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Report by the Chairperson of the Committee of Cosponsoring Organizations

1 July 2005 to 30 June 2006

I. A new era of response to AIDS

The Eighteenth UNAIDS PCB meeting is timely as it coincides with the 2006 High-Level Meeting on AIDS and the United Nations General Assembly review of the Declaration of Commitment on HIV and AIDS. This is a landmark event for renewing political commitment to achieve the goals of the Declaration and to ensure implementation of effective actions for a long term sustainable response.

The year 2006 is a symbolic one, as we reach a quarter of a century into the epidemic and the fifth anniversary of the UN General Assembly Special Session on AIDS; the global AIDS response is entering a new phase of scaling up comprehensive HIV and AIDS services.

Based on the Secretary-General's Report to the General Assembly, 'Declaration of Commitment on HIV/AIDS: five years later', it is clear that important progress has been made against AIDS since the 2001 Special Session, particularly in terms of greater resources, stronger national policy frameworks, wider access to treatment and prevention services and broad consensus on the principles of effective country-level action. This provides a solid foundation on which to build a comprehensive full-scale response.

In fact, for the first time ever, the world possesses the means to begin to reverse the global epidemic. More and more countries have made headway against their epidemics through prevention efforts, including Cambodia, Kenya and Zimbabwe, where surveillance has documented notable declines in the prevalence of HIV in urban population (15-24 years). This is a source of hope that fewer people are becoming infected in some countries and communities; however, there is a need not to lose sight of the diverse picture of the AIDS pandemic.

The Secretary-General's report highlights the many gaps that remain, including:

- Despite the progress that has been made in expanding access to HIV prevention and treatment, the epidemic continues to worsen, especially among women and young people;
- HIV prevention programmes are failing to reach those at greatest risk;
- HIV prevention efforts remain notably inadequate for young people, who account for half of all new infections, notwithstanding evidence of positive behaviour change;
- Stigma and discrimination remain key barriers to the uptake of prevention, treatment, care and support programmes;
- The AIDS response is insufficiently grounded in the promotion, protection and fulfilment of human rights; and
- National Governments, international partners and communities are failing to adequately provide care and support for the 15 million children orphaned by AIDS and for millions of other children made vulnerable by the epidemic.

In addition, while last PCB endorsed the UNAIDS policy position paper on Intensifying HIV Prevention, which included linkages between sexual and reproductive health and HIV/AIDS as an essential policy action, and the 2005 World Summit Outcome Document reaffirmed the importance of moving towards universal access to reproductive health, this key strategic entry point for action is still absent in many national programmes and funding sources. Consequently, this highlights the need for better understanding on how to strengthen effective programming of the linkages with reproductive rights to intensify HIV prevention and increase access to treatment.

The AIDS response must become substantially stronger, more strategic and better coordinated if the world is to achieve the 2010 targets of the Declaration of Commitment. Countries most

affected by AIDS may fail to achieve Millennium Development Goals to reduce poverty, achieve universal primary education, and reduce hunger and childhood mortality. Reflecting the recognition that AIDS cannot be overcome through business as usual, the Joint Programme seeks to bring the strongest possible focus to the UN's work on HIV and AIDS.

Based on the findings from the Secretary-General's report and the outcomes of the global regional and national consultations on scaling up toward Universal Access, the UNAIDS family—the ten Cosponsors and the Secretariat—is working to fully leverage its unique potential to support countries in implementing and expanding effective national responses

II. Working better and more efficiently together to support country responses

Over the last year, the UNAIDS family has continued to make its mark in the global response to AIDS and to strengthen commitment and effective action at all levels.

Further to actions and achievements highlighted in the report of the UNAIDS Executive Director, this report seeks to highlight some joint and synergistic actions on selected current priority issues.

2.1. The CCO Resolution and its implementation plan

As reported at the last PCB meeting (June 2005), following the decision at the 25th meeting of the UNAIDS Committee of Cosponsors (CCO) in Moscow (March 2005), the CCO commissioned an external review of its functioning. The purpose of the review was to identify how to improve the Committee's performance, maximize the strengths of each Cosponsor and promote shared ownership and accountability as well as effective cooperation among partners in the Joint Programme.

At its 26th meeting (New York, 27 October, 2005), the CCO considered the main findings and recommendations that emerged from the review. The CCO adopted a resolution, "Review of the functioning of the UNAIDS Committee of Cosponsoring Organizations", which clarifies the CCO position vis-à-vis the proposed recommendations (Annex 1).

The Heads of Agencies have affirmed support for the empowerment of Cosponsors' Global Coordinators by reaffirming they have formal authority within their organizations and for improvements in their work processes such as the development of a joint work plan with the Secretariat and more frequent and structured meetings.

The CCO agreed to a phased approach for implementing all these actions in harmony with the recommendations of the GTT, emphasizing that each agency will move as fast as possible within its capacities and resources with an incumbent sense of urgency.

To implement the CCO resolution, a workplan has been developed outlining actions to be undertaken for each operative paragraph of the resolution, with a timeframe and focal points. The first report on the implementation of the resolution was presented by the UNAIDS Executive Director at the 27th CCO meeting (Madrid, 6 April, 2006).

2.2. Implementation of the Global Task Team recommendations in support of national responses

Following the PCB request, all UNAIDS Cosponsors have endorsed the GTT recommendations in their respective governing boards. At the 27th CCO meeting in Madrid, the Heads of Agencies endorsed the continued focus on implementation of the GTT recommendations in support of national AIDS responses, in accordance with the Three Ones Principles. They agreed that this provided the basis for a sound country-led process to scale up towards universal access to prevention, treatment, care and support, consistently with efforts to promote harmonization and UN reform.

Coordination of UN efforts on HIV and AIDS has significantly improved in the last year, due in large part to the maturing of the Division of Labour and the implementation of the ‘lead agency’ concept in different thematic areas.

The following highlights some key activities within the Joint Programme which support the roll out of the GTT recommendations:

- One of the major contributions of UNAIDS to the alignment and harmonization arrangements recommended by the Global Task Team, is the UN Consolidated Technical Support Plan for AIDS and the Division of Labour. This plan establishes a more coherent approach among UNAIDS Cosponsors and Secretariat for determining the most appropriate providers of technical support. At the 26th CCO meeting, Heads of Agencies endorsed the priority actions presented and ensured follow-up by individual Cosponsors and the Secretariat.
- Progress has also been made in the establishment and operationalisation of the Global Joint Problem Solving and Implementation Support Team (GIST), chaired by WHO.
- UNAIDS has placed particular emphasis on ongoing joint efforts to support the establishment of Joint UN Teams on AIDS to improve the effectiveness of UN support to national AIDS responses. This follows a request from the Secretary-General to UN Country Teams to strengthen technical support and joint programming. A guidance note on the Joint UN Team on AIDS has been developed and disseminated to respective agencies’ regional and country offices.
- UNAIDS supports mechanisms for the coordinated and rapid deployment of technical assistance to countries including through the establishment of Technical Support Facilities (TSFs), and is accelerating the development of a “scorecard” to gauge the level of programme alignment and harmonization by national and international partners in support of the national response.
- The UNAIDS family has also seized opportunities over the past year for actions and initiatives towards strengthening the AIDS response with each Cosponsor leading in its area of comparative advantage, working in collaboration with partners. These initiatives are carried out on behalf of UNAIDS with commitment from all Cosponsors and are mandated to advance national responses.

In the past year, each Cosponsor as well as the Secretariat has played a lead role, based on their comparative advantage, in supporting countries to strengthen national AIDS responses. In the past some examples include the following:

- **Joint UNDP, World Bank and UNAIDS Secretariat** initiative on Mainstreaming HIV and AIDS into Poverty Reduction Strategy Papers (PRSPs). Launched in 2005, the initiative is providing technical support for integrating HIV into new PRSPs more effectively, and for improving mainstreaming and implementation modalities in existing PRSP processes. Led by UNDP, support is being provided through regional trainings and country-level technical assistance. A review of existing PRSP mainstreaming guides and tools has been undertaken, and training materials developed. Based on a preliminary analysis of PRSP status, seven countries were selected for the initiative and began roll out in 2005: Ethiopia, Ghana, Mali, Rwanda, Senegal, Tanzania and Zambia. Country assessment missions were undertaken in the seven countries and issue papers developed for each country. In November 2005, a regional capacity-building workshop was held in Johannesburg, where country representatives developed individual country action plans. The initiative is providing technical and financial resources to implement country follow-up activities. In 2006, the initiative is being expanded to a number of additional countries (including Albania, Burkina Faso, Burundi, Guyana, Kenya, Liberia, Madagascar, Malawi, Mozambique, Uganda and Vietnam), and a second regional workshop will be held for these countries in a second phase.
- The **World Bank** was asked to lead, on behalf of UNAIDS and in close coordination with ILO, UNESCO, UNDP, UNICEF, WHO and the UNAIDS Secretariat, in assisting countries to enhance their HIV/AIDS strategies by making them more prioritized, evidence based and inclusive and by establishing annual actions plans for better implementation. Consequently, this was identified as one of the key areas of work in the World Bank's Global HIV/AIDS Program of Action submitted to the World Bank's Board recently. As an initial step, the World Bank hosted, with the assistance of the UNAIDS Secretariat, a workshop of international experts, including country and donor representatives, which prepared a draft AIDS Strategy and Action Plan (ASAP) (Thailand, January 2006). An HIV/AIDS Strategic Self-Assessment Tool is being finalized based on the key assessment factors identified at the workshop. The draft business plan has been shared with UNAIDS Cosponsors, country representatives, civil society, private sector for comments. An initial survey of demand from countries was conducted and ASAP will begin piloting operations in a few countries as soon as funding becomes available.
- Launched in October 2005, the **UNICEF**-led Global Campaign, "*Unite for Children, Unite against AIDS*", provides a platform for urgent and sustained responses to limit the impact of HIV and AIDS on children and involves partners from every sector of the global community. To date the Global Campaign, launched in 40 countries, covers every region and has been accompanied by a number of new and important political commitments on children and AIDS.

In their new HIV/AIDS funding, the governments of the United States, the United Kingdom and Ireland have specific earmarks for children and AIDS, and a number of developing countries – Rwanda, Madagascar, Brazil and Lesotho- have made specific commitments toward scale-up of the 'Four Ps' (**P**revention of mother-to-child transmission, **P**rovision of Pediatric Treatment, **P**revention of HIV infection among adolescents and young people, **P**rotection and support for children affected by HIV and AIDS).

- **UNESCO** is leading on *EDUCAIDS*, the Global Initiative on Education and HIV and AIDS. In his context, UNESCO is working with UNAIDS and other partners to develop a conceptual framework and implementation support tools as well as assisting national stakeholders to initiate and coordinate programme actions in nearly 30 countries.
- **WFP** is ensuring that food security and nutrition are an integral part of the overall response to HIV and AIDS at all levels and that nutrition support is part of the comprehensive treatment and care package for people living with HIV and AIDS, their families including orphans and vulnerable children.
- **ILO** is leading the initiative on leveraging the role of the world of work, which defines a joint approach to UN support for HIV and AIDS in the world of work and ensures that the world of work is fully integrated into existing action plans and the 'Three Ones'. It seeks to generate a better understanding of the world of work among UNAIDS cosponsors, and to maximize the comparative advantages of UNAIDS Cosponsors to expand the response to HIV/AIDS. ILO is intensifying its work at enterprise level, with tripartite constituents, to increase HIV/AIDS prevention and provide greater access to treatment, care and support at and through the workplace. Progress made so far includes the joint ILO/UNAIDS Regional meeting on AIDS and the world of work in Latin America and the Caribbean (Brasilia, 6 May, 2006), which adopted a Call for Action based on a collaborative platform of social dialogue between Ministers, employers and workers organizations, civil society and UN agencies.
- **UNODC** leads intensified technical assistance to countries to increase coverage of HIV/AIDS prevention and care services for injecting drug users, in prisons and as it relates to human trafficking.
- **UNHCR** has developed, strengthened and expanded sub-regional initiatives, among others, to address HIV/AIDS among displaced populations in conflict and post conflict settings. The sub-regional initiatives to address HIV/AIDS among displaced populations include refugees and internally displaced persons.
- **WHO** led the joint UNAIDS effort to scale up treatment of HIV/AIDS to reach the target of having three million people on treatment by the end of 2005. From a baseline of about 400 thousand in December 2003, the number of people on HIV antiretroviral treatment (ART) in low- and middle-income countries more than tripled to 1.3 million in December 2005.
Progress in treatment scale-up, while substantial, was less than initially hoped. However, treatment access expanded in every region of the world during the "3 by 5" initiative, with approximately 50 000 additional people beginning ART every month in 2005. Sub-Saharan Africa, the region most severely impacted, led the scale-up effort, with the number of people receiving HIV treatment there increasing more than eight-fold to 810 000 from 100 000 in the two-year period. By the end of 2005, more than half of all people receiving HIV treatment in low- and middle-income countries resided in sub-Saharan Africa, up from one-quarter two years earlier.

The lessons learned during "3 by 5" provide a foundation for global efforts now underway to provide universal access to HIV treatment by 2010. The country and regional consultations organized by UNAIDS used these lessons as a basis for discussion. Building on the success of "3 by 5", WHO is currently developing an organization wide 5 year strategic plan for its contribution towards Universal Access. The plan presents WHO's support for the health sector response and will be based on 5 strategic directions:

1. Enabling people to know their HIV status through confidential HIV testing and counselling
 2. Maximizing the health sector's contribution to HIV prevention
 3. Accelerating the scale-up of HIV/AIDS treatment and care
 4. Strengthening and expanding health systems
 5. Investing in strategic information to guide a more effective response
- **UNFPA** continues to champion the human and reproductive rights aspects of linking HIV/AIDS and SRH, PMTCT, and women and AIDS. Strong partnerships within and outside the UN, including with women living with HIV, have maintained a forceful political momentum to build on linkages as is evidenced in the Summit Outcome Document and the UNAIDS Policy Position Paper on Intensifying HIV Prevention. UNFPA led results include a framework on priority linkages, and clinical guidelines on the special reproductive health needs of women living with HIV. UNFPA has helped to strengthen the meaningful involvement of young people putting in place numerous opportunities including through the establishment of the UNFPA Youth Advisory Panel and the Special Youth Programme; inclusion of young people in the CCA-UNDAF processes; and most recently around the 2006 AIDS Review and High Level Meeting supporting a youth member of the Global Steering Committee on Universal Access, promoting inclusion of young people in national delegations and as panelists; and hosting the Youth Summit. In Asia and Africa over 100 partnerships have been formed to improve provision of SRH/HIV prevention and services, and the expansion of the Youth Peer Education Electronic Resource (Y-PEER) has reached millions of young people. The Global Female Condom Initiative is strengthening national programming for this prevention tool which can also contribute to reduced vulnerability of women. In its new lead position on issues surrounding sex work and HIV/AIDS, UNFPA has rallied the Joint Programme to work together with stakeholders on a response that is comprehensive and rights-based, and in line with efforts to promote universal access to HIV/AIDS prevention, treatment, care and support.

2.3. UNAIDS Action Plan on Intensifying HIV Prevention

In response to the PCB recommendation from its 15th meeting in June 2004, the UNAIDS Cosponsors and the Secretariat developed a Policy Position Paper on Intensifying HIV Prevention that outlines ten essential policies and ten essential programmatic actions for HIV prevention framed by six overarching principles upon which national level actions are to be built.

Following the PCB decision from its 17th meeting (June 2005), a UNAIDS Action Plan on Intensifying HIV Prevention has been developed which will complement implementation of the GTT recommendations, in line with the outcomes of the High level meeting on AIDS and the 2005 Outcomes Document.

2.4. HIV/AIDS in the UN workplace

The UNAIDS family is accelerating and scaling up efforts to address HIV and AIDS in its own workplace in a more coherent manner. “UN Cares”, the proposal for a common UN programme on HIV and AIDS in the UN workplace and a Global Accountability Framework, were endorsed at the 26th CCO meeting (October 2005), and at the system wide meeting of the Inter-Agency Advisory Group on AIDS (February 2006). They are currently in the process of implementation. As HIV/AIDS in the UN Workplace is a standing item on the CCO agenda, it will continue to be given high priority. The World AIDS Day 2005 message to staff highlighted the role of the workplace and the implementation of the ILO code of practice on HIV/AIDS. Many challenges still need to be addressed to ensure a more effective organizational response, including addressing issues of insurance coverage, as well as stigma and discrimination.

Recently, a meeting of People Living with HIV took place in the Netherlands and UN staff members from 11 agencies were represented. As a result a UN Positive Staff Group (UN +) was created. With the support of all Cosponsors and the Secretariat, the group is dispelling stigma and fear, and is helping to create an enabling environment to more effectively implement HIV/AIDS policies and programmes in the UN workplace.

III. The way forward

The environment we are operating in continues to change rapidly, creating unprecedented opportunities, as well as posing challenges to which the UNAIDS family must adapt.

While the achievements of UNAIDS in strengthening the global AIDS response are widely acknowledged, there is still skepticism among some about whether the UN can make a real difference where it matters the most – among the most vulnerable groups, in the countries where AIDS has hit the hardest, and where the epidemic threatens to expand over the next several years. However, as the GTT recommendations underline, it is through the ability of diverse agencies to work together, the increased transparency and accountability of our collective efforts, and above all, our capacity to help countries overcome barriers to scaling-up their AIDS response, that we can provide the best answer to skepticism.

The AIDS Review 2006 and the report on the regional consultation on Universal Access provide us with a good opportunity to lead the next stage of the global response to AIDS and ensure a sustainable long-term agenda. Internal deliberations and consultations have resulted in strategic decisions that will strengthen the ability of the Joint Programme to lead a coordinated and effective response to the epidemic.

We recognize that much work remains to be done. Each of us in UNAIDS shares the vision of the Millennium Development Goals on AIDS, which calls for halting and reversing the pandemic by 2015. Each of us believes that the Joint Programme is helping to contribute to the realization of this vision and that UNAIDS has greater potential than ever to support national responses to AIDS. To achieve this, however, the UNAIDS family will need the help of the PCB. We hope that you will support us in leading the global response to AIDS and in providing more effective support to countries.

IV. Recommendation to the PCB

The PCB is requested to:

- Recognize that the implementation of the GTT recommendations is the entry point for Universal Access, that the UNAIDS technical support plan is crucial to solving these issues, and encourage bilateral agencies and other actors as well as multilateral institutions to engage seriously in the GTT process;
- Advocate and commit for sustainable financing to ensure the full realization of Universal Access; and
- Support rapid scale-up of high impact interventions, in particular, to address the needs of vulnerable groups in light of the outcomes of the Universal Access assessment.

Annex I

**The 26th Meeting of the UNAIDS Committee of Cosponsoring Organizations
New York. 27 October 2005**

Resolution:

Review of the functioning of the UNAIDS Committee of Cosponsoring Organizations

Recognizing the unrelenting spread of the AIDS epidemic and the growing demands and expectations for a more coherent and effective response from the United Nations system;

Recalling that UNAIDS was conceived as a light and dynamic instrument for the UN to work together for maximum impact and results;

Reaffirming its commitments to the “Three Ones” principle and the recommendations of the Global Task Team;

Acknowledging the decisions contained in the Outcome Document of the 2005 World Summit;

The UNAIDS Committee of Cosponsoring Organizations (CCO), meeting in New York on 27 October 2005:

1. Acknowledges the report of the Boston Consulting Group (BCG) on the independent review of the functioning of the CCO and stresses the need to consider its recommendations in the light of the Global Task Team (GTT) recommendations which have been approved by the governance structures of several cosponsors and are strongly supported in the Outcome Document of the 2005 World Summit.
2. Agrees on the urgent need for joint programming and joint teams on AIDS. These joint programmes should be integrated into the overall development strategy of the country and the entire UN family. In this context, the CCO firmly believes that while flexibility is sometimes needed, it has to be accompanied by clear and transparent accountability for successful joint work.
3. Agrees that staff should clearly understand, implement and be held accountable for working together. This requires a change in working culture, attitude and behaviour.
4. States that HIV and AIDS should be mainstreamed and integrated into the policies and programmes of each organization.
5. Acknowledges that mainstreaming the costs of AIDS programmes from the UNAIDS Unified Budget and Workplan (UBW) to the core or regular budgets of cosponsoring organizations will vary according to the mandate, budgetary structures and processes of each organization.
6. Stresses that the UBW should be used for leveraging resources and to make the money work at the country level, and it should also serve as seed money for capacity building and joint programming.
7. Requests the Secretariat to develop a transition plan for the UBW to progressively move funds to the country level, taking into account the different mandates, structures and functions of the cosponsoring organizations (standards related; normative; operational; and global, regional, country level).

8. Agrees to conduct a review on how different cosponsoring organizations have used the UBW funds to respond to the AIDS epidemic.

9. Emphasizes the need to work in more simplified structures and processes and to avoid the creation of new structures.

10. Emphasizes the importance of strengthening the responsibility and accountability of regional structures and teams as well as those of UN Resident Coordinators and teams at the country level. In this context, UNAIDS should continue to demonstrate how the UN family can work together in a coherent and coordinated manner for maximum results and impact at the country level.

11. Affirms that the UN Resident Coordinator is responsible and accountable for effective joint programming and implementation at country level. The various agencies contributing to such programmes are also jointly responsible and accountable for implementation, whilst also remaining accountable to their respective organizations.

12. Agrees to pilot the use of regional structures when feasible and practicable, keeping in mind the focus on country level results and the differing structures of agencies, ensuring their full participation in decision-making.

13. Reaffirms its role as a Standing Committee of the UNAIDS Programme Coordinating Board (PCB) in making recommendations on vision and strategy to the PCB; monitoring implementation of PCB and CCO decisions; and creating an enabling environment within cosponsoring organizations for joint programming at country level.

14. Reaffirms the importance of UNAIDS cosponsors speaking with one voice at the PCB through the CCO Chair except when an agency has particular expertise on issues being considered.

15. Agrees to continue to invite the Global Fund for AIDS, Tuberculosis and Malaria to attend as an observer for relevant portions of PCB and CCO meetings.

16. Affirms support for the empowerment of cosponsors' Global Coordinators by ensuring they have formal authority within their organizations and for improvements in their work processes such as the development of a joint work plan with the Secretariat and more frequent and structured meetings.

17. Agrees to a phased approach for implementing all these actions in harmony with the recommendations of the GTT, emphasizing that each agency will move as fast as possible within its capacities and resources with an incumbent sense of urgency, and

18. Requests the Executive Director of UNAIDS to work with cosponsoring organizations to begin implementation of those BCG recommendations where immediate action is feasible and report on progress to the next meeting of the CCO in April 2006.