HIV prevention* policy paper—is required within a comprehensive response, which includes treatment, care and support for those infected and affected by HIV. In follow-up to the policy paper, practical guidelines have been developed by UNAIDS that advise programme planners to “know your epidemic” and to scale up the specific interventions that meet the needs of most-at-risk populations, and also to invest in policy and programmatic actions to reduce vulnerability and impact (e.g. human rights and gender interventions).

Putting policy and programmatic guidance into practice will require more than technical support. UNAIDS is applying lessons learned from successful treatment scale-up by convening a broad global constituency for prevention, and ensuring that all stakeholder groups have the tools they need to contribute to HIV prevention in the context of universal access.

Alongside a renewed emphasis on prevention, UNAIDS must continue to support the scale up of antiretroviral treatment. There is growing scientific evidence that prevention and treatment programmes must be scaled up in a balanced way to have the greatest effect on the spread of HIV and mortality⁹. Prevention makes treatment more affordable, and treatment makes prevention more effective.

The “3 by 5” initiative found that addressing supply-side factors such as drug prices and availability, funding constraints, knowledge of HIV status, and human resource capacity will be critical to increasing treatment access and preventing the emergence of drug resistance. The prices of second- and third-line treatments, diagnostics and laboratory supplies need to be further reduced. UNAIDS has an important role to play in strengthening national procurement and supply capacities, facilitating coordination efforts, providing technical guidance and assistance, and making treatment more affordable.

Strengthening harmonization and alignment to national priorities

At country level, the AIDS response occurs within a crowded environment. The welcome expansion of partners has increased the importance of coordination. At the High Level Meeting, the UN Member States requested UNAIDS to “assist national efforts to coordinate the AIDS response, as elaborated in the ‘Three Ones’ principles and in line with the recommendations of the Global Task Team”. The objective is to strengthen national ownership and maximize our collective efforts by:

- reducing transaction costs and duplication;

⁸ UNAIDS, *2006 report on the global AIDS epidemic*.

⁹ Salomon JA, Hogan DR, Stover J, et al. *Integrating HIV prevention and treatment, from slogans to impact*. *PLoS med* 2005; 2: e16.

- moving to more predictable programme approaches that promote sustainability;
- ensuring the meaningful participation of civil society; and
- aligning support to national priorities.

As well as supporting the realization of the “Three Ones” at country level, UNAIDS must facilitate regular global dialog on harmonization and alignment that includes partner governments, civil society, bilaterals, the multilateral system, the private sector, charitable foundations and other key stakeholders¹⁰.

UNAIDS must also lead by example by continuing to improve coordination of the UN system response to AIDS. This requires improvements in governance, joint budgeting and workplanning at global level, as well as joint programming at country level through UN Theme Groups on HIV/AIDS and Joint UN Teams, in line with the recommendations of the Global Task team and the findings of the Secretary-General’s panel on UN reform.

4. Translating the Framework into more effective action

The response to AIDS is as complex as the epidemic itself. UNAIDS support must be adapted to regional and local contexts. Rather than a one-size-fits-all approach, the Strategic Directions bring longer-term direction and consistency to the joint work of UNAIDS at all levels, and clarity on the comparative advantages of UNAIDS and areas of responsibility for each Cosponsor strengthen accountability for results.

The Framework as a whole will guide development and implementation of the biennial Unified Budget and Workplan, the work of UN Regional Directors Teams on HIV/AIDS and the planning and implementation of country-level joint UN programmes of support, as well as inform mechanisms to measure UNAIDS’ performance.

The Programme Coordinating Board is requested to endorse the Framework as the principal guide to global, regional and country-level planning, budgeting, implementation and monitoring progress of the Joint Programme’s support to countries efforts to move towards the goal of universal access from 2007 to 2010.

¹⁰ See document for PCB 19th meeting, *Strengthening of global coordination on AIDS*.

