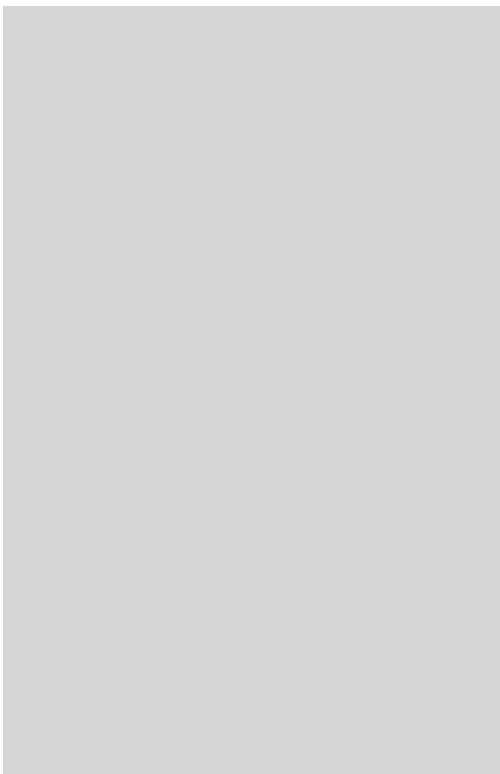


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UNAIDS Annual Report

Knowing your epidemic



UNAIDS/08.21E / JC1535E (English original, March 2008)

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Cover photos: UNAIDS/Ciba Taylor, UNAIDS/Pierre Virot

WHO Library Cataloguing-in-Publication Data

UNAIDS annual report 2007 : know your epidemic.

"UNAIDS/08.21E / JC1535E".

1.UNAIDS. 2.Acquired immunodeficiency syndrome - prevention and control. 3.Acquired immunodeficiency syndrome - epidemiology. 4.HIV infections - prevention and control. 5.International cooperation. I.UNAIDS.

ISBN 978 92 9 173700 0

(NLM classification:WC 503.6)

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2007 UNAIDS Annual Report

Knowing your epidemic

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FOREWORD

In many ways, 2007 was a year of consolidation: a time to build on past achievements and focus on delivering better results for more people. During the year the Committee of Cosponsoring Organizations, which serves as the standing committee of UNAIDS' 10 cosponsors, was chaired by the World Food Programme and the Office of the United Nations High Commissioner for Refugees. I am grateful to both organizations for their leadership. The main aim of the Joint Programme in 2007 was to support countries' efforts to realize their 2006 commitments in the United Nations General Assembly to scale up towards universal access to HIV prevention, treatment, care and support.

In the early part of the year, the Joint Programme helped national AIDS bodies finalize the setting of targets and plans for universal access. But even more important is to turn new and existing plans into effective action. UNAIDS has capitalized on lessons learnt through the "Three Ones" process to foster cooperation and alignment between the different actors involved, and ensure that the voices of all key stakeholders (particularly civil society) are heard. We have also helped build local capacity to address HIV by providing high-quality planning and management assistance through an expanding network of regional technical support facilities.

We have strengthened partnerships with key players—most notably the Global Fund to Fight AIDS, Tuberculosis and Malaria—and continued to leverage financial support for the AIDS response through dialogue with an increasingly wide range of institutions. The global AIDS funding trajectory remains upward, but, as our latest estimates of resources needed to tackle AIDS revealed, it still falls a long way short of global requirements.

At the same time, our knowledge about the epidemic and the response to AIDS has been greatly enhanced. The 2007 UNAIDS/WHO report on the epidemic was drawn from greatly improved data and provided the most accurate picture of the epidemic to date. Similarly, our expanded monitoring and evaluation activities are assisting many countries to better measure their progress against the epidemic according to internationally agreed indicators and thus help provide the world with a comprehensive understanding of the global response.

Furthermore, it is clear that AIDS investments are yielding results. In some countries, changes in sexual behaviour are having a measurable impact on infection rates, while the roll-out of HIV treatment in low- and middle-income countries has put almost three million people on antiretroviral drugs.

Indeed, some countries have already achieved universal access to treatment, and some to prevention of mother-to-child transmission of HIV. But this is still just the beginning. HIV prevention continues to lag a long way behind. For every one person who starts taking antiretroviral drugs, another three become infected. Addressing the prevention challenge will remain a top priority for UNAIDS in 2008 and beyond.

As I write this foreword, countries are filing reports on the progress they have made towards universal access to HIV services, for review at the United Nations General Assembly in June 2008. The picture will probably be mixed. It will indicate where gaps need to be filled and where the focus will need to be on sustaining existing achievements. If those gains are not sustained—if the supply of affordable HIV drugs dries up, if there is any slowing down on prevention of mother-to-child transmission of HIV, or if there is the slightest hint of complacency over HIV prevention in general, we will fail in our mission. We have already seen, in some countries, what transpires when HIV prevention pressure eases off. We cannot afford to let this happen again.

In many ways, sustaining gains promises to be just as challenging as making progress in the first place. But if anything, it is even more vital.

Dr Peter Piot
UNAIDS Executive Director and
Under-Secretary-General of the United Nations



UNAIDS/P.Virot

OVERVIEW OF UNAIDS

Launched in January 1996, the Joint United Nations Programme on HIV/AIDS (UNAIDS) supports and coordinates the efforts of 10 cosponsoring United Nations (UN) system organizations and works with a wide range of other partners in the global response to AIDS. UNAIDS is guided by a Programme Coordinating Board with representatives of 22 governments from all geographical regions, six cosponsors, and five nongovernmental organizations including associations of people living with HIV. UNAIDS Secretariat headquarters is in Geneva, Switzerland, with staff on the ground in more than 80 countries.

UNAIDS' cosponsors are:

- Office of the United Nations High Commissioner for Refugees (UNHCR),
- United Nations Children's Fund (UNICEF)
- World Food Programme (WFP)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations Office on Drugs and Crime (UNODC)
- International Labour Organization (ILO)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- World Bank

In 2001, heads of state and government representatives of 189 nations gathered at the first-ever United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. They unanimously adopted the Declaration of Commitment on HIV/AIDS, which acknowledged that the epidemic constitutes a global emergency and is one of the most "formidable challenges" to human life and dignity. The Declaration set a comprehensive list of time-bound targets to support the Millennium Development Goal of halting and beginning to reverse the epidemic by 2015. In 2006, the General Assembly reaffirmed its commitment and stressed the urgent need to scale up significantly towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support.

Overarching all UNAIDS' work are the decisions and instructions of the United Nations General Assembly. The-matically UNAIDS' work is focused on five cross-cutting functions:

- mobilizing leadership and advocacy for effective action on the epidemic;
- engaging civil society and developing partnerships;
- providing strategic information and policies to guide efforts in the AIDS response worldwide;
- mobilizing financial, human and technical resources to support an effective response;
- surveillance, monitoring and evaluation of the epidemic and the response to it—the world's leading resource for AIDS-related data and analysis.

AIDS EPIDEMIC IN 2007

In 2007, we published the 2007 AIDS epidemic update. The report showed that while global HIV prevalence had remained stable since early 2000—AIDS remained among the leading causes of death globally and the primary cause of death in Africa. UNAIDS also reported on the improvements made to surveillance efforts, which increased understanding of the epidemic and resulted in significant revisions to estimates.

By the end of 2007, the estimated number of people living with HIV worldwide in 2007 was 33.2 million (30.6–36.1 million), a reduction of 16% compared with the estimate published in 2006: 39.5 million (34.7–47.1 million). The chief reason for this reduction was the major correction of India's revised estimates derived from new data from an intensive exercise to assess the HIV epidemic. Significant downward revisions of estimates for six other countries, notably in sub-Saharan Africa, also contributed to the reduced total.

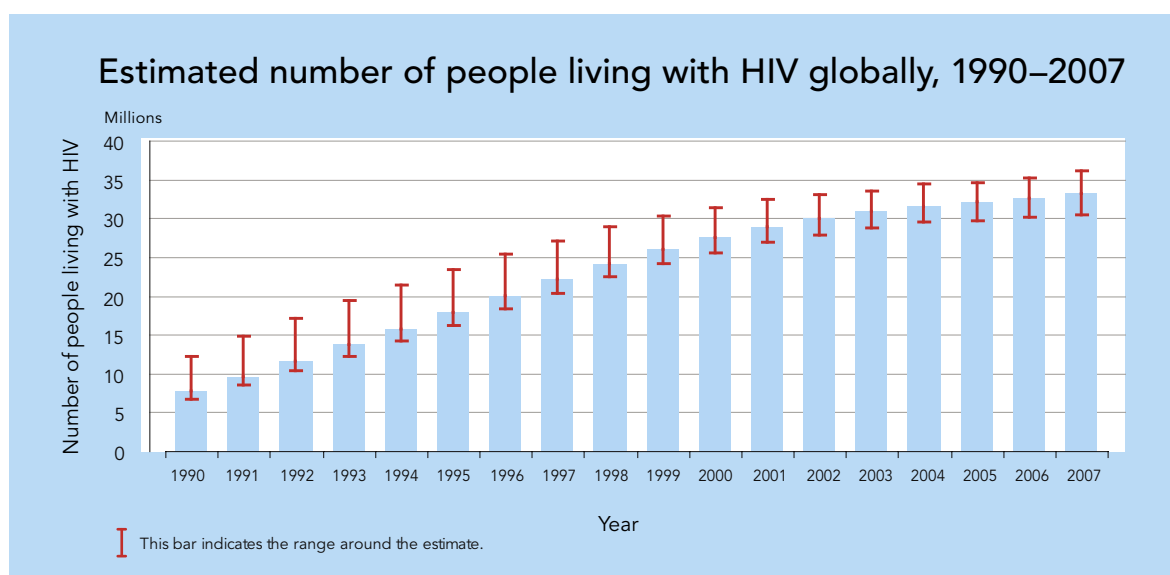
The major elements of methodological improvements in 2007 included greater understanding

of HIV epidemiology through population-based surveys, extension of sentinel surveillance to more sites, and adjustments to mathematical models from better understanding of the natural history of untreated HIV infections in low- and middle-income countries.

Although prevalence has stabilized, continuing new infections (even at a reduced rate) contributed to the estimated number of people living with HIV, 33.2 million (30.6–36.1 million), (Figure 1). HIV prevalence tends to reduce slowly over time as new infections decline and through the death of HIV-infected people; it can increase through continuing HIV incidence and through reduced mortality of HIV-infected people on antiretroviral treatment.

Every day, more than 6800 people become infected with HIV and more than 5700 people die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. The HIV pandemic remains the most serious of infectious disease challenges to public health.

Figure 1



Improving national and regional estimates

Knowing the status of the epidemic and monitoring the programmatic response are critical to understand where the epidemic is going and whether programmes are achieving desired impact. In order to “know your epidemic”, UNAIDS recommends the use of methodologies, tools and software that are regularly reviewed and adapted to respond to an evolving epidemic and changing needs. Between March and June 2007, national epidemiologists, analysts and heads of AIDS programmes from 124 countries took part in specialist UNAIDS training to improve and refine country HIV estimates. Eleven regional training programmes were implemented around the world to bring epidemiologists up to date with the latest developments in estimates tools and software packages including updated assumptions based on new evidence from research and added new features.

By mid 2007, a total of 26 countries in sub-Saharan Africa, 2 in the Caribbean and 2 in Asia had conducted nationally representative population-based surveys with HIV prevalence measurement. Data collected in national population-based surveys have helped to improve the accuracy of AIDS estimates.



Chapter One



Mobilizing leadership and advocacy

Through emphasizing strong leadership combined with effective strategies, we can meet challenges such as the fear, stigma and discrimination that surround HIV and contribute to the creation of an enabling environment for a scaled-up response towards universal access to prevention, treatment, care and support.

Highlighting “positive” leadership

Effective leadership, not only political but throughout communities, is fundamental to implementing and sustaining effective responses to HIV. In 2007, we worked with a number of organizations to encourage leadership commitment from all sectors of society—people living with HIV, businesses, community associations, faith-based organizations, parliaments, trade unions, women’s groups, and young people worldwide. As the theme of the World AIDS Day for 2007 leadership is recognized globally as a key element in an effective response to HIV.

Just as country and regional epidemics are different and dynamic so too responses must be robust but flexible, and at sufficient scale to be effective, focused on those most at risk and those most in need. UNAIDS advocates responses that include programmes that are proven to work and that engage helpfully with people infected, affected and most likely to be exposed to HIV. It seeks to support the development of country responses that embody the promotion of human rights, that include meaningful representation of civil society, especially those living with HIV, that understand

UNPlus meeting with the United Nations Secretary-General

UN system organizations, like all large employers, have staff members infected and affected by HIV; management and all staff members have an obligation to face the challenge of working together to develop a safe, supportive and caring work environment. As part of the 61st session of the UN General Assembly, UNPlus—the UN system-wide group of staff living with HIV—met with the UN Secretary-General Ban Ki-moon to brief him on the key achievements of the group since its inception in March 2005 and to discuss the opportunities and challenges that UN HIV-positive staff face at work.

During the meeting, a delegation of UNPlus members presented the Secretary-General with position papers developed by the group covering four main issues of concern: stigma and discrimination; confidentiality; medical insurance; and travel restrictions and mobility. The group also made specific requests related to the action items outlined in the papers. The meeting also served to evaluate the progress made on the concerned issues and discuss the way forward to improve the workplace environment for all people living with HIV working within the UN system.

“My perspective has totally changed,” the Secretary-General later told colleagues. “I have met many people in my life—presidents, kings, diplomats. But this was one of the most important events of my life. I was very touched by their courage.”

Advocacy in Asia

In August, the 8th International Congress on AIDS in Asia and the Pacific was held in Colombo. The conference, which brought together more than 3000 delegates from Asia Pacific countries, was a key opportunity to monitor progress in scaling up towards universal access in the region, identify gaps, advocate greater attention for most-at-risk populations and identify technical support needs. Community groups also had an opportunity to draw attention to stigma and discrimination as major obstacles to scaling up access to treatment and prevention. A regional network of civil society groups, the Seven Sisters, launched at this congress a set of guidelines to promote greater participation of civil society groups in the efforts of countries to scale up towards universal access.

and implement the best possible monitoring and evaluation, and that draw upon national as well as international resources. Good leadership and good governance, and accountability in exercising responsibility for affected communities are key to effective responses.

In May, UNAIDS welcomed Elizabeth Mataka as the Special Envoy of the UN Secretary-General for HIV/AIDS in Africa. After 16 years of being involved in all aspects of the AIDS response she joined Dr Nafis Sadik, Sir George Alleyne and Professor Lars O. Kallings as Special Envoys of the Secretary-General for HIV/AIDS respectively in Asia and the Pacific, Latin America and the Caribbean, and in Eastern Europe and Central Asia. The special envoys have been selected by the Secretary-General to help advance the AIDS agenda in the regions they cover. Working with a wide range of partners, including governments and civil society, the special envoys in 2007 mobilized and helped to strengthen responses in many countries. In particular, advocating issues related to women and AIDS, champion-

ing the greater involvement of people living with HIV in national responses and promoting support from the private sector.

Throughout the year, UNAIDS Secretariat with WHO and St George's House at Windsor Castle (United Kingdom) brought together a diverse group of people in a "catalyst for change" initiative on new and emerging leadership in the area of HIV prevention. About a third of the group was young people, a further third comprised people living with HIV, and the remainder came from other organizations such as trade unions, business and faith-based groups. The consultations developed participants' leadership skills to take back into their personal and professional lives and also created a greater understanding of and interest in focusing on prevention advocacy. It has sparked other catalysts for change consultations around the world led by the participants themselves.

2007 also saw more parliamentarians join the AIDS response, culminating on the eve of World AIDS

Advocating better understanding between AIDS and development

HIV strategies work best when there is a clear understanding of the relationship between AIDS, poverty and human development. And in 2007, UNAIDS examined this relationship and what is often called the vicious circle within which the impacts of AIDS increase poverty and social deprivation, while socioeconomic inequalities increase vulnerability to HIV infection.

The article, published in a leading journal, pointed to recent evidence indicating that AIDS is a disease of inequality, often associated with economic transition, rather than a disease of poverty in itself. New data from Africa showed that during the early stage of the epidemic, estimated incidences of HIV initially occurred not among the poorest, but among better-off members of society in this region. Many researchers now point not to poverty itself but to economic and gender inequalities as factors influencing sexual behaviour and therefore the potential for HIV transmission.

Advocacy for a stronger tuberculosis and HIV response

Despite increasing access to antiretroviral therapy, tuberculosis remains one of the leading causes of illness and death among people living with HIV. UNAIDS has been working closely with WHO, the Stop TB partnership and community partners to build global leadership and advocacy efforts to reduce the unacceptable, and largely preventable, impact that tuberculosis has on people living with HIV. During last November's Union World Conference on Lung Health in Cape Town, Treatment Action Campaign's Zackie Achmat led a 5000-strong march of HIV activists through the city to highlight the slow progress of research and development of new tuberculosis medicines and diagnostics. They presented a petition to the conference organizers calling for urgent action to reduce the unnecessary deaths of thousands of people living with HIV from tuberculosis each year.

Day, when parliamentarians from around the world gathered in Manila under the theme of leadership at the first-ever global parliamentary meeting on AIDS and adopted bold recommendations to guide their responses at the national level. The meeting, attended by nearly 200 parliamentarians from countries of all regions highlighted activities undertaken by the Inter-Parliamentary Union together with support from UNDP and the UNAIDS Secretariat to bolster parliamentary efforts on HIV worldwide. A comprehensive handbook *Taking action against HIV* was also launched, further outlining how parliamentarians can use their power and authority to increase the response to HIV. Parliamentary work on HIV will be further highlighted at the upcoming High Level Meeting on AIDS, where the Inter-Parliamentary Union, UNDP and the UNAIDS Secretariat will host a meeting for the broader community on the unique contributions of parliaments worldwide in the HIV response.

Women and the AIDS response

UNAIDS continued to host the Global Coalition on Women and AIDS, which it helped set up in 2004 to seek to meet the specific needs of women, who increasingly bear the burden of the HIV epidemic, particularly in southern Africa.

In collaboration with UNAIDS country offices, the Global Coalition on Women and AIDS provided funds to strengthen the institutional capacity of HIV-positive women's networks and women's organizations in eight countries (Angola, Burundi, Cambodia, Honduras, Indonesia, Moldova, Nepal

and Zambia). This support included helping national networks develop a strategic plan highlighting the needs of women and girls to be more effective in liaising with national AIDS councils, providing advocacy training to increase the participation of women's organizations in the national AIDS response and building the management, governance and financial skills of organizations so they run more effectively.

In July, the Coalition supported the first International Women's Summit on Women's Leadership on HIV and AIDS, which brought together more than 1800 people, including global leaders, high-level policy-makers, celebrities, community health workers and AIDS activists, to develop strategies, skills and partnerships in response to the impact of AIDS on women and girls. Organized by the World YWCA, the Summit concluded with the Nairobi 2007 Call to Action, a 10-point "critical actions for change" strategy to transform the lives of women and girls infected with HIV and those affected by the epidemic.

The Coalition also supported emerging regional coalitions on women and AIDS in Eastern Europe, Latin America and the Caribbean. These regional coalitions are forging partnerships between women living with HIV and women and men leaders from key sectors, including First Ladies, the media and political decision-makers, in an effort to bring attention to and catalyse greater action to meet the needs of women living with and at risk of exposure to HIV.



UNAIDS/PViro

Much was also achieved in working with other important civil-society partners and HIV-positive networks such as the Global Network of People living with HIV/AIDS, the International Treatment Preparedness Coalition and the International

Community of Women living with HIV/AIDS, including preparation for a number of important meetings coming up in 2008, for example an expert gathering to be hosted early in 2008 by Princess Stephanie of Monaco on HIV-positive leadership.

Women uniting against AIDS tour

Ten HIV advocates from the Women Against AIDS group toured five countries of the Commonwealth of Independent States in May and June to raise awareness on women and AIDS. Travelling through Kazakhstan, Armenia, Moldova, Ukraine and the Russian Federation, the group embarked on a mission to learn about the day-to-day realities of women and AIDS in different parts of the region and to mobilize local policy-makers into action. At the end of their journey, the Women Against AIDS group produced a set of issues and recommendations for consideration when the region's policy-makers develop national AIDS strategies. In particular, the group placed HIV prevention education campaigns and improving the quality of life of those already infected at the top of their agenda. An increase in research on the gender aspects of the epidemic was also put forward.

Focus on HIV and women in Latin America

The Coalition of First Ladies and Women Leaders of Latin America continued their concerted efforts throughout 2007 to further the issue of HIV and women in the region's countries. The last gathering of the year took place in Honduras in October where First Ladies and women leaders met to map out their concerted "action platform" for addressing the growing rates of HIV infection among women and mitigating the impact of AIDS in the region. The platform takes a region-specific approach to promoting universal access to HIV prevention, treatment, care and support, as well as promotes women rights in a supportive environment, free from stigma and discrimination. Established in 2006, the Coalition is the first initiative of its kind in the region bringing First Ladies and women leaders together in an alliance committed to advocating stronger political leadership and resource mobilization to make universal access a reality, and reduce the vulnerability of women to AIDS in Latin American countries.



Chapter Two



Engaging civil society and developing partnerships

No single world body, government, health agency or nongovernmental organization can respond to the AIDS epidemic on its own. This is why UNAIDS works to build partnerships between donors, civil society, the private sector, people living with HIV and advocacy groups. All stakeholders share many goals but each may have their own approach to the task and bring valuable skills to the response.

Working with civil society

UNAIDS—the first UN programme to have civil society formally represented on its governing body—strengthened the role and the voice of community and nongovernmental organization representation within the programme and its decision-taking by supporting the establishment of an independent communications facility to strengthen consultation with broader civil society and advice on policy.

We continued work to support faith-based organizations' involvement in the response to HIV and also to encourage debate and recognition of the human rights elements of the epidemic. In 2007, UNAIDS supported two important meetings focused on Islam and AIDS, held in Addis Ababa and Johannesburg.

UNAIDS and partners supported the largest-ever gathering of people living with HIV held in India in December 2007. More than 7000 people living with HIV came together in Shilparamam-Hyderabad for a special event organized by the Andhra Pradesh State AIDS Control Society.

Another milestone in 2007 was the launch of the global initiative on men who have sex with men at the International AIDS Society Conference in Sydney. The initiative was developed with technical support from UNAIDS. It is estimated that fewer than 1 in 20 men who have sex with men have access to HIV prevention, treatment, care and support services. Backed also by amFAR (the Foundation for AIDS Research), the initiative will support grass-roots organizations of men who have sex with men and advocate more research in this social determinant in the epidemic.

A first for Pakistan

Pakistan's association of People Living with HIV and AIDS began work in 2007 aimed at placing the rights and well-being of people living with HIV higher on the country's agenda. A key priority for the year was making sure people living with HIV are consulted when decisions about prevention, treatment, care and support are taken at various governmental levels. Launched with the support of UNAIDS, its cosponsors and the Government of Pakistan, the association also engages with other nongovernmental organizations concerned about HIV and HIV-positive self-help groups to provide training in leadership skills and health information, including adherence to antiretroviral treatment. A much larger objective, however, is to contribute to the national goal of preventing a generalized epidemic in Pakistan by containing the spread of HIV and ending stigma and discrimination against those infected and affected.

Strengthening partnerships

In 2007, UNAIDS saw a significant change in the way it engages in partnerships as it sought to look beyond organizations currently involved in AIDS, while encouraging more and wider-ranging action from all those already committed. Four key partnership areas within the UNAIDS Secretariat—civil society, advocacy and campaigns, resources and donor relations, and the corporate and private sector—were united within a single departmental structure. The move will enhance all of our abilities to act as facilitators and convenors in bringing together the various actors in the response to HIV and in identifying issues, gaps, solutions and synergies, notably between governments and civil society.

UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria also agreed on a series of principles—a strategic framework—to underpin the working of partnerships in the drive towards universal access. These include the full involvement of people living with HIV, and their organizations, as well as all other key populations, in decisions and debates, and taking human rights-based and gender-sensitive approaches to all issues surrounding HIV.

In 2007, we engaged the effort of many sectors and partners, including the private sector, in the goal of an expanded response to AIDS. UNAIDS supports businesses around the world that commit to addressing AIDS by sharing knowledge, experiences and best practices. Alliances take many forms: program-

matic partnerships, advocacy, fundraising support, or contributions-in-kind. ILO and the UNAIDS Secretariat worked with companies to promote HIV policies and programmes at the workplace and provide guidance on their implementation and monitoring.

UNAIDS published new guidelines on how to work more effectively with private sector partners, including how to develop roles and expectations; monitor and evaluate the partnership's outcomes; engage the support of all relevant UNAIDS country offices; and share communication plans to help ensure the success and visibility of the effort.

The UNAIDS Secretariat is fortunate in enjoying the support of Special Representatives—leading personalities in the arts, sports, politics and other areas—who continued to play an important advocacy role throughout 2007. Amongst the many activities undertaken during the year, German soccer star and Chelsea player Michael Ballack appeared in a public service announcement that urged young people to “be smart” and use condoms. Many Special Representatives undertook important visits to countries to support UNAIDS and encourage the continuing response to the epidemic, including actor Rupert Everett to the Russian Federation, Her Serene Highness Princess Stephanie of Monaco to Madagascar, and Her Royal Highness the Crown Princess of Norway to Nicaragua. UNAIDS also appointed a new Special Representative, Gaetano Kagwa, who rose to stardom in 2003 as a contestant on Big Brother Africa.

Strength in numbers: business coalitions on AIDS

A 2007 survey by the World Economic Forum found that there are four regional business coalitions and more than 40 national business coalitions worldwide supporting the private sector in responding to HIV. UNAIDS, ILO, the World Bank and others have supported the development of a number of national business coalitions on HIV in regions heavily impacted by the epidemic. These coalitions facilitate the development of private sector workplace policies, initiate dialogue between the public and private sectors, and promote public-private initiatives to respond to the epidemic. The South African Business Coalition on HIV and AIDS (SABCOHA) has produced a toolkit to help small, medium and micro enterprises develop and implement HIV workplace programmes. And the Coalition des Entreprises de Cote d'Ivoire contre le Sida (CECI) is promoting the active commitment of business senior management in the AIDS response through funding by member companies; monitoring and evaluation of workplace programmes in consultation with other coalition members; staff capacity building; and community outreach to customers, suppliers and temporary workers.

Tennis great gets involved in the AIDS response

Roger Federer, the world number one tennis player and UNICEF Goodwill Ambassador recorded a video message to raise awareness about the transmission of HIV from mothers to their children. The 30-second public service announcement was released for worldwide broadcast in German, English and French to mark World Aids Day on 1 December 2007.

Children living with HIV or made orphans by AIDS often face serious stigma and discrimination. Being able to talk about the virus in the first place is key to creating an AIDS-free generation. "It's a hard subject to talk about. People sometimes try to avoid it, that's not the way to go," said Mr Federer. He is one of many celebrities and sports personalities who support the Unite for Children, Unite against AIDS campaign, launched in October 2005 by UNICEF and UNAIDS to draw attention to the impact of the disease on children and young people.

In a move strongly supported by UNAIDS, the importance of partnerships in responding to HIV was highlighted in a decision to widen attendance at the annual HIV/AIDS Implementers' Meeting of 2007 beyond representatives usually present—United States Government and its AIDS grantees—to embrace a range of participants. Under the banner of "scaling up through partnerships", more than 1500 people from civil society, donors and UN agencies met in Rwanda to share examples of what programmes are working in the AIDS response and what structures and programmes need to be improved.

Gearing up: global competitions and AIDS

In 2007, there was also an increase in advocacy on HIV within the world of sport. The International Cricket Council (ICC) together with UNICEF, the Caribbean Broadcast Media Partnership on HIV/AIDS and the UNAIDS Secretariat highlighted the situation of children and young people living with and affected by HIV at the ICC Cricket World Cup 2007. A series of public service announcements

were produced, and players visited local HIV programmes. Also, HIV prevention was highlighted at the 2007 All Africa games held in Algeria in July, where a "Games" HIV prevention campaign for young people was kicked off in all key competition and residential sites across the Algerian capital, Algiers. UNFPA, the Global Fund and the UNAIDS Secretariat worked together with the Games' steering committee to help raise awareness on HIV prevention among approximately 25 000 young African athletes during the campaign

Another key partner worldwide is the International Olympic Committee (IOC), with whom UNAIDS works at global, regional and country levels. A highlight of 2007 was a meeting on HIV across Asia, hosted by the national Olympic Committee of China. Within the Olympic movement, 2007 saw momentum build on HIV, with the IOC throwing its weight behind developing access to prevention resources in particular, across the region in the run-up to the 2008 Games in Beijing. It is a dynamic partnership, working on many levels, that involves the IOC, UNAIDS and the Red Cross and Red Crescent movement.



Chapter Three



Sharing strategic information and policies

Providing evidence-informed guidance and technical support to countries in their AIDS responses, UNAIDS also promotes a rights-based approach to HIV. From policy development to implementation, UNAIDS provides global and country-based support.

Promoting human rights

UNAIDS continues to promote human rights as an essential part of effective national responses to HIV, and to provide advice and standard-setting in this area. Recognition and understanding of gender issues are also essential to “knowing” country epidemics and responding effectively.

In 2007, in response to a request from the UNAIDS Programme Coordinating Board, the UNAIDS Secretariat, together with UNDP, carried out gender and HIV assessments in Cambodia, Honduras and Ukraine, assessed progress in addressing women’s and girls’ gender-based vulnerability to HIV in the countries that participated in the UN Secretary-General’s Task Force on Women, Girls and HIV/AIDS in Southern Africa in 2004, and reviewed existing gender assessments and guidance. This work found that current national HIV responses are not adequately addressing the unequal status of women and girls. Violence against them and harmful gender norms continue to drive the epidemic, and threaten the health and human rights of both men and women. Based on this work, UNAIDS developed draft guidelines on gender and HIV, which were presented to the Programme Coordinating Board in June.

Stigma and discrimination still represent significant barriers to progress towards universal access. UNAIDS developed a new resource *Reducing HIV stigma and discrimination: a critical part of national AIDS programmes*. It will assist national AIDS authorities, UN system organizations, donors and civil society to take effective steps to reduce HIV-related

stigma and discrimination as a key element within national HIV strategies. The publication was used as a resource in a civil society capacity-building workshop for the Eastern Caribbean, co-hosted by UNAIDS and the Antigua and Barbuda Ministry of Health in December.

UNAIDS, together with the Office of the UN High Commissioner for Human Rights and UNDP, launched a *Handbook on HIV and human rights for national human rights institutions* at the International Conference on AIDS in Asia and the Pacific (Colombo, August 2007). The handbook is designed to assist national human rights institutions to integrate HIV into their work, and to actively participate in national HIV responses.

In response to concerns expressed by civil society, national AIDS officials and the UNAIDS Reference Group on HIV and Human Rights, on the apparent “trend” of criminalizing HIV transmission, the UNAIDS Secretariat together with UNDP hosted an international consultation on the issue. The consultation brought together lawyers, parliamentarians, judges, people living with HIV, human rights activists and HIV-related service providers to address the human rights and public health implications of criminalization, and develop international consensus on how to address it.

Participants discussed how the passing of such laws appears to result from frustration at the continuing spread of HIV, and in some cases, an attempt to protect women from HIV infection. However, such laws

have often been adopted where governments and parliaments have also failed to provide the leadership necessary to protect people from HIV infection by taking such steps as implementing sufficiently broad HIV-prevention programmes and enacting and enforcing laws on discrimination against people living with HIV, women and populations at risk. The meeting concluded that efforts to criminalize transmission serve no public health function and represent a dangerous and ineffective “side show” in the response to HIV.

Intensifying HIV prevention

At country, regional and global levels, there continue to be concerns about the unmet needs for comprehensive HIV-prevention programming within the current state of the AIDS response. In 2007, UNAIDS assisted countries to increase the intensity and effectiveness of their HIV-prevention programming, under the mantle of universal access towards HIV prevention, care and support.

While coverage of some key prevention programmes such as the prevention of mother-to-child transmission increased markedly over the year, still only 17 of 108 low- and middle-income countries are on track to meet the UNGASS 2010 target of a 50% reduction in infections among infants. Even the most basic building block of successful HIV prevention programmes—knowing how HIV is transmitted—is far from being achieved: in only 10 out of 78 low- and middle-income countries

do a majority of young people (15–24 years) have comprehensive AIDS knowledge.

In response to the continuing HIV “prevention gap”, UNAIDS assisted countries to identify their prevention needs and delivered operational tools and guidance on HIV prevention programming for use at country level. On the basis of the 2005 *Policy position paper on intensifying HIV prevention*, a set of *Practical guidelines for intensifying HIV prevention* were developed and disseminated to countries in four languages. These guidelines give specific advice on the key HIV prevention activities in low-level, concentrated, generalized and hyperendemic epidemic environments. As well, the guidelines set out the “Why? What? and How?” for prevention actions, addressing 14 key audiences.

Under the aegis of the HIV Prevention Reference Group, UNAIDS has worked with a wide range of partners to advance common definitions and standards for key HIV prevention elements, in order to facilitate the planning, costing, evaluation and coordination of HIV prevention programmes at country level. Expert papers on a taxonomy of HIV prevention activities and the process for defining quality standards in HIV prevention were commissioned and published.

Over the course of the year, guidance and support to countries on a number of specific areas of HIV prevention was produced, reflecting the multisectoral nature of prevention efforts. For

Improving confidentiality and security of HIV information

In middle- and low-income countries, there is a push to improve patient management and the monitoring and evaluation of HIV services. To do this, all information systems, either paper-based or electronic, need to allow for relatively easy access to information. To ensure that patient confidentiality is not compromised in the process, new guidelines have been released that provide definitions, guiding principles and technical recommendations for the maintenance of privacy, confidentiality and security in working with HIV-related information.

The Interim guidelines on protecting the confidentiality and security of HIV information offer information on data transfer, guiding principles, and even disposal of information—all to help maintain patient confidentiality. Developed through a special workshop supported by UNAIDS and the United States President’s Emergency Plan for AIDS Relief (PEPFAR), international health professionals and people living with HIV reviewed existing materials that could then be adapted for use in middle- and low-income countries.

HIV and refugees

In order to promote HIV risk reduction and improved access to HIV-related prevention, treatment, care and support for refugees, UNHCR and UNAIDS published a policy brief in 2007 that focuses specifically on actions required to prevent HIV transmission and mitigate the effects of HIV on refugees and their host communities. The policy brief focuses on emergency and post-emergency phases and suggests actions for governments, civil society and international partners to take in order to ensure that refugee and human rights laws are applied, and that the needs of refugees are included into national HIV policies and programmes.

example, under the EDUCAIDS global AIDS and education initiative led by UNESCO, more than 60 countries have participated in efforts to strengthen the education sector's response to AIDS. UNHCR has led the effort to address HIV in the context of substance use and both refugee and internally displaced populations. WFP has continued to address food insecurity as a contributor to HIV vulnerability in high-prevalence settings and UNICEF has been addressing social protection issues in the most-affected countries. UNICEF and WHO have led an intensive consultative process through the Inter-Agency Task Team on Prevention of Mother-to-Child Transmission, which resulted in new *Guidance on global scale-up of the prevention of mother-to-child transmission of HIV*. UNICEF, the World Bank, UNFPA and WHO have together been addressing additional links between HIV and sexual and reproductive health services. Both UNFPA and UNICEF have collaborated with governments and youth organizations to accelerate HIV prevention programming for adolescents.

Regions continued to intensify their HIV prevention action and created forums for countries to address collectively their most pressing prevention needs. In southern Africa, the Southern Africa Development Community's HIV prevention "think tank" convened in 2006 continued to set an ambitious agenda for the region to tackle existing issues, such as promoting the delay of sexual debut and the consistent use of condoms, as well as new challenges such as adult male circumcision, addressing multiple and concurrent partnerships, and HIV in serodiscordant relationships. In Asia and the Pacific, UNAIDS promoted concerted action to address key populations at higher risk of exposure to HIV, including injecting drug users, sex workers, and men who have sex with men, with leading roles being taken by UNODC, UNFPA and UNESCO. In Latin America, WHO/Pan American Health Organization and the UNAIDS Secretariat supported national actions to address homophobia in a context where in much of the region men who have sex with men represent the bulk of the burden of the epidemic.

Learning more about male circumcision

In response to the urgent need to reduce the number of new HIV infections globally, WHO and the UNAIDS Secretariat convened an international expert consultation in March 2007 to determine whether male circumcision should be recommended as an HIV prevention measure. Based on the existing evidence, experts attending the consultation recommended that male circumcision now be recognized as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men. Primary focus countries for new efforts should be high prevalence, with low rates of male circumcision, where it is likely that any cultural obstacles can be overcome. Male circumcision should always be considered as part of a comprehensive HIV prevention package. Moreover, wherever male circumcision services are offered, training and certification of providers, as well as careful monitoring and evaluation of programmes, will be necessary to ensure that these meet their objectives and that high-quality services are provided safely, with adequate equipment and with appropriate counselling and other services.

Making HIV trials work for women

Specialists on AIDS and women's health met in 2007 to review the latest developments in research into preventing and treating HIV infection among women and adolescent girls, and to make recommendations on priorities and strategies. The conference, Making HIV Trials Work for Women and Adolescent Girls, was cosponsored by UNAIDS, the Global Coalition on Women and AIDS, the International Centre for Research on Women, and Tibotec. Conference participants noted that in recent years, although important progress has been made to include women as participants in HIV treatment and prevention trials in numbers adequate to draw conclusions relevant for them, challenges remain in recruitment, retention, study design, pregnancy, and meaningful engagement of women in trial design, conduct and monitoring.

When countries better know their epidemic and response, they can better focus effective prevention efforts. During 2007, UNAIDS supported joint missions from the cosponsors and UNAIDS Secretariat to strengthen national HIV prevention responses and identify gaps in resources and capacity. Accompanying an increased level of HIV prevention programming, the need for more integrated and coordinated efforts and clearer lines of accountability for HIV prevention efforts have also come to the fore. During the year, a number of countries established or revived national coordination structures dedicated to HIV prevention across multiple sectors, but the challenge remains in many countries to establish clear leadership and accountability for the intensification of HIV prevention action.

Scaling up towards universal access

Scaling up towards universal access to HIV prevention, treatment, care and support has been defined as a mid-way point towards achieving the Millennium Development Goals. Achieving universal access will not only contribute to the specific goal of halting and reversing the AIDS epidemic, but will also have wider benefits, especially on making progress towards the other health-related goals.

By the end of 2007, two years into scaling-up, the commitment to universal access is increasingly benefiting those most in need, with several countries already on track to reaching their targets. However, as countries make progress they will continue

Increased advocacy around the importance of nutrition and HIV

In Rome, WFP launched their *Hunger and health* report—the second in a series launched in 2006 with *Hunger and learning*—which highlights the vital link between food assistance and effective antiretroviral treatment in low- and middle-income countries. At the launch, the UN Secretary-General's Special Envoy for HIV/AIDS for Africa, Elizabeth Mataka, gave a special statement, where she underlined that "Inequitable access to food may force people to engage in risky behaviour that can lead to their being infected with HIV. And if people can't get hold of enough food, the efficacy of anti-retroviral treatment is seriously undermined".

The World Bank and partners launched the *HIV/AIDS, nutrition and food security: what we can do* report—a synthesis of existing international technical guidance on AIDS, nutrition and food security, which is a valuable contribution to efforts that support the integration of nutrition and AIDS projects and programmes.

Improving partnership and harmonization on AIDS

With increased funding and technical support resources available for AIDS, the need for coordinated, harmonized and aligned national AIDS responses has never been greater. To help countries ensure inclusive, participatory national responses to AIDS, UNAIDS with the World Bank in 2007 developed the *Country Harmonization and Alignment Tool* (CHAT) to help map stakeholders in countries and assess the strengths and weaknesses of their engagement with the national AIDS response. In 2007, seven countries used the CHAT to systematically monitor progress on harmonization and alignment among partners in the national AIDS response. Early analysis indicates that it positively affected dialogue and involvement in the joint review process, importantly the need for meaningful and representative involvement of civil society was highlighted to those using the tool.

to require sustained and unwavering support to address systemic obstacles. Issues of sustainability, particularly of funding and commitment, of addressing stigma and discrimination, and ensuring appropriate technical support to “make the money work” will be among the biggest future challenges facing countries, and will have a decisive impact on the role universal access plays in meeting the Millennium Development Goals.

Throughout 2007, UNAIDS continued to demonstrate its commitment to supporting

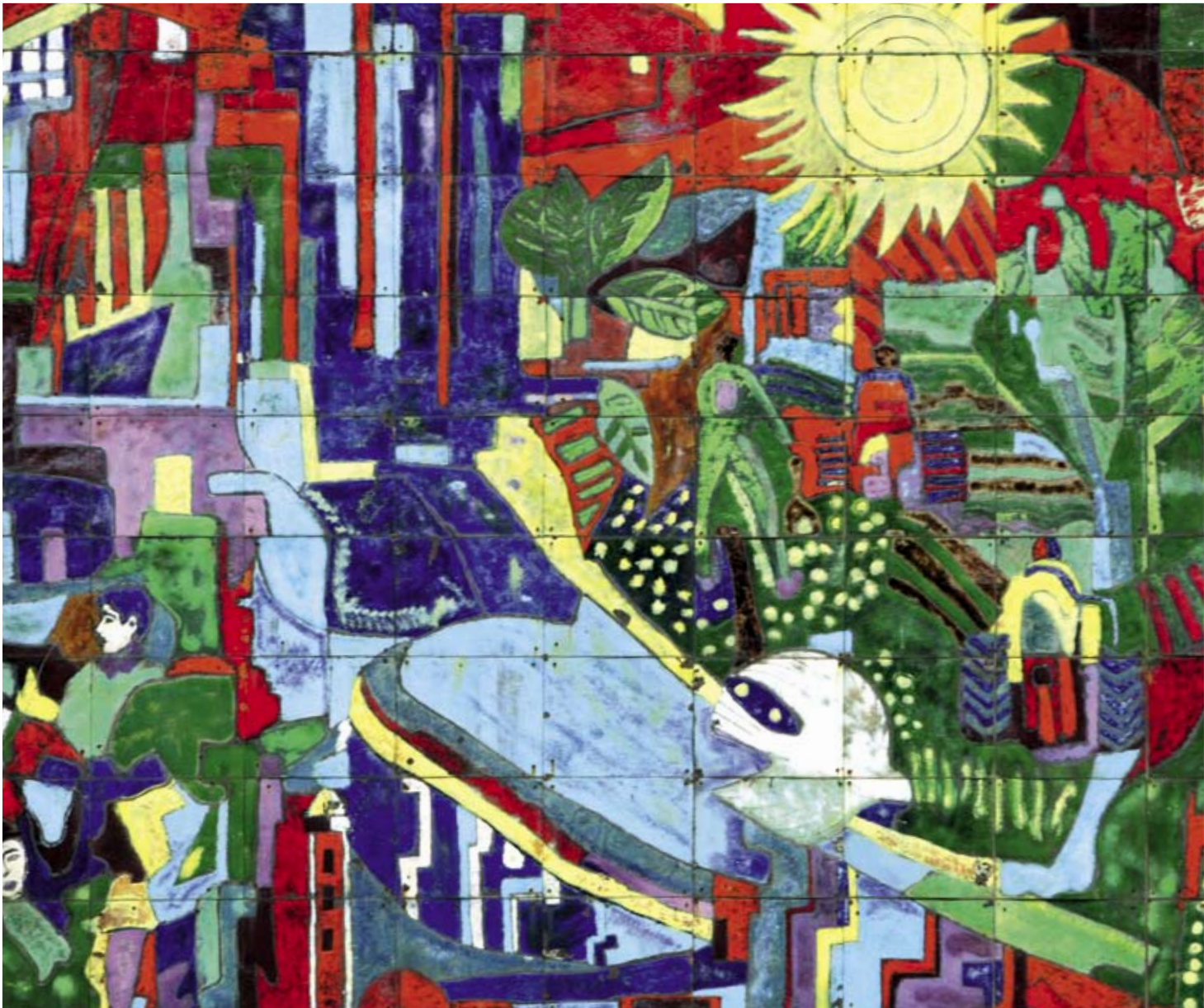
countries in scaling up, by underscoring countries’ efforts to take ownership of their HIV response, and helping ensure this is driven according to national priorities. Following the national consultation phase, the UNAIDS Secretariat has provided guidance and assistance to countries to set ambitious national targets, and to include them within prioritized, evidence-based and sustainable multisectoral AIDS plans aligned to national priorities. More than 100 countries have now set targets on universal access, of which nearly 60 have incorporated their targets into

Joint mission: seeing progress and challenges for Botswana

In a joint mission, UNICEF Executive Director Ann Veneman, UNAIDS Executive Director Peter Piot and Dr Tadatakai Yamada, President of the Bill & Melinda Gates Foundation’s Global Health Programme, visited Botswana to gain a shared perspective of the progress and challenges facing the country in its AIDS response. With 25% of adults aged 15–49 years estimated to be living with HIV, Botswana has one of the world’s highest levels of HIV prevalence. Prevalence is particularly high among pregnant women—estimated at more than 32%.

Despite these continuing challenges, the country has made significant progress in its response to AIDS. The first African country to embark on a programme of expanding provision of free antiretroviral drugs to all its citizens living with HIV in need, Botswana dedicates considerable domestic resources to HIV. In addition to having achieved universal access to treatment and prevention of mother-to-child HIV transmission, it has implemented a successful strategy of caring for children orphaned by AIDS. The country has also been a leader in expanding provision of confidential voluntary HIV testing and counselling—the offer of HIV testing has been routine in all health-care settings since 2004.

Achievements made by several countries in 2007 demonstrate that universal access to treatment is feasible. Recent progress reports reveal that Brazil, for example, has already reached its target and, encouragingly, it appears that some African countries are on course to do so. Many other country experiences show a growing knowledge base of good practice in scaling up towards universal access.



UNAIDS/P.Virot

Scaling up priority AIDS interventions in the health sector

In April 2007, WHO, the UNAIDS Secretariat and UNICEF released a report on scaling up priority AIDS interventions in the health sector. Highlights included that by the end of 2006 more than 2 million people in low- and middle-income countries had access to antiretroviral therapy; this figure represents a 54% increase over the 1.3 million people on treatment in 2005.

their AIDS plans and costed them accordingly. The Secretariat has also directly supported or enlisted regional technical support to help facilitate a robust costing exercise of the plans, working with those countries with costed AIDS plans to adopt various resource mobilization strategies to fund a scaled-up response.

A major challenge is the often only limited understanding of the dynamics, focus and location of national HIV epidemics; this hampers countries' ability to undertake evidence-based planning. As a result, HIV prevention programming is generally lagging behind other elements of the response—as demonstrated by the targets set, as well as the focus and comprehensiveness of the national strategic plans, and unequal allocation of funds across programmatic areas. The reality of only limited commitment, both international and national, to long-term predictable funding also hampers the scaling-up of national HIV responses, in particular threatening sustainable access to antiretroviral medicines for those in need. In terms of human resources and systems, there is often insufficient scale-up capacity, and capacity among civil society organizations is often underused due to their limited access to funding.

The report also gave an overview of global progress in a number of other priority health-sector interventions areas, such as prevention of mother-to-child transmission, HIV testing and counselling, interventions for most-at-risk populations and the links between HIV and tuberculosis.

UNAIDS has been working closely with civil society organizations to ensure they are given a voice in

the decision-making process, and also that they have the capacity to contribute meaningfully to implementation and monitoring of the response. In Indonesia, for example, UNAIDS facilitated the formation and launching of networks of people living with HIV, while in Zambia, UNAIDS recently support a three-day meeting organized by the Zambia National AIDS Network, to define and share lessons learnt and identify opportunities for civil society in scaling up towards universal access.

Working through the Joint UN Team on AIDS, UNAIDS supported national efforts to address obstacles such as human resources and systems as well as advocating and working with countries to remove major barriers to accessible commodities, including tariffs and procurement policies. For example in Cambodia, there has been a shift towards a "linked response" whereby HIV is used as an entry point to health systems strengthening, while Lao People's Democratic Republic has been supported to coordinate drug procurement mechanisms.

As countries begin reporting in 2008 on their progress towards the targets set in the 2001 Declaration of Commitment on HIV/AIDS, UNAIDS has been supporting countries to use this opportunity to review progress to universal access and identify outstanding gaps in the response. The progress made in many places underlines the importance of universal access, to bridge the gap between those reached, and those still in need, while moving towards achieving the Millennium Development Goals.



Chapter Four



Monitoring and evaluating the AIDS epidemic and response

Monitoring and evaluation of the AIDS epidemic and the programmatic responses, and using monitoring and evaluation data for policy development, programme improvement, and accountability to people living with HIV and global donors, are priority areas for UNAIDS support.

Normative guidance and tools

UNAIDS continues to strengthen countries' monitoring and evaluation systems through: developing normative monitoring and evaluation guidance and tools; supporting preparation for UNGASS reporting; and providing training in monitoring and direct technical assistance.

In 2007, the UNAIDS Monitoring and Evaluation Reference Group endorsed a set of 40 core indicators that provide the minimum necessary information to track changes in the epidemic and the response over time, and that allows comparison across countries. They include the 25 UNGASS indicators required for monitoring the *Declaration of Commitment on HIV/AIDS*, and 15 recommended additional indicators. Key international agencies are integrating this core set into their reporting requirements; this will substantially reduce the future global reporting burden and ensure support for regular data collection. To support further indicator harmonization and to reduce unnecessary proliferation of new indicators, the UNAIDS Secretariat has released an online Indicator Registry that centralizes the definitions and other essential specifications of existing AIDS indicators.

Through the UNAIDS Monitoring and Evaluation Reference Group, development partners with significant resources targeted at enhancing country monitoring and evaluation systems have taken deliberate steps towards a unified approach to building

monitoring and evaluation capacity. They achieved a common understanding of what constitutes a functional national monitoring and evaluation system, they committed to use a coordinated process and a single tool to assess overall system implementation progress and, most importantly, they agreed to support one national monitoring and evaluation system strengthening plan.

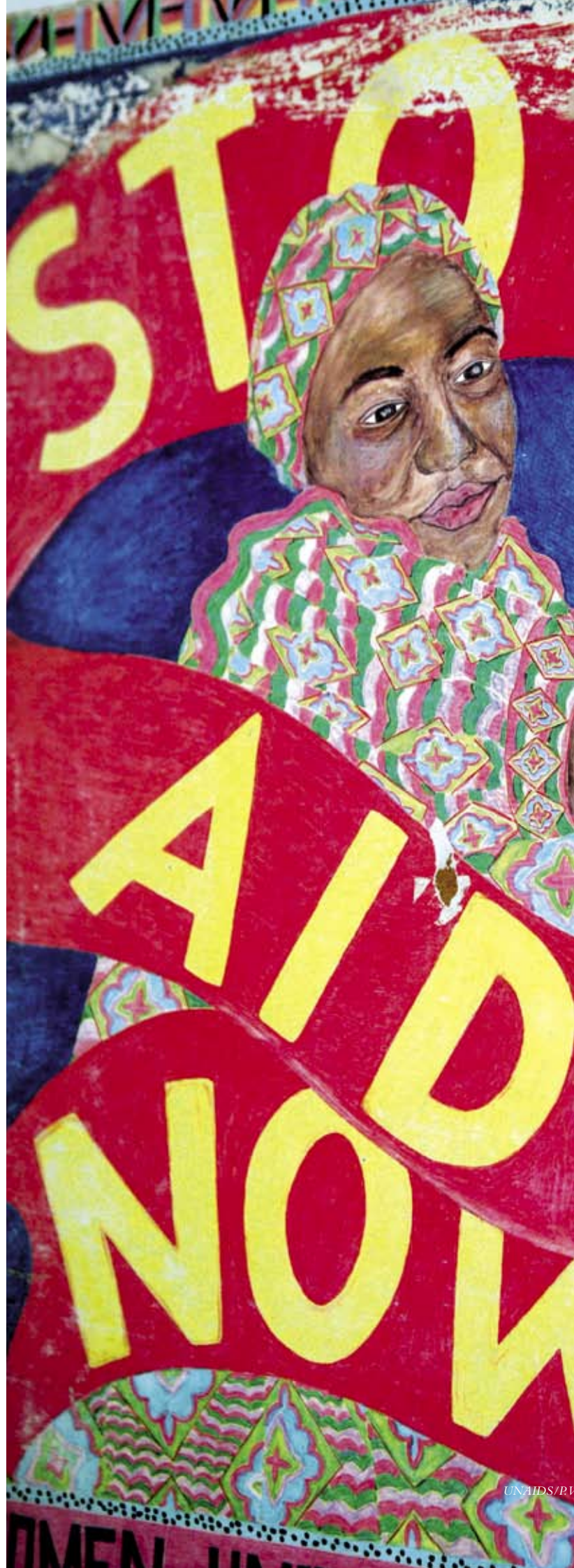
A comprehensive monitoring and evaluation system requires an appropriate balance between routine monitoring and other essential monitoring and evaluation activities such as programme evaluation. Significant progress has been made in strengthening evaluation capacity in countries. In 2007 the UNAIDS Monitoring and Evaluation Reference Group supported selected countries in moving forward a coordinated national AIDS evaluation agenda that prioritizes locally owned evaluations and draws on the strengths of a wide range of local institutions and partnerships with international evaluators.

Supporting preparation for UNGASS reporting

In the lead-up to the 2008 reporting round, UNAIDS put great effort into improving countries' abilities to submit UNGASS reports on progress made towards the targets set in the 2001 *Declaration of Commitment on HIV/AIDS*. UNAIDS strengthened the

UNGASS guidelines, trained regional consultants in the provision of technical assistance for UNGASS reporting, and held UNGASS workshops in all seven regions. In-country UNAIDS staff members, including resident monitoring and evaluation advisors, provided direct assistance to national AIDS programmes and civil society actors involved in UNGASS reporting. Both the response rate and the quality of UNGASS reporting are significantly better than in previous years: at the cut off date of 31 January 2008, more than 140 countries out of 192 had submitted reports—a significant increase above the 115 reporting countries in 2006. UNAIDS now hosts the most comprehensive set of data on the global AIDS response and plans are being implemented to enhance the dissemination and use of this important resource.

Since 2004 UNAIDS has deployed 60 monitoring and evaluation advisers to countries. They are essential partners to both governments and civil society, and work in close collaboration with monitoring and evaluation officers/focal points from the World Bank, WHO, UNICEF, the United States Government and other key partners, in supporting national monitoring and evaluation system strengthening. Within the context of the “Three Ones”, which includes one national monitoring and evaluation system, UNAIDS’ monitoring and evaluation advisers also play a key role in providing technical support to recipients of Global Fund grants and in coordinating local monitoring and evaluation capacity-building efforts. The increased funding for monitoring and evaluation, together with consolidated efforts of governments and development partners, have resulted in significant progress in monitoring and evaluation system implementation.



Chapter Five

Resource mobilization and needs

With global commitments to achieve universal access, UNAIDS continues to provide projections of the funding needed for an effective response to HIV, and tracks expenditure worldwide. We also support countries to access available funding. Our goal continues to be to encourage international donors and national governments to allocate more resources to the AIDS response and to align those funds behind national priorities.

Estimating resources needs

In our 2007 report *Financial resources required to achieve universal access to HIV prevention, treatment, care and support*, UNAIDS set out two scenarios: achieving universal access by 2010 and a phased scale-up approach. Having two universal access scenarios enable decision-makers to compare the costs and public health benefits of adhering to the agreed global goal of universal access by 2010 with a somewhat slower approach that achieves universal access for priority activities in a phased manner over the next eight years.

Tracking expenditures

As part of the drive towards universal access, UNAIDS monitors preparation of national AIDS spending assessments (NASA) by low- and middle-income countries. As of June 2007, 17 countries had reported completing at least one assessment, with several others expected to do so by the end of the year. A key task of UNAIDS during 2007 was to prepare for the 2008 high-level meeting on AIDS,

which will take place at the UN headquarters in New York in June 2008. The session will review progress made in implementing the 2001 *Declaration of Commitment on HIV/AIDS* and the 2006 *Political Declaration on HIV/AIDS*. In support of this work, UNAIDS published *Financial resources required to achieve universal access to HIV prevention, treatment, care and support*, which provides essential resource-needs analysis for 132 low- and middle-income countries.

The group also reported that in 2006, total global investment in preventive HIV-vaccine research and development was an estimated US\$ 933 million, a 23% increase over 2005 funding levels. This increase in funding can primarily be attributed to new research initiatives funded through the United States National Institutes of Health, Canada, the European Commission and the Bill & Melinda Gates Foundation.

Two published UNAIDS reports lay the groundwork of the 2006 General Assembly Comprehensive Review. The first report was requested by the General

Unprecedented pledges to the Global Fund to Fight AIDS, Tuberculosis and Malaria

In 2007, donors pledged US\$ 9.7 billion over three years to the Global Fund. The pledges constituted the largest single financing exercise for health ever. The Global Fund currently provides around two thirds of all international financing to fight tuberculosis and malaria and nearly a quarter of the global resources in the AIDS response.

Funding estimates for AIDS research and development

In August 2007, the HIV Vaccines and Microbicides Resource Tracking Working Group (created in 2004 by UNAIDS), the Alliance for Microbicide Development, the AIDS Vaccine Advocacy Coalition and the International AIDS Vaccine Initiative, released a summary of the resource tracking efforts. The group found that while current levels of funding are significant, there is a critical need to sustain and increase research and development investments for preventive vaccines, microbicides and other new options to optimally accelerate the development of and ensure eventual access to these HIV prevention tools.

Assembly. Entitled *Report of the Secretary-General: Declaration of Commitment on HIV/AIDS—five years later*, it provides an update on progress in the AIDS response since the 2001 UNGASS and in meeting the targets set in the 2001 *Declaration of Commitment on HIV/AIDS*.

The second report, a note by the Secretary-General, *Scaling up HIV prevention, treatment, care and support*, presents the results of a UNAIDS-facilitated, inclusive, country-led process to develop practical strategies for moving towards universal access. The process included more than 100 country consultations in low- and middle-income countries to examine critically the steps needed to expand access to HIV prevention, treatment, care and support. The report identifies six major obstacles that need to be overcome to significantly increase the pace of the response. These range from setting and supporting national priorities to ensuring predictable and sustainable financing.

Though useful, the technical support mechanisms can only fulfil their role if countries are prepared to lead a proactive process of matching needs to supply. A partnership including the Global Fund,

UNAIDS Secretariat, the World Bank, WHO and bilateral partners including PEPFAR is now coming together to operate this paradigm shift needed to strengthen the architecture of technical assistance for countries. Such a shift aims at repositioning technical support as a long-term investment rather than a short-term solution, at advocating a more coordinated approach rooted in the “Three Ones” principles to build sustainable national and regional capacity.

One important area requiring strengthening is the quality of strategic and operational planning to better guide implementation. The 2006 *Political Declaration on HIV/AIDS* committed to “costed, inclusive, sustainable, credible, and evidence-based plans [that] are funded and implemented with transparency, accountability and effectiveness, in line with national priorities”. Based on a recommendation from the Global Task Team on improving AIDS coordination among multilateral donors and international donors, the AIDS Strategy and Action Plan service focuses on improving the quality of plans and strengthening strategic planning capacity as a key step to ensure more effective implementation.

UNITAID: one year on

UNAIDS is a partner in UNITAID, the international drug purchase facility established to provide long-term, sustainable and predictable funding to increase access to and reduce prices of high-quality drugs and diagnostics for the treatment of HIV, malaria and tuberculosis in low- and middle-income countries. One year on since its establishment, UNITAID marked a number of key achievements, reporting during its board meeting in September on its negotiated price reductions of nearly 40% for HIV treatments for children, and price reductions of second-line antiretroviral drugs by between 25% and 50%. In 2007 UNITAID committed a total of US\$ 45 million for second-line antiretroviral drugs to fund the treatment of 65 000 people by 2008.

aids2031

UNAIDS continued to support the development and operation of aids2031, which it initiated on instruction from the Programme Coordinating board in 2006. aids2031 is a unique consortium of partners who have joined together to look at what we have learnt about the AIDS response as well as consider the implications of the changing world around AIDS in order to chart options for the long-term response. Taking the challenge of shifting from a crisis management approach to a sustainable response, aids2031 brings together multidisciplinary teams not to recommend what should be done in 2031 but what we can all do differently now to prepare for, as well as change, the face of AIDS by 2031.

Resources for UNAIDS

Funding for UNAIDS rose some 30% in 2007, including donations for extrabudgetary activities in specific countries and regions, and for the financing of country-based technical experts. A little under half of the planned budget goes to the financing of work done on HIV by UNAIDS' cosponsors. Governments continued to provide the bulk of the resources, with just five countries—the Netherlands, United Kingdom, Sweden, United States and Norway—accounting for more than 70% of the total. But UNAIDS is conscious of the need to diversify its sources of financing and in 2007 it had some success in attracting new donors and securing increased commitments from others whose contributions had previously been relatively small. For example, Spain (including funding from regional authorities) gave more than US\$ 7 million, a more-than 10-fold increase on past years. Poland began donating for the first time.



Cosponsors highlights

UNAIDS brings together the efforts and resources of 10 UN system organizations in the AIDS response. We are all committed to “Uniting the world against AIDS” and helping to build a sustainable AIDS response for the future. While coordination among all of us is crucial, each agency also works in its areas of comparative advantage.



Office of the United Nations High Commissioner for Refugees (UNHCR) HIV, refugees, internally displaced populations and other people of concern

In 2007, UNHCR implemented comprehensive HIV programmes for refugees, internally displaced people and other people of concern to UNHCR. In line with its 2005–2007 Strategic HIV Plan, the overall objectives of UNHCR's HIV programmes are to ensure that the human rights of its populations of concern are duly respected and to ensure access to HIV prevention, treatment, support and care services. Global coverage has now been reached through the expansion of UNHCR's HIV programmes in the Americas.

With support from UN theme groups on HIV/AIDS at country level, UNHCR continued to advocate the inclusion of refugees, internally displaced people and other people of concern into national HIV strategic plans. In 2007, more countries in West Africa and Asia included refugees and internally displaced people in their updated strategic plans than ever before.

To ensure evidence-based programming, UNHCR continued to advocate the inclusion of refugees into national sentinel and behavioural surveillance surveys. UNHCR conducted an important behavioural surveillance survey in southern Sudan among returnee populations. To improve the monitoring and evaluation of programmes, an HIV information system that standardizes data collection for all UNHCR partners in refugee camps was expanded to 20 countries.

Following its antiretroviral therapy policy unveiled in 2007, UNHCR expanded refugees' access to prevention

of mother-to-child transmission programmes, post-exposure prophylaxis and long-term antiretroviral therapy in Africa and Asia. UNHCR, together with the Southern African HIV Clinicians Society, released clinical guidelines for antiretroviral therapy management for displaced populations.

UNHCR continued to build on the strong HIV prevention components of its programmes. Specific attention was paid to the inclusion of key populations at higher risk. In collaboration with WHO, three substance use and HIV-related assessments were conducted in programmes for both refugees and internally displaced people in Africa and Asia. Together with UNODC, programmes to respond to substance use among displaced populations have been developed. Furthermore, UNHCR began to address HIV and sex work in several operations in strong collaboration with UNHCR's protection programmes. UNHCR continued to work closely with UNFPA, UNICEF and WHO to ensure that comprehensive HIV responses for displaced populations are included into the global HIV response.

In its designated role as lead technical agency within the UNAIDS division of labour for HIV among refugees and internally displaced people, UNHCR organized the first global consultation on HIV and internally displaced people to identify gaps in such people's access to HIV programmes. As a follow-up, a multisectoral HIV and internally displaced people assessment tool was developed and numerous interagency missions concerning HIV and internally displaced people were undertaken.

Operational research continued to build the evidence base and to inform UNHCR's advocacy efforts. A study published in the *Lancet* on the HIV prevalence in 12 refugee camps in seven conflict-affected countries in Africa showed no evidence that conflict increased the HIV prevalence in a country or that refugees have a negative impact on the HIV prevalence in their country of asylum.

UNHCR, currently the Chair of the UNAIDS Committee of Cosponsoring Organizations, strongly advocated in 2007 that HIV issues related to migrants and forcibly displaced people be addressed at global and country levels. Emphasis was placed on the need for a concerted and joint effort to address HIV among "people on the move" by all cosponsors and the international community as a whole.



United Nations Children's Fund (UNICEF) Children and AIDS

AIDS is one of UNICEF's core priorities within the Medium-Term Strategic Plan 2006–2009. In line with the plan, the "Unite for Children, Unite against AIDS", and the UNAIDS division of labour, UNICEF focuses its support to countries as lead or partner on "Four P" priority areas: prevention of mother-to-child HIV transmission (PMTCT) plus; paediatric treatment; protection, care and support for children affected by AIDS; and prevention of HIV infection among adolescents.

Increasing momentum is being observed for PMTCT and paediatric HIV care and treatment in middle- and low-income countries. The UNICEF/WHO-led Inter-Agency Task Team (IATT) on prevention of HIV infection in pregnant women, mothers and their children has continued its dialogue with national governments and is tracking implementation progress. In 2007, the IATT conducted six missions to countries in Africa and Asia and held a High-Level Global Partners Forum with representatives from 30 countries implementing PMTCT and paediatric AIDS programmes. The proportion of HIV-positive pregnant women receiving antiretroviral drugs for PMTCT increased from 10% in 2004 to 23% in 2006. Further, 127 300 HIV-positive children received antiretroviral therapy, an increase of almost 80% from what was observed in 2005. Some of the contributing factors include growing donor commitments and partnerships with a shift in focus from pilot projects to population-based programming, as well as falling drug prices and fixed-dose generic antiretroviral drug combinations for children. In March 2007, the UNITAID Board voted to

provide UNICEF and WHO with just under US\$ 21 million to support an eight-country PMTCT initiative.

In 2007, UNICEF actively supported efforts for a more coherent UN response on HIV prevention among young people in more than 90 countries, with a particular focus on adolescents most at risk. In sub-Saharan Africa, the World Bank, UNFPA and UNICEF strengthened their collaboration, focusing on integration of HIV and sexual reproductive health and young people's participation in national planning. A stock take of life skills-based education found that more than 70 countries mandate life skills-based education with an HIV component. Data on HIV prevention among adolescents were collected through Multiple Indicator Cluster Surveys.

In May 2007, the South Asian Association for Regional Cooperation adopted a Regional Framework for the Protection, Care and Support of Children Affected by HIV/AIDS. Countries in the region started integrating the framework's recommendations into national policies and strategies. In East and southern Africa, UNICEF is increasingly broadening its focus, from a response supporting children affected by AIDS towards a social protection strategy supporting all vulnerable children living in communities affected by AIDS. A total of 34 countries developed national plans of action. UNICEF also supported the piloting and scaling-up of cash transfer programmes in East and southern African countries. Through the Joint Learning Initiative on Children and AIDS, UNICEF supported several studies

that will contribute to expanding the evidence on key issues related to children and AIDS. The United States Agency for International Development, the United States President's Emergency Plan for AIDS Relief and UNICEF jointly organized the 2007 annual IATT meeting on children affected by AIDS. The meeting's outcomes

included steps to strengthen the health sector's response at country level to children in need, a plan to engage WFP in improving the food and nutrition components of care, and partnerships with the IATT on young people to understand the HIV risks among vulnerable children.



World Food Programme (WFP)

Food, nutrition and HIV

WFP is the world's largest humanitarian agency, providing food assistance to approximately 80 million people in the world's poorest countries. As the UN agency responsible for dietary and nutritional support within the UNAIDS division of labour, WFP uses many different modalities to provide food and nutritional support to people living with and affected by HIV as well as to prevent new infections. By the end of 2007, WFP was actively supporting HIV prevention, treatment and mitigation activities in 50 countries across Africa, Asia and Latin America, with the largest programmatic concentration in countries and communities facing the heaviest AIDS burden.

WFP was one of the first organizations to provide food in support of expanding access to antiretroviral treatment in resource-poor settings, and in 2007, was supporting the expansion of provision of antiretroviral treatment in 16 African countries, reaching more than 330 000 beneficiaries with food support during the early most critical stages of treatment. WFP also provides food to encourage tuberculosis patients to complete the full course of treatment, rather than defaulting once they begin to feel better. WFP actively supports home-based care programmes throughout the world, to help maintain the best possible quality of life for chronically ill people and their families.

WFP reaches millions of people affected by HIV through various mitigation activities. In 2006 in southern Africa, the epicentre of the global AIDS epidemic, WFP assisted 7.2 million people affected by HIV through the social protection platform. In support of government social-protection programmes in the region, and to boost the regional response to the epidemic, WFP has adopted a social-protection approach that provides short-term assistance to households at risk of losing livelihood assets or resorting to negative coping strategies. School-age children, including orphans and other children made vulnerable by HIV, are provided with take-home rations to encourage them to attend school.

Studies have shown that people who are food insecure are more likely to engage in behaviours that place them at heightened risk of HIV transmission. By helping prevent food insecurity through its general activities in areas of high prevalence, WFP may be helping to prevent new infections. In addition, WFP has taken an active role in collaborating with the private sector to ensure that transporters who move and deliver WFP food to communities are given access to HIV prevention information, condoms and services for HIV and other sexually transmitted infections.



United Nations Development Programme (UNDP)

Placing AIDS at the centre of development efforts

Recognizing that the AIDS epidemic has a critical impact on the achievement of the Millennium Development Goals, UNDP responds to its multisectoral challenges by addressing dimensions of HIV related to development, governance, mainstreaming, human rights and gender. In 2007, through a UNDP-led partnership with the World Bank and the UNAIDS secretariat, 25 countries were supported to strengthen integration of AIDS priorities into Poverty Reduction Strategy Papers and national development plans. UNDP also built capacity for mainstreaming HIV into key sectors and development and costing frameworks based on the Millennium Development Goals, and implemented initiatives to address socioeconomic impacts of AIDS and links with poverty in Africa, Asia, and Latin America and the Caribbean.

To promote human rights of people living with HIV, women and key populations at higher risk, UNDP conducted an analysis of legislation and provided assistance for drafting national laws in the Arab States, Asia, the Caribbean and Africa. This included training for legislators, parliamentarians, AIDS authorities and associations of people living with HIV. In eastern and southern Africa, human rights legislation in 22 countries was analysed, to inform development of national policies. With the Inter-Parliamentary Union and the UNAIDS secretariat, a Handbook for parliamentarians on HIV/AIDS, law and human rights was developed, and a global parliamentarians summit convened. The UNAIDS secretariat and UNDP also supported an international consultation on human rights and criminalization of HIV transmission, developing guidance for national partners.

To address gender-related vulnerability and the impact of AIDS on women and girls, UNDP supported mainstreaming of gender into national plans in West and southern Africa. Initiatives on HIV and trafficking of women were implemented across Asia, and the Asia Pacific Court on HIV, inheritance and property rights provided high-profile advocacy, addressing gaps

between progressive legislation and enforcement practices. In the Arab States, training was conducted for women's institutions, to increase leadership and gender-sensitive action on AIDS. Economic empowerment initiatives for groups of HIV-positive women were implemented in South and East Asia, and in Latin America gender programmes also focused on masculinity, sexual minorities and HIV vulnerability. Support in post-crisis settings included attention to gender-based violence and livelihood strategies for women and children. In collaboration with the UNAIDS secretariat and UNIFEM, UNDP also convened a global multistakeholder consultation on gender and AIDS to develop Gender guidance for national AIDS responses.

To promote effective engagement of people living with HIV in national responses, sustained leadership and capacity-building support were provided to organizations in the Arab States, Latin America and Asia. In the Caribbean, support was provided to the Regional Coalition of Vulnerable Populations, formed with assistance from UNDP and the UNAIDS secretariat. In Africa, community conversations were organized to address stigma and discrimination in several countries across the region, and in eastern Europe a vulnerability initiative was implemented, focusing on people living with HIV and injecting drug users. Communication strategies, including multicountry mass media campaigns, scaled up action against stigma and discrimination in Asia, the Arab States and Africa. High-profile initiatives with male and female leaders of faith groups were carried out in 16 countries in the Arab States, including training and sensitization involving people living with HIV and recovering drug users.

With WHO and the UNAIDS secretariat, UNDP supported countries to use flexibilities in trade-related aspects of intellectual property rights (TRIPS) to expand access to affordable AIDS treatment. Policy guidance and technical support were provided to more than 40 countries across regions, including reviews of

national patent laws; training on intellectual property rights legislation, TRIPS flexibilities and free trade agreements; and support to harmonize pharmaceutical regulations.

To strengthen governance of AIDS responses, support was provided to national and local AIDS authorities to increase capacity for coordinating action on AIDS,

including through harmonization of UN system and donor assistance. In addition, through a partnership with the Global Fund, UNDP intensively supported 31 countries to improve effective management, implementation and oversight of Global Fund grants. As a result of these efforts, notable results were achieved in supporting national strategies for HIV prevention, treatment and impact mitigation.



United Nations Population Fund (UNFPA)

Linking sexual and reproductive health and HIV

UNFPA focuses its response to AIDS on HIV prevention among young people and women, including the most marginalized; comprehensive male and female condom programming; and strengthening linkages between sexual and reproductive health and HIV. Field-focused, UNFPA has strengthened country capacity through appointment and training of more than 130 HIV-dedicated staff, mostly national, in more than 70 countries.

In 2007, UNFPA supported 154 countries in expanding access to sexual and reproductive health services and supplies. Responding to the need for further practical guidance on what and how to link, UNFPA, WHO and the International Planned Parenthood Federation (IPPF) supported a Cochrane Group systematic review of the available evidence of linkages between sexual and reproductive health and HIV, and operational guidance is being developed. UNFPA has championed linkages as a cornerstone of the new Inter-Agency Task Team Guidance on global scale-up of the prevention of mother-to-child transmission of HIV including through indicator development, joint technical missions and support to intercountry workshops. UNFPA, the International Community of Women Living with HIV/AIDS, the Global Network of People living with HIV/AIDS, YoungPositives, EngenderHealth, IPPF and WHO are collaborating to develop rights-based guidance on sexual and reproductive health for people living with HIV.

Over the biennium 2006–2007, UNFPA, IPPF, YoungPositives and UNAIDS, as co-convenors of the

Global Coalition on Women and AIDS, have produced 23 country-specific Report Cards on HIV prevention for girls and young women. Related national stakeholders coordinating meetings and youth symposiums have also been a part of the process. Addressing gender inequality as a driver of HIV vulnerability, these partners also developed action-oriented guidance.

In 2007 UNFPA focused on leading enhanced coordination on young people within the UN system, including a review and reconstitution of the Inter-Agency Task Team on Young People and AIDS, a more explicit division of labour, and development of seven policy guidance briefs and operational tools for UN country teams and national partners.

UNFPA's supported youth networks have reached millions through training activities. The Y-PEER education toolkit is being used in 55 countries and has been translated into 21 languages. In collaboration with AfriYan, mapping of the HIV prevention knowledge base has been completed in 20 African countries, involving 600 youth-serving organizations. In addition, an analysis of the national response policies and programmes in 58 countries was undertaken and capacity-building of 10 country-level youth networks/organizations supported. A UNFPA framework for action on adolescents and youth to contribute to comprehensive development of young people, Young men and HIV & AIDS: a toolkit for action, and guidelines and training for youth-friendly services were produced.

UNFPA continued its work in HIV prevention for uniformed services in partnership with members of the Uniformed Services Task Force on HIV/AIDS and established successful HIV–disarmament, demobilization and reintegration partnerships in several countries for advocacy, training and service provision.

In the area of sex work and HIV, UNFPA further progressed the development of comprehensive guidance, and provided technical and financial support for six national and two subregional consultations, situational analyses and mapping in 16 countries, and capacity-building of sex workers and partnering organizations and of UN staff in four priority regions. Today there is increased

commitment among UN partners and strengthened policy development and programming in 15 countries. In 2007 UNFPA provided financial and technical support to 32 selected countries aiming at scaling up comprehensive programming for male and female condoms. As a result of UNFPA's intensification efforts and strategic partnerships, the number of female condoms distributed has nearly doubled, from 13.9 million in 2005 to 25.9 million in 2007; approximately 2000 national service providers were trained in the education and promotion of condoms; partnership with UNHCR has brought more than 28 million male condoms and almost 300 000 female condoms to refugees in 23 countries over the biennium.



United Nations Office on Drugs and Crime (UNODC)

Injecting drug use, prisons, human trafficking and HIV

In 2007, UNODC, through its network of 65 dedicated harm-reduction staff located in key countries in eastern Europe and Central Asia, South and south-east Asia, Middle East, Africa, Latin America and the Caribbean, promoted an increasingly coordinated national response to HIV in the context of drug use, particularly injecting drug use, in prison settings and among people vulnerable to human trafficking.

Technical and/or financial support was provided to at least 30 countries, on HIV prevention, and care for those infected and affected among injecting drug users and prisoners. In many of these countries, UNODC actively supported the development of proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria to systematically include policy and programmatic responses to HIV in the context of injecting drug use and prison settings.

In 2007, HIV prevention and care activities among injecting drug users and in prison settings of Africa and the Middle East was a major programmatic priority. To prevent the impending new wave of epidemics of injecting drug use and associated HIV infection throughout Africa and the Middle East, UNODC took several important initiatives, e.g. it provided expert advice

and facilitated the integration of HIV prevention among injecting drug users into the 2007–2010 Plan of Action on Drug Control and Crime Prevention of the African Union.

In many key countries, UNODC engaged in policy dialogue and assisted in conducting policy and legal reviews to assess whether domestic legal frameworks allow for the implementation of evidence-informed HIV prevention and care programmes among injecting drug users and prisoners. UNODC also supported several high-level international forums e.g. an informal intercountry consultation on HIV prevention, treatment and care for injecting drug users, where from 50 countries, 100 participants including the managers of national AIDS programmes shared their experiences with the implementation and scaling-up of national programmes towards universal access to HIV services for injecting drug users. The International Conference on the Reduction of Drug Related Harm, where UNODC facilitated the participation of policy-makers, law enforcement representatives, judiciary, legislators, relevant ministry officials and civil society from eastern Europe, Central Asia, South Asia, Africa and the Middle East provided a solid basis for further work on more detailed and practical aspects of policy-making, legislative drafting, programme designing and on-site implementation in a number of

countries. UNODC also facilitated the establishment of two networks involving both prison authorities and HIV authorities in Latin America and Africa.

UNODC continued to support the Reference Group to the United Nations on HIV and injecting drug use. The group produced annual global and national estimates of the prevalence of injecting drug use, HIV prevalence among injecting drug users, and a series of thematic studies. These prevalence estimates and thematic papers have undoubtedly increased the understanding of the magnitude of the problem and clarified the relationship between HIV and different types of injecting drug use for HIV policy and programme planners. Jointly with WHO and UNAIDS, UNODC developed guidelines on target setting for universal access to HIV prevention, treatment, care and support services; and HIV and tuberculosis services for injecting drug users and prisoners. For them a draft policy statement on voluntary, confidential HIV testing and counselling was also developed. In 2007,

UNODC in collaboration with WHO and other UNAIDS partners launched HIV/AIDS in places of detention: a toolkit for policy makers, managers and staff to assist countries in building their capacity for comprehensive HIV prevention, care, treatment and support in prison settings. It also developed a review paper on HIV and prisons in sub-Saharan Africa and a policy brief on women, HIV and prison.

In continued efforts to prevent human trafficking and address HIV among people vulnerable to being trafficked, particularly in eastern Europe and West and Central Africa, UNODC worked to get projects under way in a total of 16 countries by the end of 2007. Also in 2007, UNODC, in partnership with UNFPA, commenced a research project among four language groups of foreign sex workers in Thailand and Japan. Background research on the development of a "safe mobility package" for people vulnerable to human trafficking has now been completed and in 2008 a toolkit will be disseminated.



International Labour Organization (ILO)

AIDS in the workplace

Gloria emerged from the hairdressing salon with information and advice on HIV as well as a new hairstyle. The salon owner in the Jamaican capital, Kingston, was trained as a peer educator and actively sensitizes most of the 50 clients she sees each week. Jamaica's National Association of Hairdressers and Cosmetologists is keen to support its members in taking action on HIV.

By the end of 2007, with training and support from the ILO, the association had mobilized 90% of its 500 members to share information and support behaviour change among clients and staff. Enterprises in five sectors in Jamaica are among the more than 600 companies that were partnering with the ILO around the world in 2007.

A women's sewing group on the Botswana–Namibia border gets AIDS information and training from the ILO. The women are enthusiastic about the female condom,

and some have trained as peer educators. They also worked with the District AIDS Committee building the capacity of similar groups in neighbouring villages, and helped establish a support group for people with HIV, which accesses antiretroviral drugs from the Botswana Government.

These peer educators are among the growing numbers of those trained to reach working men and women with programmes of prevention, care and support at their workplaces. Managers, workers, labour inspectors and other officials have been trained to implement AIDS policies, become AIDS focal points, communicate AIDS messages or serve as peer educators in 47 countries from Ukraine to China. For example, in 2007, 160 labour judges and magistrates were trained in six countries in Africa. Impact surveys at enterprises continue to show good results in terms of policy effects, most specifically reduced stigma and discrimination, and behaviour change.

Thousands of Indonesian workers, most of them women, leave the country every year to work abroad in Asia, the Pacific and the Middle East. The Ministry of Labour and the ILO provided pre-departure training on HIV, including a game—My journey with the magic key—which helps workers understand situations they may face in the country they go to.

Most people living with HIV are working adults. For some the workplace means the fear of discrimination or dismissal, but for others their workplace has brought practical support, information for prevention, and hope. To expand and strengthen AIDS responses in the world of work, the ILO Governing Body decided in March 2007 to develop a new labour standard on HIV. In preparation, the Office assembled information on AIDS and the world of work, including the most comprehensive compilation to date of national laws and policies on HIV-related issues, covering 170 countries.

The ILO continued to advise governments on the inclusion of HIV provisions in labour law as well as a workplace strategy in AIDS plans and policies: during the year the ILO responded to 28 requests from governments seeking assistance in revising laws or developing national/sectoral policy. In 2006–2007, 25 countries adopted a law or policy on AIDS that had application for the workplace. To support workplace implementation, 100 labour inspectors were trained in southern Africa to include HIV-related issues in their functions.

The ILO gave increasing priority in 2007 to strengthening its work on care and support, including promoting employment opportunities and social protection for workers affected by HIV. In Uganda it used social transfers to help the uptake of antiretroviral drugs and treatment of sexually transmitted infections, built workers' skills in adherence to antiretroviral therapy, and enabled workers affected by HIV to start or extend income-generating activities.



United Nations Educational, Scientific and Cultural Organization (UNESCO)

AIDS and education

As the UN specialized agency for education, and the designated lead organization in the UNAIDS division of labour for HIV prevention with young people in educational institutions, UNESCO gives pride of place to education in its response to AIDS. This is reflected in the 2007 revised UNESCO's strategy for responding to HIV and AIDS (in English, French and Spanish, and forthcoming in all UN languages) and is based on evidence that education—especially education on prevention—contributes to knowledge and skills essential for HIV prevention and protects individuals, families, institutions and nations from the impact of AIDS. Education also helps to overcome the conditions that facilitate the spread of HIV, including poverty, ill-health, gender inequality, violence and abuse, particularly against girls and women, and creates understanding and respect for key populations at higher risk of exposure to HIV and people living with HIV.

UNESCO continues to lead and strengthen the UNAIDS initiative known as EDUCAIDS, the Global Initiative on Education and HIV & AIDS. In 2007, representatives from 60 countries participated in EDUCAIDS-related activities, with progress achieved in developing comprehensive HIV education strategies in over half of these. National priority actions were identified in 39 countries for continued follow-up through seven subregional capacity-building workshops. State-of-the-art materials to support country implementation of EDUCAIDS were developed, most notably EDUCAIDS resource packs consisting of an updated version of the EDUCAIDS A framework for action, overviews of practical resources, and 35 two-page technical briefs. All efforts involved close collaboration between UNESCO, ministries of education, bilateral and civil society partners, and UNAIDS cosponsors.

National capacity for policy development and programme implementation was further enhanced through technical

assistance and information exchange. This included two UNESCO-supported subregional consultations in East and southern Africa on addressing the needs of HIV-positive teachers, and on strengthening the role of schools in HIV prevention, treatment, care and support. Continuing UNESCO and ILO collaboration promoted the implementation of education-sector workplace policies in the Caribbean and southern Africa. There was a wide distribution (in more than 100 countries) of evidence-informed materials on HIV and education, including, for example: guidelines on language and content in HIV- and AIDS-related materials (in English and French; forthcoming in Spanish in 2008); a report developed collaboratively with UNHCR on HIV education for refugees and internally displaced people (in Arabic, English and French); an "advocacy toolkit" for ministries of education and a teacher training manual on HIV, both produced by UNESCO Bangkok and translated and adapted in 11

countries in Asia. UNESCO's clearing houses on HIV in Bangkok, Geneva, Harare, Kingston, Nairobi, Paris and Santiago also increased the number of available materials and saw increased numbers of visits to their web sites. In 2008, these clearing houses will merge and be accessible through a single user-friendly web site.

The UNAIDS Inter-Agency Task Team on Education, convened by UNESCO and involving more than 30 UNAIDS cosponsors, bilateral partners and civil society organizations, continued its efforts to improve coordination and harmonization of education-sector responses to AIDS at the country level. Four country case studies on this issue were completed in 2007 in Jamaica, Kenya, Thailand and Zambia. Other efforts to support the integration of HIV into education-sector plans, the mainstreaming of HIV into country-level processes, and the increased role of education in national AIDS responses generated further dialogue, understanding and partnerships.



World Health Organization (WHO) Strengthening the health sector response to AIDS

During 2007, WHO continued to focus its normative work and technical support within the framework of the five strategic directions of its five-year plan for scaling up towards universal access to HIV prevention, treatment and care in the health sector.

WHO advocated dramatic scale-up of HIV testing and counselling and provided support for dissemination and implementation of guidance on provider-initiated testing and counselling (PITC) and a toolkit for HIV testing and counselling in the context of prevention of mother-to-child transmission (PMTCT) of HIV. WHO promoted PITC services for marginal and at-risk populations through collaboration with UNODC, developing a joint position paper on HIV testing and counselling in prisons and a consultation on scaling-up HIV testing and counselling for injecting drug users in Asia and the Pacific.

WHO published the Global strategy for the prevention and control of sexually transmitted infections. In collaboration with the UNAIDS secretariat, WHO released

recommendations from an expert consultation on male circumcision for HIV prevention. Operational tools for male circumcision, including for training on surgical procedures, quality assurance, situation analysis, and monitoring and evaluation, were developed. Comprehensive integration of PMTCT with maternal and newborn child health continued to be a priority for WHO, including collaboration with UNICEF and UNFPA to identify service gaps and provide operational guidance to countries. Guidance was developed on key prevention and care programmes for people living with HIV. A series "Evidence for Action", which reviews the effectiveness of HIV prevention and treatment in prison settings, was released. WHO, supported by the Drosos Foundation, launched the Menhara project in the Eastern Mediterranean Region, with harm reduction knowledge hubs established in the Islamic Republic of Iran, Lebanon and Morocco.

WHO worked to further simplify first- and second-line treatment regimens; finalized the list of priority antiretroviral products for paediatric first- and second-

line regimens, and finalized a simplified, harmonized paediatric antiretroviral drug dosing tool; released recommendations for infant diagnosis of HIV; promoted and supported efforts to make tenofovir widely available in affordable fixed-dose combinations; developed strategies and guidance to improve information on treatment outcomes of first- and second-line regimens; developed strategies to promote the widespread use of affordable viral load technologies; and advocated global purchasing and procurement arrangements and alternative supply sources for drugs in second-line regimens. Additional dual and triple fixed-dose combinations were included in WHO's Model list of essential medicines.

WHO provided guidance on key health systems initiatives including procurement and supply chain management, access to affordable medicines, and clinical and laboratory infrastructure. WHO also provided guidance, technical assistance and capacity-building to improve links between HIV programmes and key health system structures, including improved HIV diagnostics and quality control programmes and surveillance of drug resistance. WHO has provided technical assistance to estimate human resource needs and develop training,

staff retention, task shifting and deployment plans in line with national human resource plans. Within WHO, there is close collaboration between departments to provide policy and normative and programmatic guidance for integration of HIV into other health-care services. Technical assistance was provided to a wide range of countries for reviewing national AIDS programmes, developing national strategies and plans, accessing external resources and implementing large grants, notably from the Global Fund.

WHO has undertaken to report on the global health sector response in scaling up towards universal access and published the first progress report. WHO worked closely with the UNAIDS secretariat on the AIDS epidemic update: December 2007 and the 2007 Report on financial resources required to achieve universal access to HIV prevention, treatment, care and support. Work continued on improving the methodology for establishing prevalence and incidence estimates and the re-evaluation of paediatric estimates, especially paediatric treatment needs. WHO supported policy and clinical and operational research, in such areas as microbicides, HIV vaccines, hormonal contraceptives and HIV, PITC and HIV treatment scale-up.



THE WORLD BANK

World Bank

Strengthening national AIDS strategies, monitoring and evaluation and funding mechanisms

The World Bank contributes to scaling up towards universal access to HIV prevention, treatment, care and support through efforts to strengthen national strategies and monitoring and evaluation, funding comprehensive AIDS programmes, and helping ensure that AIDS is part of the broader development agenda.

In 2007, the World Bank completed a review of the results achieved over the previous seven years of the Multi-country HIV/AIDS Program (MAP). The resulting report *The Africa Multi-Country AIDS Program 2000–2006: results of the World Bank's response to a development crisis* assesses the results of the World Bank's billion-dollar

MAP for Africa, set up in 2000 to offer long-term support to any country with a sound HIV strategy and action plan. Using a combination of full grants and zero-interest loans, the World Bank provided US\$ 1.286 billion for HIV in Africa in six years (financial years 2001–2006).

Expansion of the Global AIDS Monitoring and Evaluation Team continued in 2007. Housed at the World Bank, the team was established by UNAIDS to improve national monitoring and evaluation capacity and systems. The team has been active in 35 countries this past year in helping to build capacity in developing monitoring frameworks, information systems and evidence-based

evaluation. This work has helped strengthen the country's ability to measure, monitor and manage national AIDS epidemics. Important achievements include the development of four internationally acclaimed tools to assess a country's monitoring and evaluation programme (a 12-component monitoring and evaluation assessment tool); inform policy-makers about the trends and drivers of the epidemic (epidemic, response and policy synthesis); show the link between strategic planning and monitoring and evaluation (a results planning handbook); and support capacity development in monitoring and evaluation (a resource library).

The AIDS Strategy and Action Plan service, hosted by the World Bank on behalf of UNAIDS, supports partners to develop national AIDS strategies and action plans that are based on evidence, prioritized, costed and able to be implemented. Since June 2006, the service has supported work in 31 countries by

providing peer reviews of draft strategies, focused and comprehensive assistance in areas such as costing, prioritization, monitoring and evaluation and operational planning. In addition, it has provided capacity-building training for policy-makers and programme implementers in strategic and action planning in the Caribbean and in anglophone and francophone Africa to strengthen the national AIDS response. In response to country demands, the service has developed a number of practical tools, guidelines and practice notes, including the self-assessment tool, which countries can use to rate their AIDS strategies. In mid-2007, the service commissioned an external assessment of its performance during its first year of operation. The overarching findings of the assessment were that the service had met its agreed targets and had operated in line with agreed principles. These and other conclusions were agreed with the service's advisory groups in October 2007 and are reflected in the service's 2008–2009 business plan.

Financials

Introduction

The UNAIDS Unified Budget and Workplan represents UN reform in action and is a unique mechanism within the UN system, uniting in a single two-year strategic framework the coordinated AIDS work of 10 agencies of the UN system and the UNAIDS Secretariat. It seeks to catalyse an extraordinary, accelerated response to the global AIDS epidemic, transforming the decisions of the UNAIDS Programme Coordinating Board into action on the ground.

The Unified Budget and Workplan includes a breakdown of the expected results and resource needs of each cosponsor, the Secretariat, and interagency activities. The activities of each relate to one or more of the UNAIDS 16 principal results.¹ The Unified Budget and Workplan also includes agreed principles and processes that further harmonize the work of cosponsors and the Secretariat.

In comparison with previous bienniums, the Unified Budget and Workplan for 2006–2007 has a simplified and strengthened results-based orientation to provide a better platform for results-based management, reporting, accountability and transparency across the Joint Programme. Identifying key strategic challenges and opportunities in the global response, the Unified Budget and Workplan clarifies the specific contributions of each cosponsoring organization and the Secretariat. The result is a coordinated strategic plan to maximize effectiveness.

Funds available for the Unified Budget and Workplan in 2006–2007

UNAIDS is fully funded from voluntary contributions. During the period under review, income totalling US\$ 457.1 million was received towards the Unified Budget and Workplan for 2006–2007. A total of 31 governments contributed 94.1% of this amount, and the World Bank and UNDP together made up

Table 1: Unified Budget and Workplan—details of income as at 31 December 2007

Voluntary contributions	Funds received toward the 2006-2007 Unified Budget and Workplan
Governments	US dollars
Andorra	66 942
Australia	3 535 076
Belgium (including Ministry of the Flemish Community)	10 561 590
Brazil	100 000
Canada	13 057 738
China	199 980
Denmark	15 614 902
Finland	17 957 984
France	2 719 024
Germany	2 900 030
Greece	789 474
Ireland	16 112 486
Italy	1 702 395
Japan	5 840 000
Liechtenstein	16 130
Luxembourg	4 353 978
Monaco	150 000
Netherlands	89 410 564
New Zealand	2 749 400
Norway	55 344 830
Poland	100 120
Portugal	127 551
Russian Federation	589 935
Spain	7 783 257
Sweden	64 140 239
Switzerland	7 156 364
Thailand	49 973
Turkey	100 000
United Kingdom of Great Britain and Northern Ireland	56 910 700
United States of America	49 385 000 ^a
Autonomous Government of the Region of Extramadura, Spain Republic and Canton of Geneva, Switzerland	156 171
	356 589
Subtotal	430 038 422
Cosponsoring organizations	
UNDP	108 000
World Bank	8 000 000
Subtotal	8 108 000
Other income	
Greek Action for Africa	294 357
Estate of Diane Strong	167 473
United Nations Federal Credit Union	68 016
United Nations Office in Geneva	80 100
Miscellaneous	75 336
Subtotal	685 282
Other income	
Interest	17 772 690
Other	473 403
Subtotal	18 246 093
TOTAL	457 077 797

^a Includes US\$ 12.1 million balance of 2005 United States letter of credit drawn in 2006 and excludes US \$ 22.3 million balance of 2007 United States letter of credit not yet called forward and falls in year 2008.

1.5%. The remaining 4.4% is made up of interest received and apportioned during the reporting period, together with miscellaneous income, including small donations resulting from UNAIDS promotional campaigns launched with the assistance of the United Nations Federal Credit Union and honorariums received by UNAIDS Secretariat staff.

¹ The principal results are derived from and represent the Joint Programme's contribution to meeting the targets set in the 2001 Declaration of Commitment on HIV/AIDS.

Table 1 provides details of the funds received towards the Unified Budget and Workplan during the period 1 January 2006–31 December 2007.

Funds expended under the Unified Budget and Workplan for 2006–2007

During the period 1 January 2006 to 31 December 2007, expenditure (including transfers to cosponsors) totalling US\$ 374.5 million was incurred against the budget of US\$ 406.7 million approved for the 2006–2007 Unified Budget and Workplan, resulting in a financial implementation rate of 92.1%.² This expenditure was distributed as follows:

→ US\$ 120.7 million was transferred to cosponsors for the implementation of their AIDS activities contained in the Unified Budget and Workplan;

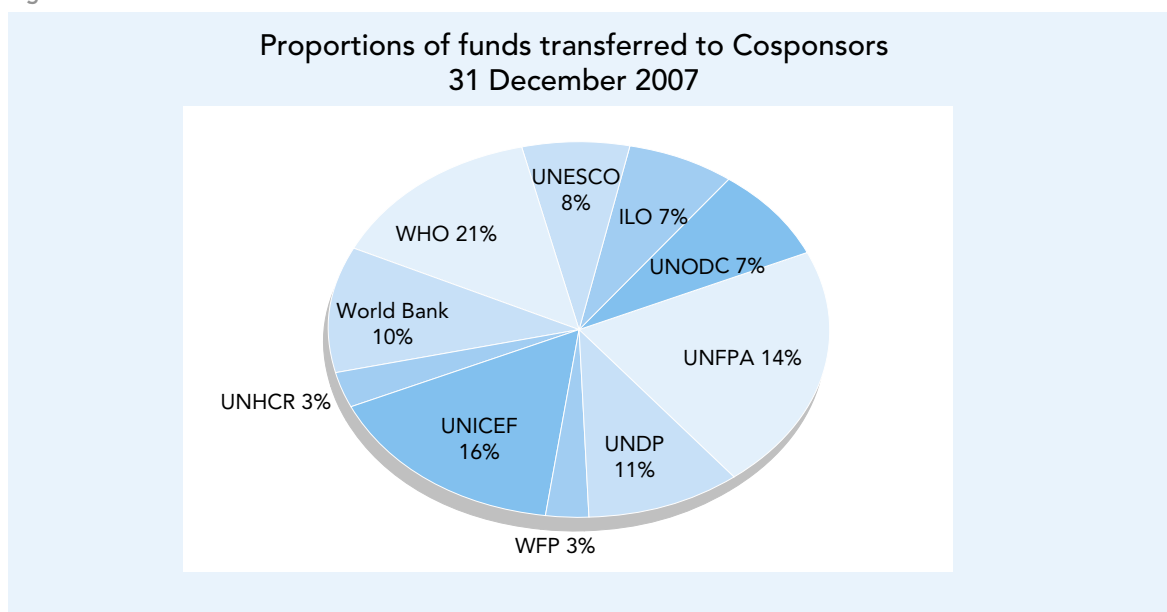
→ US\$ 114.2 million was expended for interagency activities;

→ US\$ 139.6 million was expended for Secretariat activities and staff costs.

Funds transferred to cosponsors

As at 31 December 2007, financial transfers made to cosponsors amounted to US\$ 120.7 million. These transfers represent 100% of the cosponsors' share under the Unified Budget and Workplan for 2006–2007. Information on the proportion of transfers made to individual cosponsors versus total transfers together with amounts transferred against each of the agreed principal results is provided in Figure 1 and Table 2.

Figure 1



² It should be noted that US\$ 26.8 million of the budget of US\$ 40 million approved by the Programme Coordinating Board for support to national AIDS programmes was not funded through designated contributions, which means the total amount available for implementation was US\$ 379.9 million. The total expenditure of US\$ 374.4 million therefore corresponds to an implementation rate of 98.6%.

Table 2: Expenditures incurred against cosponsor 2006–2007 Unified Budget and Workplan resources

Principal Results	Funds transferred (in US dollars, thousands)
1 UN system coordination	400
2 Human rights	2 833
3 Leadership and advocacy	3 120
4 Partnerships	13 625
5 Country capacity "Three Ones"	11 247
6 HIV prevention	23 015
7 Women and adolescent girls	9 560
8 Children affected by HIV and AIDS	2 640
9 Programmes addressing vulnerability to HIV	12 200
10 Health-care systems for treatment of HIV and AIDS	13 937
11 Family and community-based care	3 830
12 National action to alleviate impact	4 553
13 AIDS in conflict- and disaster-affected regions	4 853
14 Strategic information, research and reporting	7 080
15 Resource mobilization, tracking and needs estimation	6 377
16 Human and technical resources	1 400
Total	120 670

Expenditure incurred against interagency resources

The interagency budget provides funding for joint or collective action by the UNAIDS family as a whole. The interagency resources share of the Unified Budget and Workplan for 2006–2007 consists of five main parts: the operational and related support of UNAIDS country staff (Country Coordinators and experts in monitoring and evaluation, partnerships and social mobilization); direct financial support to catalytic projects that contribute to or strengthen an expanded response in priority countries through the programme acceleration funds agreed to by the UN Theme Groups on HIV/AIDS; coordinated and collective UNAIDS action to support the stimulation of effective responses to AIDS through the implementation of appropriate programmes at country, regional and global level; the enhancement of UN

System staff capacity to respond to the AIDS epidemic at individual, professional and organizational levels, and technical support to countries.

During the period under review, a total amount of US\$ 114.2 million was expended for interagency activities as follows:

- US\$ 67.9 million towards the operations of the theme groups, including salary costs for UN-AIDS Country Coordinators and experts;
- US\$ 14.6 million disbursed for programme acceleration funds;
- US\$ 16.5 million to support a number of focused programmes at country, regional and global levels;
- US\$ 2.3 million disbursed towards activities aiming at increasing staff capacity on AIDS;
- US\$ 12.9 million disbursed towards technical support to countries.

A breakdown of interagency resource expenditures is provided by principal results in Table 3.

Table 3: Expenditures incurred against interagency 2006–2007 Unified Budget and Workplan resources

Principal results	Secretariat resources (In US dollars, thousands)	
	Allocation	Expenditure
1 UN system coordination	47 700	37 266
3 Leadership and advocacy	2 150	2 061
5 Country capacity "Three Ones"	45 900	35 510
6 HIV prevention	1 800	1 700
14 Strategic information, research and reporting	2 150	2 100
16 Human and technical resources	45 900	35 510
Total	145 600^a	114 147

^a Consists of US\$ 84.4 million core budget and US\$ 61.2 million supplemental budget.

Expenditures incurred against the Secretariat budget

UNAIDS Secretariat expenditures amounted to US\$ 139.6 million as at 31 December 2007, representing a financial implementation rate of approximately 99.5% of the US\$ 140.4 million (core and

supplemental) budget. This includes US\$ 74.7 million spent on activities and US\$ 64.9 million on staff costs. Further details on the funds expended by the Secretariat are shown by principal results in Table 4.

Table 4: Expenditures incurred against Secretariat 2006–2007 Unified Budget and Workplan resource

Principal results	Secretariat resources (In US dollars, thousands)	
	Allocation	Expenditure
1 UN system coordination	17 467	17 380
2 Human rights	6 167	6 130
3 Leadership and advocacy	17 467	17 370
4 Partnerships	6 167	6 133
5 Country capacity "Three Ones"	26 216	26 073
7 Women and adolescent girls	6 166	6 132
14 Strategic information, research and reporting	35 750	35 555
15 Financial resources	12 500	12 430
16 Human and technical resources	12 500	12 433
Total	140 400^a	139 636

^a Consists of US\$ 115.4 million core budget and US\$ 25 million supplemental budget.

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS Secretariat works on the ground in more than 80 countries worldwide.

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