



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

UNAIDS/PCB(11)/01.3

4 May 2001

PROGRAMME COORDINATING BOARD

Eleventh meeting

Geneva, 30 May-1 June 2001

Provisional agenda item 2

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

EXECUTIVE SUMMARY

Over the last twelve months, UN system agencies have been engaged in the development of a UN System Strategic Plan for HIV/AIDS for 2001-2005 (UNSSP) aimed at guiding the UN system response over the five-year period. Developed within the overall framework of the Global Strategy Framework adopted by the PCB in December 2000, the UNSSP identifies the key functions of the UN system in support of national efforts and describes the approach and priorities of the participating UN system organizations in a coordinated UN system response. Most importantly, the strategic objectives articulated within the UNSSP link the work of individual UN organizations with the overarching UN system objective of providing leadership and adding value to the work of national governments and their partners in achieving agreed goals.

Twenty-nine participating UN system organizations have contributed to the UNSSP through the development of individual agency strategies and plans. These agencies have made a major commitment to increasing effectiveness, transparency and accountability within the five-year period. A performance monitoring plan for the UNSSP, based on the UNAIDS Monitoring and Evaluation Framework, includes a mid-term performance report on the implementation of the UNSSP.

The UNSSP is composed of three sections:

- | | |
|-------------|--|
| Section I | UN System Response to the HIV/AIDS Epidemic |
| Section II | UN System Objectives and Strategic Approach |
| Section III | Summary of Individual Agencies' Institutional Strategies (tabled as a Conference Room Document and accessible to PCB Members on the Web at http://sp.unaids.org) |

ACTION REQUIRED AT THIS MEETING

The PCB is invited to review and endorse the UN System Strategic Plan for HIV/AIDS for 2001-2005. It is further requested to provide guidance to the UNAIDS Secretariat and to the participating UN system organizations on the finalization of the UNSSP, especially with respect to:

- refinement of the strategic objectives contained in Section II, in light of the anticipated adoption of new global goals by the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001;
- elaboration of the performance monitoring plan for the UNSSP summarized in Section I;
- further development of the individual institutional strategies provided in Section III, including the strengthening of estimated resources commitments and requirements.



CONTENTS

	Page
EXECUTIVE SUMMARY	i
OVERVIEW AND STRUCTURE	1
I. UN SYSTEM RESPONSE TO THE HIV/AIDS EPIDEMIC	3
A. Purpose of the UN System Strategic Plan.....	3
1. The Global Strategy Framework for HIV/AIDS	3
2. Global goals and targets	4
3. UN system strategic objectives.....	5
4. Individual plans and strategies of UN system organizations	5
B. The UN System within the Global Partnership	5
1. The UN system's role and functions in an expanded response	6
2. UNAIDS.....	7
3. UN system organizations	8
4. UNAIDS Secretariat	9
5. Partnership and coordination mechanisms.....	9
C. Monitoring the UN System Strategic Plan.....	11
II. UN SYSTEM OBJECTIVES AND STRATEGIC APPROACH.....	13
1. Ensuring an extraordinary response to the epidemic	13
2. Cross-cutting issues in the expanded response	16
3. Protecting children and young people from the epidemic and its impact.....	20
4. Addressing those most vulnerable, and at greatest risk of HIV infection.....	24
5. Care and support to individual households and communities affected by HIV/AIDS	29
6. Operations and biomedical research.....	32
7. Human resource and institutional capacities in key sectors.....	34
8. Policies and programmes to address HIV/AIDS and its socioeconomic impacts.....	39
9. Regional strategy development.....	41
III. SUMMARY OF INDIVIDUAL UN SYSTEM ORGANIZATION PLANS http://sp.unaids.org	47
Annex 1	48
Annex 2.....	50
Annex 3.....	54
Annex 4.....	57

List of Panels

Panel 1	Areas of Work in the UN System Strategic Plan for 2001-2002
Panel 2	UN system organizations participating in the UNSSP
Panel 3	Partnership and Coordination Mechanism
Panel 4	National Strategic Planning
Panel 5	Human Rights
Panel 6	Gender
Panel 7	Youth
Panel 8	Orphans
Panel 9	Prevention of HIV in Mothers and Infants
Panel 10	Sex Workers and their Clients
Panel 11	Injecting Drug Users (IDU)
Panel 12	Migrants, Refugees and Internally Displaced Persons
Panel 13	Men who Have Sex with Men
Panel 14	Prisoners and other Institutionalised Persons
Panel 15	Health Care
Panel 16	Services for Sexually Transmitted Infections
Panel 17	Voluntary Counselling and Testing
Panel 18	Vaccine Research
Panel 19	Capacity Strengthening in the Education Sector
Panel 20	Capacity Strengthening in the Health Sector
Panel 21	Military and Uniformed Services
Panel 22	Commodities
Panel 23	World of Work
Panel 24	Eastern Europe and Central Asia
Panel 25	Africa
Panel 26	Latin America and the Caribbean
Panel 27	South Asia
Panel 28	South-East Asia

Overview and Structure

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

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

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

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

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

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

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

The UN System Strategic Plan is structured in three sections:

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

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

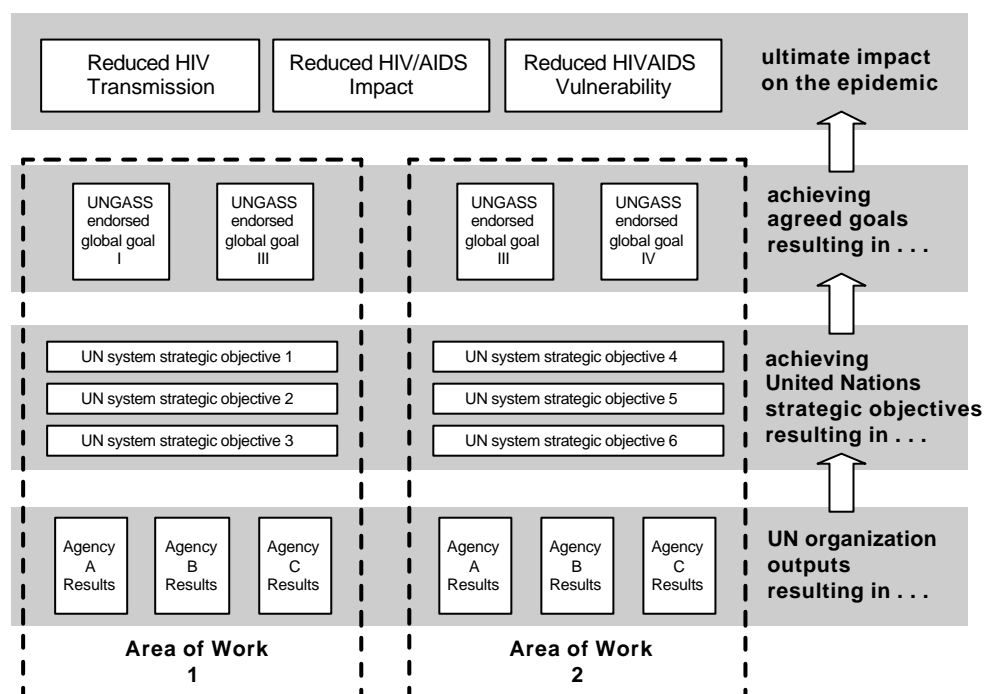
Section III: Summary of Individual UN system organization plans, encapsulates the HIV/AIDS strategies and plans of the 29 participating organizations in a common format developed through the United Nations Inter-Agency Advisory Group on HIV/AIDS (IAAG). The summaries provide an overview of the individual organizations' HIV/AIDS-related mandate and accomplishments; priorities and targets; and strategies and resources. *(Due to their combined length, these summaries are not included within the distributed copies of the UNSSP, but are available electronically via the World Wide Web at <http://sp.unaids.org>, and will be made available to PCB members as a Conference Document at the 30 May-1 June 2001 meeting of the PCB).*

I. UN System Response to the HIV/AIDS Epidemic

A. Purpose of the UN System Strategic Plan

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

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



1. The Global Strategy Framework for HIV/AIDS

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

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

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

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

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

2. Global goals and targets

The United Nations General Assembly and the governing bodies of the UN system organizations have made a range of commitments to strengthen international and national responses addressing different elements of the HIV/AIDS epidemic¹. At regional level, strategy meetings of governments, UN system partners, NGOs and bilateral donors have identified region-specific strategies and targets. Building on these efforts, the UNGASS is expected to establish additional global goals and targets to advance and operationalize the Global Strategy Framework.

The preparation of the UNSSP was guided by the goals and targets included within the evolving draft *Declaration of the United Nations General Assembly Special Session on HIV/AIDS*. These goals are currently being negotiated by Member States as part of the UNGASS preparatory process. At the time of submission of the UNSSP to the PCB, the latest available version of the *Declaration* was the 30 March 2001 draft. The goals and targets drawn from this version are organized within the Areas of Work in Annex 2. A more current

¹ Includes global goal established at the 21st Special Session of the United Nations General Assembly in 1999, namely that: Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up.

Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

draft will be distributed to the PCB when it becomes available through the UNGASS preparatory process.

3. UN system strategic objectives

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

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

4. Individual plans and strategies of UN system organizations

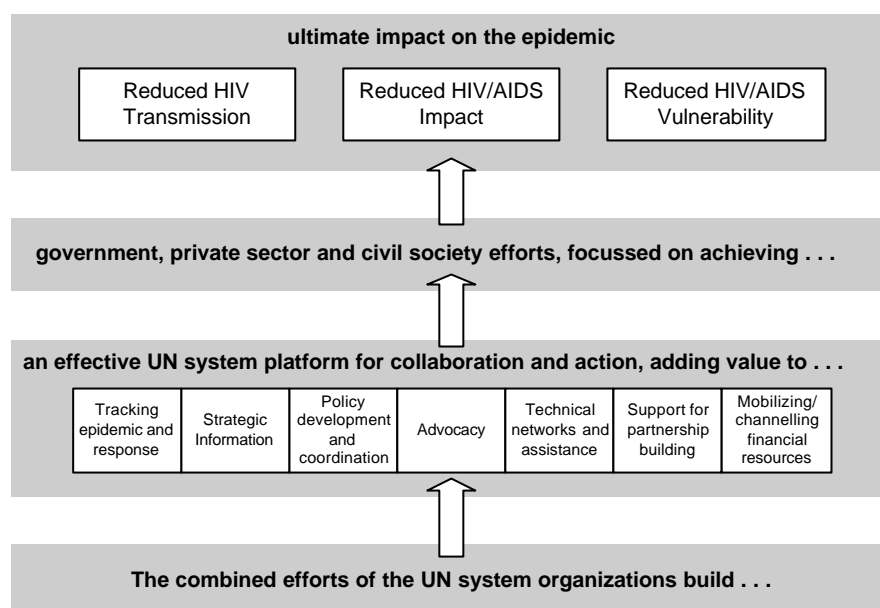
The development of individual strategies and plans for the participating UN system organizations is also a dynamic process. While the participating organizations have committed themselves to giving HIV/AIDS higher priority, the depth and duration of experience in responding to the epidemic varies among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

B. The UN System Within the Global Partnership

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

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

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

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

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

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

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

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

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

2. UNAIDS

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

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

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

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

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

3. UN system organizations

In addition to the UNAIDS Cosponsors and the UNAIDS Secretariat, 21 UN programmes, funds, specialized agencies, UN Secretariat departments, other UN entities and related associations with a strong commitment to addressing the HIV/AIDS epidemic have developed and are executing organizational plans addressing HIV/AIDS (Panel 2).

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

Panel 2

UN system and related organizations participating in the UNSSP

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

4. UNAIDS Secretariat

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

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

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

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

5. Partnership and coordination mechanisms

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

Panel 3

Partnership and Coordination Mechanism

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

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

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

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

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

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

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

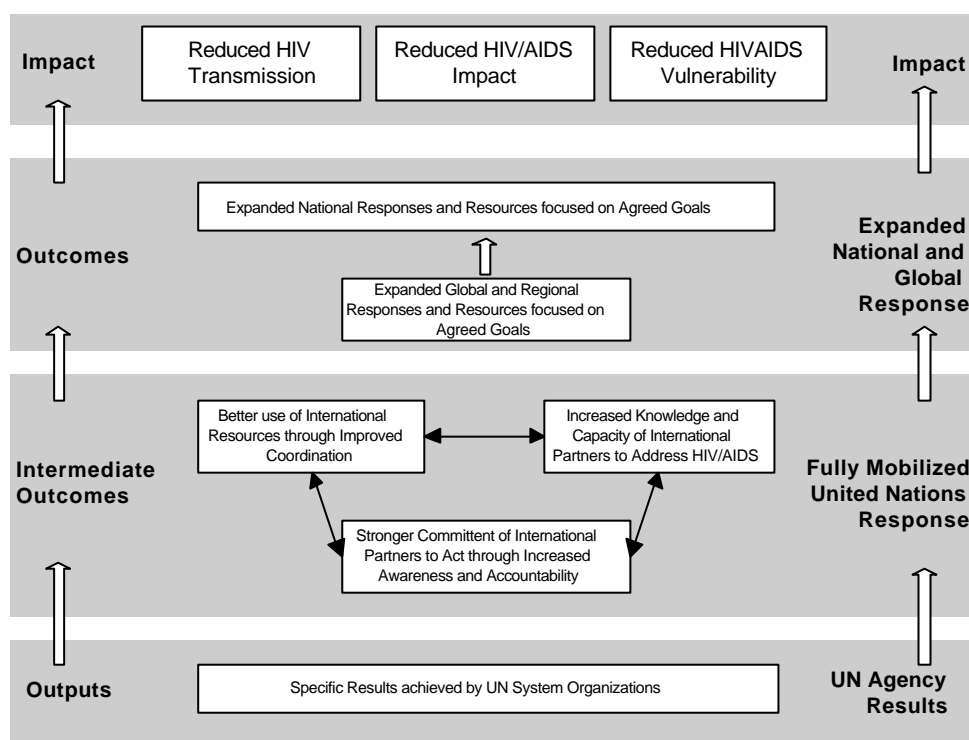
Cooperation Frameworks have been signed between UN agencies which are not Cosponsors, such as ILO, IOM, FAO, UNHCR, and UNAIDS, to facilitate more effective partnerships and coordination by clarifying respective responsibilities, approaches and support arrangements.

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

C. Monitoring of the UN System Strategic Plan

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

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

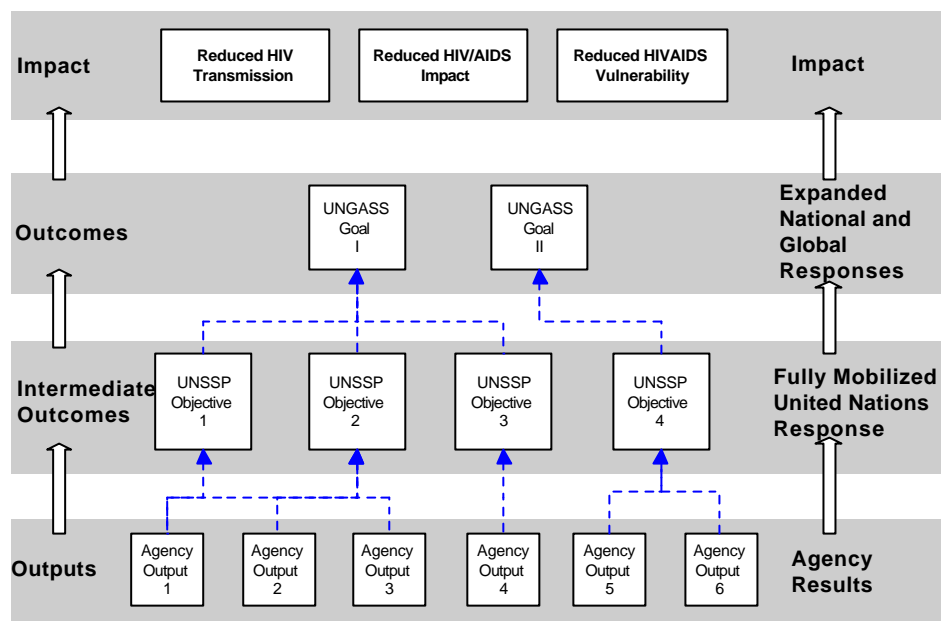


At the global and regional levels, the summaries of the individual plans of the UN system organizations maintained within the UNAIDS eWorkspace enable regular updating and monitoring of governing board actions, financial and human resource estimates, and agency priorities, actions and results. Periodic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

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

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

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



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

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

The UNAIDS Secretariat, together with the Cosponsor Evaluation Working Group, will be responsible for the performance monitoring of results at the level of the UN system strategic objectives. Following the UNGASS on HIV/AIDS in June 2001, more quantitative targets will be incorporated into the UN system strategic objectives. Individual agencies are responsible for the performance monitoring of their specific results. The UNAIDS Secretariat and the Cosponsor Evaluation Working Group will provide technical assistance to participating organizations in the development of quantitative and qualitative performance indicators.

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

Section II

1. Ensuring an Extraordinary Response to the Epidemic

1.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing an extraordinary global response are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.*

Major challenges

There are formidable challenges to be addressed by the UN system in ensuring an extraordinary response to the epidemic. Top-level leaders are now aware of the scale of the AIDS epidemic both nationally and globally, and have committed to do more. However, political will has yet to be translated into the full range of programmatic actions required to contain the epidemic. Most governments in heavily affected countries continue to lack the technical, programmatic and financial support required to turn commitment into effective multisectoral national responses.

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

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

One of the main constraints to scaling up action in the regions most affected – particularly Africa – is a shortage of resources. Few countries can mobilize internally the technical resources required to simultaneously reinforce heavily impacted services, reorient existing services to more effectively address HIV/AIDS, and establish or extend services required to

get ahead of the epidemic. International technical resources have lacked sufficient breadth, depth and coordination to bridge essential gaps. Increased financial resources have been committed, but investors have remained less than fully confident that existing financing mechanisms are sufficiently flexible, transparent, coordinated and accountable to move resources quickly to where they are most needed. Efforts to mobilize and channel financial resources will require improved capacity to work effectively with foundations and the private sector, which are increasingly demonstrating their commitment to work closely with the UN system.

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

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

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

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

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

Throughout the individual plans of the UN system partners, major emphasis is placed on substantially improving the flow of epidemiological and strategic information. During the plan period, major new emphasis is placed on strengthening the UN system's capacity to serve as a collaborating platform for leading international institutions, national agencies, NGOs and universities, to improve the strategic information generation, analyses and dissemination capacities in and among countries. Globally, this includes greater emphasis on mapping and tracking the resources of the UN organizations, multilateral and bilateral partners, and national governments. Within the UN system, it includes increased performance monitoring of the execution of the UN System Strategic Plan, the supporting plans of the individual UN system organizations, and Integrated Workplans of the UN Theme Groups on HIV/AIDS. Increased support will be provided to and through UN country teams to enable better costing of National Plans, more effective coordination of country-level resource mobilization, and greater use of debt relief proceeds to finance HIV/AIDS efforts.

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

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

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

Panel 4: National Strategic Planning

Approaches and partnerships highlighted within UN system plans include:

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

2. Cross-cutting Issues in an Expanded Response

2.1 Rationale

Strategic Focus

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

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

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

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing human right, gender, and increasing participation in the response are elaborated in Annex 2 and will be included here when they are finalized and agreed to by the UNGASS.*

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

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

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

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

Major challenges

The political and policy instruments for addressing human rights and HIV/AIDS-related stigma, for increasing the participation people living with HIV/AIDS, civil society and the private sector, and for highlighting gender-based inequalities in access to HIV prevention and consequences, are well established. However, the information and tools required to translate policy into action are not as broadly available, HIV/AIDS-related discrimination and stigma remain prevalent in many communities and institutions, and many leaders have yet to appreciate the causal linkages between the denial of human rights, gender inequity and social exclusion, with increased vulnerability to HIV/AIDS. Programme support for specific actions that promote supportive legal and social norms are absent in many national strategies and UN system Integrated Workplans addressing HIV/AIDS. People living with HIV/AIDS continue to be marginalized in the development of policies and programmes for prevention, care and support at all levels.

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

2.2 UN system objectives to address cross-cutting issues

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

1. To intensify UN system advocacy around international treaties, UN resolutions and intergovernmental agreements that help governments to promote, protect and fulfil human rights and reduce stigma related to HIV.
2. To significantly strengthen UN machinery required to monitor and report on HIV/AIDS related human rights violations.
3. To mobilize policy and programme support to governments seeking to strengthen legislative, legal and human rights frameworks protecting vulnerable population and people living with HIV/AIDS.

4. To strengthen evidence-based advocacy of policies and programmes which assist governments to address gender-based inequalities fuelling the HIV/AIDS epidemic.
5. To mobilize technical and programme support to governments seeking to reduce inequality of access for women to essential HIV/AIDS-related information, services, legal protection and commodities.
6. To advance strategies and mechanisms required for an expanded response that:
 - increase the participation of people living with and affected by HIV/AIDS in the response to the epidemic, and
 - strengthen the capacities required to build partnerships with the private sector and civil society.

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

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

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

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

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

Panel 5: Human Rights

Approaches and partnerships highlighted within UN system plans include:

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

Panel 6: Gender

Approaches and partnerships highlighted within UN system plans include:

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

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

3.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing children and young people are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.*

Currently, the global goals in this Area of Work is that adopted by the 21st Special Session of the United Nations General Assembly in July 1999, namely:

By 2005, governments, with assistance from UNAIDS and donors, should ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up.

Major challenges

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

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

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

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

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

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

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

Programme partners look to the UN system to provide the strategic information that clarifies how services such as VCT and the prevention of HIV infection in mothers and their infants can actually reach children and young people, especially the most vulnerable. The plans of the UN system partners place increased emphasis on efforts to measure the impact of the epidemic on young people and their participation in the response. Increased priority is also placed on age-disaggregated data, behavioural surveillance of high-risk sex and drug use, and

on developing effective measures of youth participation, access to and quality of life skills education. In particular, youth access to school-based services, condoms, VCT, and other reproductive health services is emphasized. The development of methods to measure access to services for highly vulnerable youth, and to more effectively enumerate children orphaned, and living in families affected by HIV/AIDS is also given high priority within the UN system plans.

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

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

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

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

Panel 7: Youth

Approaches and partnerships highlighted within UN system plans include:

- **Global advocacy** around intergovernmental treaties such as the “Convention of the Rights of the Child”, the ICPD+5 goal to ensure that the rights of children and young people to information and services are protected, promoted and fulfilled, by UNICEF, UNESCO, WHO, UNFPA and DESA. UNICEF and the UNAIDS Secretariat will strengthen partnerships with international media organisations to extend the reach of advocacy messages and health promotion campaigns.
- **Best practice guidance** including tools and instruments to ensure youth participation in decision making, and to assist governments and civil society partners protect especially vulnerable young people, such as those involved in injecting drug use, commercial sex work, by WHO, UNICEF, UNDCP and UNFPA.

- **Technical and financial support** to assist governments and civil society partners to design and deliver life skills education, train youth workers and teachers promote peer-led community-based education among young people out of school, develop youth-friendly health services, promote sexual and reproductive health education for young people, by UNICEF, UNFPA, WHO, UNESCO, UNDCP, UNRWA and UNV.
- **Specific projects, activities and conferences** involving a wide range of UN system agencies such as the World Tourism Organisation will work with partners in the tourism industry to address issues such as child sex tourism; UNDP and IOM will provide support to projects which seek to reduce cross-border trafficking of young people; UNFPA will strengthen its partnerships with youth-serving NGOs such as YMCA, YWCA, WAGGS, WOSM to reach young people; WFP will target food aid to help HIV-affected households to invest in nutrition and education for children, including those orphaned; and FAO will extend initiatives to educate young people in rural areas. UNFIP will provide resources for UN system projects on HIV and youth in Southern Africa.
- **Research and development** to develop tools and indicators to measure progress towards achieving the ICPD+5 and possible UNGASS goals, by WHO, UNICEF supported by the UNAIDS Secretariat.

Panel 8: Orphans

Approaches and partnerships highlighted within UN system plans include:

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

Panel 9: Prevention of HIV in Mothers and Infants

Approaches and partnerships highlighted within UN system plans include:

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

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

4.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing the most vulnerable are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.*

Major challenges

Notwithstanding the now considerable understanding of the role that different vulnerable groups play in determining the nature of HIV epidemics around the world, the continuing low priority given to meeting their basic needs persists as a major gap in the global response. As

a consequence, already stigmatized groups face greater social exclusion and are further marginalized from accessing essential prevention and care services, creating a vicious circle further fuelling the epidemic. Where programmes do exist, they are generally limited in their scope and outreach, often by ideological constraints of service providers and stereotyped characterizations of vulnerable group 'members'. Fundamental misunderstandings can result in dangerously oversimplified approaches to HIV/AIDS. Almost universally, cultural, social and political constraints impede effective prevention, care and support efforts.

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

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

4.2 UN system strategic objectives to address vulnerability

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

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

4.3 Strategic approach of the UN partners to address vulnerability

While the plans of the UN partners address various dimensions of the needs of populations particularly vulnerable to HIV, they do not yet constitute a cohesive strategic approach to

addressing these populations. A critical step in the new plan period will be to identify clear focal point responsibilities within the agencies, to mobilize the political, technical and programme resources required for an effective response.

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

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

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

Panel 10: Sex Workers and their Clients

Approaches and partnerships highlighted within UN system plans include:

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

Panel 11: Injecting Drug Users (IDU)

Approaches and partnerships highlighted within UN system plans include:

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

Panel 12: Migrants, Refugees and Internally Displaced Persons

Approaches and partnerships highlighted within UN system plans include:

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

Panel 13: Men who Have Sex with Men

Approaches and partnerships highlighted within UN system plans include:

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

Panel 14: Prisoners and other Institutionalised Persons

Approaches and partnerships highlighted within UN system plans include:

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

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

5.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing care and support are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.*

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

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

Major challenges

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

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

5.2 UN system strategic objectives to address care and support

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

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

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

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

Strategy and policy coordination will be strengthened through linked Inter-agency Task Teams on access to care and voluntary counselling. The development of an essential care and prevention ‘package’ is described, intended to help sharpen policy and programme advice with respect to the continuum of care. Major emphasis within agency plans includes supporting countries to set standards of care and support, and building partnerships with the NGO sector to improve delivery. These include, in particular, organizations serving people living with HIV/AIDS and their families and religious institutions.

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

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

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

Panel 15: Health Care

Approaches and partnerships highlighted within UN system plans include:

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

Panel 16: Services For Sexually Transmitted Infections (STI)

Approaches and partnerships highlighted within UN system plans include:

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

Panel 17: Voluntary Counselling and Testing (VCT)

Approaches and partnerships highlighted within UN system plans include:

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

6. Operations and Biomedical Research

6.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing research required to support the global response are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.*

Major challenges

Dramatic progress has been achieved in the realm of HIV/AIDS-related research, improving our understanding of the dynamics of the epidemic, and the therapies that can extend and improve the lives of people with HIV/AIDS. Nevertheless, much more needs to be done, including first and foremost the development of effective HIV vaccines. While many of the world's best scientific minds are engaged in the search for medical breakthroughs against HIV, their work needs sustained support and should be informed by the urgent priorities of the parts of the world where the majority of people with HIV live. Research efforts in areas of more immediate potential benefit to the most affected countries, such as microbicides and

other female-controlled prevention methods, have been under-funded because they have neither medical prestige nor a perceived market.

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

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

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

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

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

The UN partners efforts to advance the HIV/AIDS-related research agenda is primarily through their convening and advocacy roles. Efforts within the UN system organization plans include convening of expert and standing committees in a variety of subject areas to develop consensus on key research questions and priorities within a common research agenda. The extensive networks maintained by the UN specialized agencies of collaborating centres, reference groups, research institutions, and national research authorities are the principle vehicle through which the common research agendas is implemented.

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

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

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

Panel 18: Vaccine Research

Approaches and partnerships highlighted within UN system plans include:

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

7. Human Resource and Institutional Capacities in Key Sectors

7.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing human resource and institutional strategies in key sectors are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.*

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

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

Major challenges

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

Containing and reversing the HIV/AIDS epidemic within this decade will require significant reorientation of, and investment in key sectors such as education, health, social welfare, military and uniformed services, judiciary and legal, and information and media sectors. To date, the UN system investments in extending HIV/AIDS-related sector support beyond the health sector have been far short of what is required to mobilize an effective multisectoral response.

7.2 UN system strategic objectives to address key sector capacity strengthening

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

1. To advocate and promote effective strategies to assist governments and civil society to prioritise and mobilize resources for strengthening capacities in key sectors, including the:
 - education sector,
 - health sector,
 - social welfare sector,
 - military and uniformed services,
 - judiciary and legal sectors,
 - information and media sector.

2. To demonstrate and promote approaches and mechanisms which strengthen local institutional capacities to support community-focused action on the epidemic,
3. To develop and strengthen international mechanisms and partnerships required for improving access to HIV/AIDS-related commodities in the most affected countries.

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

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

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

The governing boards of the respective UN system agencies, with ministerial level working groups, and the periodic meetings of representatives of the regional development banks provide important fora for advocacy and strategy development. Interagency groups addressing sectoral capacity development are described in the health, education, and military and uniformed services. Similar efforts are described within the agricultural sector. In addition, the global strategy for Reproductive Health Commodity Security has significant implications for capacity development within the health, communications and NGO sectors.

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

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

Panel 19: Capacity Strengthening in the Education Sector

Approaches and partnerships highlighted within UN system plans include:

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

Panel 20: Capacity Strengthening in the Health Sector

Approaches and partnerships highlighted within UN system plans include:

- **Collection and analysis of evidence** on cost-effective health system practice, including surveillance of HIV status and related behaviours by WHO, World Bank and UNFPA.
- **Operational research** to set standards on what health systems could and should do, and promotion of ethical and equitable policies which respect human rights, by WHO, World Bank and UNICEF.
- Establishing and disseminating **best practice** for HIV/AIDS prevention by WHO, UNFPA, UNICEF, UNESCO, IOM, UNHCR and UNIFEM; for care of people affected by HIV/AIDS in different settings by WHO and UNICEF; and for mitigating the impact of the HIV epidemic – the World Bank and the UN Economic Commission for Africa.
- Helping to prevent **health workers** reduce risk of exposure to and infection with HIV, by WHO, ILO, UNICEF, UNFPA, and the UN Medical Service.

- **Assessing resource needs** for effective health system action, communicating these and mobilizing the additional resources required in a sustained way, by UN Secretary-General, World Bank, WHO, and other UN funds with support from the UNAIDS Secretariat.
- **Improving capacity for delivering essential health services** focusing on the needs of young people, women, and vulnerable populations; persons who need to know their HIV status; people living with HIV/AIDS; HIV-positive mothers and their infants; and people in need of safe blood, by WHO, UNFPA, UNICEF and the World Bank.
- **Reducing the cost of HIV/AIDS-related medicines** and commodities so that they are increasingly accessible to countries and their populations through negotiation of differential pricing arrangements, taking full account of TRIPS provisions, by WHO, WTO, WIPO, and the World Bank.
- Supporting countries in **monitoring the effects and impact of their health system** responses to HIV/AIDS/S TI epidemics, by WHO, UNICEF, UNFPA, and the World Bank.
- Encouraging **strategic research** into, and development of, new and effective preventive measures, diagnostic tools, anti-microbial medications and vaccines for HIV subtypes found in poor communities, and for STIs, by WHO and UNFPA.

Panel 21: Military and Uniformed Services

Approaches and partnerships highlighted within UN system plans include:

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

Panel 22: Commodities

Approaches and partnerships highlighted within UN system plans include:

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

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

8.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing HIV/AIDS and its socioeconomic impacts are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.*

Major challenges

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

The Highly-Indebted Poor Countries (HIPC) debt relief initiatives have provided an opportunity to analyse the linkages between HIV/AIDS and poverty in the Poverty Reduction Strategy Papers (PRSPs) that have to be prepared by eligible countries. However, HIV/AIDS does not figure prominently in many countries' PRSPs, highlighting the work that is still

required to generate a full understanding of the impact of the epidemic on development. Socioeconomic assessments are required at all levels of society (household, community, district and national), as well as further sectoral impact analysis in health, education, social welfare, labour, agriculture and armed services.

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

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

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

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

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

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

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

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

Panel 23: World of Work

Approaches and partnerships highlighted within UN system plans include:

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

9. Regional Strategy Development

9.1 Rationale

Strategic Focus

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

Global goals and targets

The goals and targets of the UN General Assembly Special Session on HIV/AIDS (UNGASS) will serve as the primary guide for UN system efforts during the plan period. *Indicative goals and targets addressing regional strategy development, technical network*

development, and strengthening regional level monitoring are elaborated in Annex 2 and will be included here when they are finalised and agreed to by the UNGASS.

Major Challenges

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

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

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

9.2 UN system objectives to address regional strategy development

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

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

9.3 Strategic approach of UN partners to address regional strategy development

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

The individual plans of the UN system partners highlight specific mechanisms and processes for joint programming and monitoring and evaluation, which include the strengthening of regional task forces and technical networks to address a wide range of thematic priorities. The plans also emphasize specific regional level joint activities such as political advocacy and surveillance. Most of the UN system organisation plans reflect a move towards joint planning, resource coordination and more integrated programming at regional level, within the context of developing shared regional workplans.

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

Panel 24: Eastern Europe and Central Asia

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

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

Panel 25: Africa

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

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

Panel 26: Latin America and the Caribbean

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

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

Panel 27: South Asia

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

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

Panel 28: South-East Asia

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

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

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

Section III: Summary of Individual UN system organization plans,

The HIV/AIDS related strategies and plans of the 29 participating organizations are encapsulated in a common summary format developed through the United Nations Inter-Agency Advisory Group on HIV/AIDS. The questions posed in the planning exercise are included in Annex 4. The summaries provide an overview of the individual organizations' HIV/AIDS-related mandate and accomplishments; priorities and targets; and strategies and resources.

These summaries are available electronically to PCB members via the World Wide Web at <http://sp.unaids.org>. Password and access information has been communicated to PCB members separately. Many of the agency summaries have fully elaborated strategies attached for the review of PCB members. Inputs and comments from PCB members is encouraged directly within the eWorkspace, or to the directly to the responsible agency and Cosponsor focal points. Contact information for focal points is included within the plan summaries. Compiled summaries will be made available to PCB members as a conference document at the 30 May-1 June 2001 meeting of the PCB.

ANNEX 1

Leadership Commitments and Core Actions

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

- 1. To ensure an extraordinary response** to the epidemic which includes: the full engagement of top-level leaders; measurable goals and targets; effective policies and programmes supported by improved epidemiological and strategic information; adequate and sustained financial resources; and integration of HIV/AIDS prevention and care strategies into mainstream planning and development efforts.
- 2. To develop policies, legislation and programmes which address individual and societal vulnerability to HIV/AIDS and lessen its socioeconomic impacts**, by focussing on enabling strategies which operate in the context of overall poverty reduction strategies and human development priorities and to develop the coping strategies required to address the impact of the epidemic in productive sectors.
- 3. To reduce the stigma** associated with HIV and AIDS and to protect human rights through personal and political advocacy and the promotion of policies that prevent discrimination and intolerance and enable more open discussion of sexuality as an important part of human life.
- 4. To expand efforts to support community-focused action** on the epidemic by affirming and strengthening the capacity of local communities to be assertively involved in all aspects of the response.
- 5. To protect children and young people from the epidemic and its impact** through universal access to quality primary education and increased secondary school attendance, particularly for girls; life-skills education approaches for in-school and out-of school youth which are free of harmful gender stereotypes and include sexual education and the promotion of responsible sexual behaviour; the promotion of the rights of children³, including their to access to information and youth friendly reproductive and sexual health services; services to prevent mother-to-child transmission of HIV; education on ways to prevent harmful drug use and to reduce the consequences of abuse; and early support to children affected by HIV/AIDS, in particular orphans.
- 6. To meet the HIV/AIDS related needs of girls and women** and to address the circumstances that disadvantage women with respect to HIV/AIDS while enhancing their abilities to contribute their knowledge and voice as a force for change. In particular, to promote the rights of girls and women⁴ and to address gender-based inequalities in access to information and services and to improve access for women to male and female condoms and voluntary counseling and testing within family planning clinics and other

³ Convention on the Right of the Child

⁴ Convention on the Elimination of Discrimination Against Women

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

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

ANNEX 2

Goals from the 30/03/01 Draft Declaration of Commitment on HIV/AIDS for the United Nations General Assembly Special Session on HIV/AIDS

1. Ensuring an extraordinary response to the epidemic

By 2003, ensure the development and implementation of multisectoral, national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma and denial; involve partnerships with civil society and the full participation of people living with HIV/AIDS; are resourced to the extent possible from national budgets; take full account of human rights and the integration of a gender perspective; and address risk, vulnerability, prevention, care and reduction of the impact of the epidemic;

UN system

- Support greater action and coordination in the United Nations system, including full implementation of the United Nations System Strategic Plan 2001- 2005;

Resource mobilization

- Increase annual spending on HIV/AIDS activities to reach an overall target of USD 10 billion per annum by 2010;
- Increase national budgetary allocations for HIV/AIDS programmes and ensure that adequate allocations are made by all relevant ministries;
- Increase the level of official development assistance to help countries to reduce poverty and achieve sustainable development and thereby strengthen their capacity to combat HIV/AIDS;
- Establish a “Global AIDS Fund” to finance an urgent and expanded response to the epidemic and task the Joint United Nations Programme on HIV/AIDS (UNAIDS) to provide a plan for the management and governance of the fund;
- Mobilize contributions to the Fund from public and private sources with a special appeal to foundations, the business community, the private sector and wealthy individuals;
- Provide UNAIDS with the resources needed to support the implementation of the measures and initiatives in this Declaration;

Maintain momentum and monitor progress

- By conducting annual reviews on progress achieved in realizing these commitments and ensuring wide dissemination of the results of these reviews;

-
- By devoting one full day of the annual General Assembly Session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration;
 - By including HIV/AIDS as one of the areas of focus of the Global Compact;
 - By ensuring that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;

2. Cross-cutting issues in an expanded response

- By 2003, complete policy reviews of existing non-discrimination legislation and protective laws in order to adopt new or strengthen existing legislation to ensure equal rights in education, employment and services for people living with HIV/AIDS;
- By 2004, ensure that national legislative infrastructure is in place to promote, protect and respect the rights of people living with HIV/AIDS to information, quality care, confidentiality and privacy;
- By 2004, develop and implement national strategies that assist women to exercise control over, and make their own decisions relating to their sexuality in order to protect themselves from HIV infection;
- By 2005, develop and begin to implement national strategies to promote women's full enjoyment of all human rights through the elimination of all forms of violence against women and girls, including harmful traditional and customary practices, abuse and rape, battering, and trafficking in women and girls;
- Foster stronger collaboration between the private and public sectors and by 2002, establish mechanisms that involve the private sector and new civil society partners in the fight against HIV/AIDS;

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

- By 2006, reduce by 20 per cent the number of children born HIV positive by providing access for HIV-infected women to effective treatment to reduce mother-to-child transmission of HIV, and, by 2011, reduce the number of these children by 50 per cent;
- By 2004, act to reduce the vulnerability of young people by promoting adolescents' access to primary and secondary education, information and services, and involve them in planning, implementing and evaluating HIV/AIDS prevention and care programmes;
- By 2004, have drawn up and initiated implementation of national strategies to ensure that orphans and children in families affected by HIV/AIDS have access to social services, particularly education and health services, on an equal basis with other children;

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

- By 2003, identify time-bound national targets to achieve the internationally agreed global prevention goals on HIV/AIDS, including specific targets for those groups most

vulnerable to HIV infection, such as young people, women and girls, men who have sex with men, sex workers, injecting drug users, refugees, internally displaced persons and people separated from their families due to work or conflict – and intensify efforts to achieve these targets, minimising the circumstances which disadvantage these groups with respect to HIV/AIDS and protecting those at greatest risk; and challenge gender stereotypes and attitudes, as well as gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;

- By 2003, have in place in all countries programmes that identify and address those factors that make individuals or groups particularly vulnerable to HIV infection, including poverty, migration, social exclusion, discrimination, lack of information, skills and/or commodities for self-protection. These programmes should address the gender dimension of the epidemic, specify the actions that will be taken to address vulnerability and set targets for their achievement;

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

- By 2003, ensure that comprehensive care strategies are developed to strengthen health care systems; provide access to affordable medicines and drugs for those who need them; support individuals, households and communities affected by HIV/AIDS; and address factors affecting the provision of essential drugs, including technical and system capacity, prices, international trade rules and intellectual property rights;
- By 2003, ensure that national strategies are developed in close collaboration with the international community and the private sector to increase substantially the availability of essential medicines for HIV, including antiretroviral therapy for people with symptomatic HIV infection;

6. Operations and biomedical research

- Support and encourage increased investment in HIV/AIDS related research (including in social and behavioural research and in traditional medicine) and in the development of new preventive and therapeutic approaches and technologies, including in particular HIV/AIDS vaccines and microbicides;

7. Human resource and institutional capacities in key sectors

- By 2004, ensure that a wide range of prevention interventions is available in all countries including: information, education and communication, in languages most understood by communities, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour; provision of essential commodities including male and female condoms; expanded access to voluntary counseling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections;
- Maintain momentum and monitor progress by encouraging and supporting initiatives to convene conferences, seminars, workshops and training courses to follow up issues raised in this Declaration;

8. Policies and programmes addressing HIV/AIDS and its socioeconomic impact

By 2003, review the impact of the HIV/AIDS epidemic on all productive and service sectors, and develop strategies to address the impact at the individual, family, community and national levels;

By 2004, develop a legal and policy framework that protects the rights and dignity of working persons infected or affected by HIV/AIDS, in consultation with the representatives of employers, workers and governments;

By 2005, strengthen the response to HIV/AIDS in the world of work by ensuring that in all countries workplace prevention and care programmes are implemented in productive and service sectors;

By 2003, implement measures that incorporate HIV/AIDS prevention, care and awareness interventions in humanitarian assistance programmes to ensure that populations affected by conflict: refugees, internally displaced persons, and in particular, women and children are protected from HIV infection;

By 2003, have in place well defined and applicable strategies to address the rapid spread of HIV/AIDS amongst national uniformed services in the most affected countries and use the uniformed services as a force for prevention and awareness;

Integrate HIV/AIDS concerns in all development assistance programmes and poverty reduction strategies, and encourage more efficient and effective use of all resources allocated;

Accelerate debt relief and direct the additional freed resources to national HIV/AIDS programmes;

9. Regional strategy development

- Encourage regional organizations and partners to take a greater interest in the crisis, intensify regional cooperation, and develop regional strategies and responses in support of expanded country level efforts;
- Maintain momentum and monitor progress by including HIV/AIDS on the agenda of regional meetings at the ministerial and Head of State/Government level;
- Maintain momentum and monitor progress by tasking UNAIDS to facilitate annual reviews of progress in implementing regional strategies, and publicising results in addressing regional priorities.

ANNEX 3

UNSSP Objectives

1. Ensuring an extraordinary response to the epidemic

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

2. Cross-cutting issues in an expanded response

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

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

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

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

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

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

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

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

6. Operations and biomedical research

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

7. Human resource and institutional capacities in key sectors

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

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

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

9. Regional strategy development

1. To encourage regional partners to collaborate in the development of mechanisms and elaboration of regional strategies to support countries in their efforts to respond to HIV/AIDS.

ANNEX 4

UN System Strategic Plan – Agency Summaries

Section I: Background and Context

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

Section II: Priorities and Targets

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

Section III: Strategies and Resources**Key Questions to be Addressed**

Key Questions to be Addressed																														
9. Key Partnerships Required for Successful Institutional Action	<p><i>Does your agency have key partnerships, particularly with NGOs, the private sector, bilateral donors, foundations? What are they?</i></p> <p><i>What new partnerships will need to be developed in the 2001-2005 period?</i></p>																													
10. Financial Resources/ Implications	<p>For each box in the table below can you give figures for the estimated necessary funds, and then indicate in brackets the percentage of that figure that comes from core funds?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">1996 - 2000</th> <th colspan="2">2001 - 2005</th> </tr> <tr> <th>Total Estimated</th> <th>Core Funds</th> <th>Total Estimated</th> <th>Core Funds</th> </tr> </thead> <tbody> <tr> <td>Global</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Regional</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Country</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		1996 - 2000		2001 - 2005		Total Estimated	Core Funds	Total Estimated	Core Funds	Global					Regional					Country					Total				
	1996 - 2000		2001 - 2005																											
	Total Estimated	Core Funds	Total Estimated	Core Funds																										
Global																														
Regional																														
Country																														
Total																														
11. Human Resources, Institutional Learning, and Systems Strengthening : Implications and Objectives	<p><i>How many staff within your agency will need to work on HIV/AIDS issues (absolute and/or in full time equivalents) to achieve objectives outlined in Section 1 and 2? (How many work at present?)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">1996 - 2000</th> <th colspan="2">2001 - 2005</th> </tr> <tr> <th>Actual Staff</th> <th>FTE*</th> <th>Actual Staff</th> <th>FTE*</th> </tr> </thead> <tbody> <tr> <td>Global</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Regional</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Country</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*FTE=Full Time Equivalent</p> <p><i>Does your agency have the necessary mechanisms in place to ensure staff will be trained in HIV/AIDS related issues or regularly updated to enable priority setting and programme strengthening to fully address HIV/AIDS?</i></p> <p>Does your agency have formal/structural mechanisms or a specific department, committee or working group responsible to ensure institutional learning about its HIV/AIDS programmes and best practice? What are they?</p>		1996 - 2000		2001 - 2005		Actual Staff	FTE*	Actual Staff	FTE*	Global					Regional					Country					Total				
	1996 - 2000		2001 - 2005																											
	Actual Staff	FTE*	Actual Staff	FTE*																										
Global																														
Regional																														
Country																														
Total																														
12. UN Staff and Dependents:	<p>What information is being disseminated to agency staff and dependants to reduce their risk of HIV/AIDS? Does your agency disseminate the UN Handbook, AIDS and HIV Infection: Information for UN Employees and Their Families?</p> <p><i>What provision for treatment and/or care is provided/planned for agency staff and dependants with HIV/AIDS? How will these need to be strengthened in the next five years?</i></p>																													