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## PROGRAMME COORDINATING BOARD

**Seventeenth meeting**  
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*Provisional agenda item: 1.4*

### **Report of the Executive Director, 2004-2005**

#### **EXECUTIVE SUMMARY AND INTRODUCTION**

This report of the Executive Director to the 17<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board (PCB) updates the PCB on key trends in the AIDS epidemic, summarizes major developments in advancing the global and UN system response to the epidemic in 2004-2005, and identifies critical challenges facing efforts to reverse the epidemic. As requested by the PCB in June 2003, this Report focuses on analyzing and summarizing the most significant developments and issues, rather than on providing a comprehensive listing of all UNAIDS<sup>1</sup> activities.

Consistent with the guidance provided by the PCB in December 2002—following the external evaluation of UNAIDS—UNAIDS over the last year continued to:

- Strengthen its coherence at country-level;
- Enhance the level and quality of technical resources available to national AIDS programmes;
- Spearhead efforts to harmonize and improve monitoring and evaluation activities at global and country levels; and
- Mobilize broad partnerships for the response, especially with people living with HIV.

Moreover, substantial effort was devoted to advancing key initiatives, including:

- The “Three Ones” principles, which seek to maximize the impact of country-level action through effective harmonization and coordination on all fronts;
- The “3 by 5” Initiative, which aims to have three million people living with HIV in low- and middle-income countries on antiretroviral treatment by the end of 2005;
- The development of a new HIV-prevention policy, with the goal of rejuvenating and accelerating HIV-prevention efforts worldwide.

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<sup>1</sup> UNAIDS refers to the Joint United Nations Programme on HIV/AIDS, which brings together the resources and efforts of 10 UN Cosponsors and a Secretariat around a common agenda on AIDS. UNAIDS, the Programme and ‘we’ are used interchangeably to refer to the overall Joint Programme. Individual Cosponsors and the Secretariat are specified in this report as appropriate.

Across the full range of our efforts, the overriding emphasis is now on ‘making the money work’—ensuring that the unprecedented increase in financial resources for the AIDS response is translated into effective, large-scale prevention, treatment and care programmes that deliver vital services and support to all those who need them. Total financing for AIDS programmes in low- and middle-income countries grew from US\$ 300 million in 1996, when UNAIDS was established, to more than US\$ 6 billion in 2004—a greater than 20-fold increase. This was due to sustained large investments by UNAIDS Cosponsor the World Bank, major new funding from bilateral donors and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and increased investments by developing countries.

In this new phase in the AIDS epidemic and its response, there are a number of key challenges that face the international community, and UNAIDS in particular, including:

- Ensuring that the response to AIDS is fully funded;
- Scaling-up implementation of programmes, as well overcoming obstacles, such as institutional and human capacity limitations;
- Ensuring coherent and accountable responsibilities, with concrete progress on the “Three Ones” to the establishment of Joint UN Country Programmes and Teams on AIDS;
- A comprehensive response addressing a full range of AIDS interventions;
- An inclusive response involving all sectors in society;
- A long term, sustained response to the AIDS epidemic.

UNAIDS will also continue to be a pathfinder for UN reform, particularly through refining the Unified Budget and Workplan as a planning and accountability instrument, and the establishment of a joint UN Country Programme on AIDS in each country.

It is in this context of unprecedented opportunities, complex challenges, and a rapidly worsening epidemic that the Executive Director submits this Report for consideration by the PCB.

**Action required at this meeting**

The Programme Coordinating Board is requested to endorse the report.

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## **SECTION I: MAJOR TRENDS IN THE EPIDEMIC AND ITS IMPACT**

*The global AIDS epidemic has reached a particularly alarming stage. It is both globalizing and expanding at an accelerating pace while its impact increasingly depletes severely-affected countries of the human, financial and institutional resources needed to curb its spread.*

*Yet, at the same time, there is increasing proof, from almost every region, that success is possible—both in terms of HIV prevention and treatment.*

*Each of these trends has direct implications for the global response:*

- *Comprehensive AIDS programmes need to be massively scaled up on an emergency footing;*
- *The needs of marginalized groups, young people, and women and girls need to be given overriding priority;*
- *Efforts on AIDS must be integrated into broader development efforts.*

*Accelerating rates of HIV infection and AIDS deaths.* More people became infected with HIV (nearly 5 million) and more people died of AIDS (an estimated 3.1 million) in 2004 than in any previous year.

*Concentration in low- and middle-income countries.* As of December 2004, 95% of the global total of people living with HIV (an estimated 39.4 million) belonged to low- and middle-income countries. On average, 1 in every 90 adults (ages 15–49) in these countries is now infected. Sub-Saharan Africa remains the worst-hit region: in 2004, it accounted for about two thirds of all people living with HIV and two thirds of all new HIV infections, as well as about three quarters of all AIDS deaths. In the Caribbean, 2.3% of the adult population is infected.

*Continuing globalization.* In 2004, the AIDS epidemic expanded in every region. HIV prevalence increased by 11% in Eastern Europe and Central Asia, 12% in North Africa and the Middle East, and 22% in East Asia. Within the next decade, the epidemics in Asia could intensify, with even small increase in HIV rates translating into millions of new infections. Over 8 million Asians are already infected, and 500 000 died in 2004. In North America and Western Europe, early prevention successes have given way in recent years to increases in sexual risk behaviour.

*Young people at disproportionate risk.* Young people remain at greatest risk for HIV, with people aged 15–24 accounting for more than half of all new infections.

*Worsening burden on women and girls.* In sub-Saharan Africa, 57% of adults and 76% of young people living with HIV are women and girls. In South and South-East Asia, those figures are 30% and 40%, respectively. Worldwide, young women (15–24) are more than three times likelier to become infected than boys the same age.

*No natural saturation point evident.* In 2004, HIV prevalence among pregnant women in Swaziland reached an all-time high of 42.6%, with nearly similar levels in Botswana, Lesotho and Namibia.

*Worsening toll.* The epidemic's economic and human impact is already enormous and the devastation will get worse before it gets better, even where prevalence is falling. As documented by UNAIDS in the *2004 Report on the global AIDS epidemic and AIDS in Africa: Three scenarios to 2025*<sup>2</sup>, no historical precedent exists for the epidemic's catastrophic, multi-generational effects. AIDS unleashes a chain of events that could cause entire societies to unravel:

- ⇒ *Erasing development gains in Africa.* In southern Africa, AIDS has slashed life expectancy in several countries by two decades or more, decimated the labour force, and caused or accelerated crises in agriculture, government services, private industry, and other critical sectors.
- ⇒ *Impact on children.* AIDS has orphaned some 15 million children in sub-Saharan Africa—a number that will soar unless access to HIV treatment is rapidly expanded. In the hardest-hit countries, AIDS is severing the generational ties on which societies depend to transmit practical knowledge and cultural norms.
- ⇒ *Slowing poverty reduction.* The epidemic's impact on development is most striking in sub-Saharan Africa but may also become visible in other regions.

*Successes.* In a growing number of countries, committed political leadership and stepped-up efforts are resulting in new successes in HIV prevention and treatment. The number of new infections among young people has fallen in the Bahamas, Cambodia, Ghana and Kenya, as well as in the capital cities of Ethiopia, Malawi, Rwanda and Zambia. Brazil has reduced the AIDS mortality rate by approximately 80% since 1996 by providing extensive access to antiretroviral treatment. In six other Latin American countries, over half of all people needing antiretroviral treatment are now covered. Strong community-based responses are also evident in a growing number of countries, particularly in sub-Saharan Africa. The Executive Director and the heads of UNICEF and WFP visited several such examples in Kenya, Malawi, Swaziland, Uganda and Zambia.

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<sup>2</sup> See Section II, page 6, for information on the 'Scenarios' report.

## **SECTION II: UNAIDS SUPPORT FOR IMPLEMENTATION**

*Under the Unified Budget and Workplan for 2004-2005, UNAIDS intensified its programmatic coherence and effectiveness at country level. It ensured that the Programme's global and regional efforts helped strengthen the ability of countries to bring to scale HIV prevention, treatment and care, and impact mitigation.*

*We have pursued our work through the five cross-cutting functions endorsed by the PCB in December 2002:*

- *Advocacy and leadership;*
- *Policy and strategic information;*
- *Civil society engagement and partnership development;*
- *Monitoring and evaluation; and*
- *Mobilization of financial, technical and political resources.*

*In the last year, national responses were substantially strengthened in many countries, often as a direct result of support provided by UNAIDS Cosponsors and Secretariat.*

- *National political commitment. Major breakthroughs occurred in the national response in several countries, particularly in Asia.*
- *"Three Ones". We spearheaded the development of a consensus in favour of the "Three Ones" principles, building commitment for implementation. Forty-five African Heads of State endorsed the "Three Ones" at the African Union summit in January 2005.*
- *"3 by 5". Access to antiretroviral therapies in low- and middle-income countries increased by roughly 60% in the last six months of 2004, with several low-income countries showing a marked increase in antiretroviral therapy use.*
- *HIV prevention. To rejuvenate prevention efforts, UNAIDS developed a comprehensive policy position on HIV prevention, which has been submitted to the PCB for review.*
- *Women and girls. Under the umbrella of the Global Coalition on Women and AIDS, we increased global attention to the epidemic's growing burden on women and girls.*
- *Programme implementation. We provided increased assistance to national programmes to expedite implementation and scale up HIV prevention, treatment and care, including those funded by the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).*
- *Financial resources. Between 1996, the year of UNAIDS' founding, and the end of 2004, resources available for AIDS programmes in low- and middle-income countries increased more than 20-fold to over US\$ 6 billion. Over the last year, UNAIDS played a vital role in the efforts of the Global Fund, directly assisting countries in assembling 40 successful proposals that generated five-year funding of approximately US\$ 1.2 billion and implementing programmes.*
- *Technical resources. UNAIDS improved global capacity to monitor the level and nature of resources available for AIDS programmes as well as scale up national programmes.*

- *Monitoring and evaluation.* UNAIDS led global efforts to build national monitoring and evaluation capacity, harmonize diverse monitoring and evaluation efforts, and develop new tools to strengthen national epidemiological and information systems.
- *Partnerships.* In several countries, we played a critical role in the formation of new networks of people living with HIV.

*This section reports on our efforts in key thematic areas of the response to the AIDS epidemic.*

#### **A. Political commitment and leadership**

Political commitment and leadership are of critical importance to success against the AIDS epidemic. Today, heads of state or government—or their deputies—lead national AIDS commissions in almost 40 countries, a gain to which UNAIDS has made major contributions.

We focused our advocacy on strengthening political commitment in countries where the epidemic is expanding rapidly.

*Eastern Europe and Central Asia.* Lars O. Kallings, the Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe, advocated for vigorous HIV-prevention efforts, including among prison inmates. A Ministerial Conference in September 2004, sponsored by the European Commission and the Government of Lithuania, resulted in a Declaration of Commitment to take concrete action by the end of 2005 to address AIDS within the European Union and in neighbouring countries. At the end of March 2005, UNODC and the Committee of Cosponsoring Organizations hosted a Ministerial Conference for the Commonwealth of Independent States with representation of people living with HIV and other civil society groups. Members of the Commonwealth of Independent States established a working group to expedite regional coordination on antiretrovirals.

*Asia and the Pacific.* In 2004, signs emerged of growing political commitment to address AIDS in Asia and the Pacific. The Asia-Pacific Leadership Forum remains a key initiative for mobilizing leadership on AIDS. In 2004, it provided support for important declarations on AIDS (including the 2nd Asia Pacific Ministerial Meeting, Asia-Pacific Economic Cooperation (APEC) Economic Leaders Meeting, the Suva Declaration by Pacific Parliamentarians, South Asian Association for Regional Cooperation (SAARC) Declaration on HIV/AIDS, and the Pacific regional strategy on HIV/AIDS. The holding of the Leadership Forum's Steering Committee meeting in Port Moresby was a valuable opportunity for additional support for Papua New Guinea.

In China an executive meeting of the State Council chaired by Premier Wen Jiabao adopted measures to curb the spread of HIV, and decided to include AIDS as a key issue in the 11<sup>th</sup> Five-Year Plan. In India, Prime Minister Dr Manmohan Singh established a National Council on AIDS, which brings together 30 top federal ministers as well as chief ministers of several key states. UNAIDS facilitated inclusion of AIDS in the medium-term development plan for the Philippines and actively advocated for AIDS funding as an integral component of the national growth and poverty reduction programme in the Lao People's Democratic Republic. Dr Nafis

Sadik, the Secretary-General's Special Envoy on HIV/AIDS for Asia and the Pacific, urged substantially stronger national action in her visits to Cambodia, China, Fiji, Iran, Myanmar, Pakistan, and Papua New Guinea.

In February 2005, UNAIDS entered into a Memorandum of Understanding with the Asian Development Bank to undertake joint efforts on tackling AIDS in Asia and the Pacific.

*The Caribbean.* Sir George Alleyne, the Secretary-General's Special Envoy on HIV/AIDS in the Caribbean, actively promoted horizontal collaboration among countries in the region and advocated to combat AIDS-related stigma. In recognition of its role in galvanizing unprecedented action on AIDS, the Pan Caribbean Partnership Against HIV/AIDS, an initiative of the Caribbean Community (CARICOM), was documented by UNAIDS as a best practice for regional cooperation.

*Africa and the Middle East.* Stephen Lewis, the Secretary-General's Special Envoy on HIV/AIDS in Africa, visited numerous African countries in 2004 and 2005. He called for stronger political commitment against the "triple threat" that confronts southern Africa—the intertwined problems of AIDS, food insecurity, and weak institutional capacity.

A reflection of the growing political commitment in the region, Angola approved national legislation mandating sound HIV-related policies and practices in the workplace, Burkina Faso increased national spending on AIDS by 77%, and Kenya and Lesotho initiated national efforts to promote HIV testing. The African Union developed a regional AIDS strategy and integrated AIDS Watch Africa, a leadership initiative created in 2001 with the active involvement of the UN Secretary-General, Nigerian President Olusegun Obasanjo. UNAIDS is also actively assisting the New Partnership for Africa's Development in mainstreaming AIDS throughout its range of activities.

With support from the OPEC Fund for International Development, UNAIDS has embarked on a two-year effort to strengthen AIDS leadership and enhance capacity in 14 countries in various regions.

In 2004, we accelerated the transition of the World AIDS Campaign to civil society nongovernmental organizations, who will manage the campaign on an ongoing basis in the future. The UNAIDS Secretariat will continue to participate in the Campaign by serving on its governing board and by distributing Campaign materials to country staff and UN partners.



*Need for stronger political leadership.* Although the last year produced important signs of greater resolve and leadership on AIDS, the need for stronger political leadership is apparent:

- Many countries with emerging epidemics have yet to give priority to a strong national response;
- Human rights frameworks are either non-existent or extremely weak in many countries; and
- Support for HIV prevention may be on the decline, even in countries that have made the most headway against their epidemics.

### **B. “Three Ones”<sup>3</sup>**

Sustained advocacy helped translate the “Three Ones” principles into a global consensus for the strengthening and harmonization of AIDS efforts:

- In January 2005, the “Three Ones” principles were endorsed by 45 Heads of State at the Africa Union Summit.
- In early 2005, a summit hosted by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) issued the Paris Declaration on Aid Effectiveness and recognized the “Three Ones” as a major effort in harmonization and alignment.
- In March 2005, a high-level meeting in London of representatives of host governments, civil society, donors and international organizations—co-hosted by France, the United Kingdom, the USA and UNAIDS identified further steps to maximize our collectiveness on AIDS. Key outcomes included the establishment of a Resource Needs Steering Committee to review the assumptions that underpin estimates of financial needs for AIDS, and a Global Task Team on Improving Coordination among Multilateral Institutions and International Donors to review how the multilateral system can simplify and further harmonize procedures and practices.

We have actively promoted country-level implementation of the “Three Ones” principles, issuing a major report to highlight progress and challenges.

- The “Three Ones” are a core assignment for all UNAIDS Country Coordinators.
- In addition, the Secretariat is providing extensive support to 12 countries, most of which are at critical stages in their response: Ethiopia, Haiti, India, Indonesia, Kenya, Malawi, Mali, Mozambique, Tanzania, Ukraine, Viet Nam, and Zambia.
- The World Bank and the Secretariat sponsored a regional workshop, in Addis Ababa in February 2005, for programme implementers in Africa to identify strategies to overcome operational impediments under the umbrella of the “Three Ones”.
- In April 2005, the Office of the Global AIDS Coordinator of the United States and the UNAIDS Secretariat held a joint two-day bilateral meeting to evaluate success to date in implementation of the “Three Ones” at country-level, and explore how to

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<sup>3</sup> The Three Ones are: One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, One National AIDS Coordinating Authority, with a broad-based multisectoral mandate, and One agreed country-level Monitoring and Evaluation System.

accelerate this progress most effectively—particularly in the context of those countries receiving substantial USA Government global AIDS assistance.

The Executive Director made several country visits to promote the “Three Ones” jointly with ministers, executive heads, and senior officials from Norway, Sweden, the United Kingdom, the United States, UNICEF, WFP, the World Bank, and the Global Fund.

Separate reports will be presented to the PCB at this meeting on progress towards the “Three Ones” and the Global Task Team.

### ***C. Access to HIV Treatment***

The centerpiece of UNAIDS’ activities to improve access to HIV treatment has been the “3 by 5” Initiative, led by WHO and involving the active participation of all UNAIDS components. Its ambitious aim has been to rapidly scale-up HIV treatment in low- and middle-income countries by having 3 million people living with HIV on antiretroviral therapy by the end of 2005. The US President’s Emergency Plan for AIDS Relief and the Global Fund have been at the forefront of supporting expansion of access to HIV treatment.

By the end of 2004, an estimated 700 000 people were receiving antiretroviral therapy, an increase of nearly 60% in the last six months of 2004 alone. WHO, the UNAIDS Secretariat and partners will announce further numbers for the first half of 2005 at the time of the Programme Coordination Board meeting.

- In Botswana, Namibia and Uganda, treatment coverage now exceeds one quarter of those in need, and 13 countries in sub-Saharan Africa had by December 2004 reached more than 10% of treatment-eligible individuals with antiretrovirals.
- Nine countries in Latin America and the Caribbean—including Brazil, which has since 1996 ensured nationwide antiretroviral coverage through the public sector—provide antiretrovirals to more than half of those who need them.
- Thailand increased antiretroviral coverage by more than 3000 patients each month during the last half of 2004.

Efforts by the Programme significantly strengthened progress on HIV treatment scale-up:

- WHO technical staff dedicated to “3 by 5” were in place in 21 countries at the end of 2004, with plans to place experts in 20 additional countries and subregions in 2005.
- UN Theme Groups on HIV/AIDS supported the development of a national treatment plan in Cambodia and successful Global Fund proposals on treatment expansion in many countries, including Belarus and the Russian Federation.
- Investments of more than US\$ 30 million by UNICEF financed the purchase of antiretrovirals, test kits, and medicines for opportunistic infections for more than 30 countries.
- The World Bank is providing financing, technical guidance on procurement, and the launch of a special initiative to support expeditious implementation of treatment access in Ghana, Mozambique and Burkina Faso.

WHO is revising its guidance on a public-health approach to HIV treatment scale-up with the aim to increase the participation of community health workers and non-physicians in HIV-treatment programmes and to clarify recommendations on the use

of fixed-dose antiretroviral combinations. Revised guidelines will be informed, in part, by results of meetings in 2004 cosponsored by WHO, the Secretariat, and the Governments of South Africa and the United States. These meetings focused on developing principles for national regulatory agencies in assessing fixed-dose combinations. In 2004, WHO and the UNAIDS Secretariat issued guidance regarding measures to promote equitable access to HIV treatment in resource-limited settings. In partnership with HIV-positive adolescents, UNICEF supported the development of national guidelines in Brazil for the care and support of adolescents living with HIV.

WHO and the Secretariat have continued to work with pharmaceutical manufacturers to improve the affordability and availability of medicines. In early 2005 a meeting was convened with representatives of eight generic antiretroviral manufacturers from four low- and middle-income countries. The meeting was called to identify barriers and solutions for scaling up access to quality generic AIDS medications.

UNAIDS and Médecins sans Frontières continued in 2004 to provide information on sources and prices of HIV medicines. WHO and UNDP assisted more than 30 countries in developing procurement and supply chain management plans for AIDS treatments, while the World Bank issued a handbook on the procurement of antiretrovirals.

WHO helped assure the quality of antiretrovirals purchased for use in low-income countries by pre-qualifying medications from manufacturers that meet WHO's quality standards. To date, WHO has prequalified approximately 80 HIV-related products.

#### ***D. HIV prevention***

In response to indications that the commitment to HIV prevention in many countries was waning over time—and following the guidance of the PCB at its 15<sup>th</sup> Meeting in June 2004—UNAIDS has started intensifying its work on HIV-prevention issues. This has included the development of a policy position paper on intensifying prevention, which is being presented to this PCB, and which received inputs from a wide range of constituencies.

The UNAIDS Reference Group on HIV Prevention, composed of leading international HIV-prevention experts, was established in late 2004. At its first meeting, in January 2005, the reference group made recommendations on enhancing HIV prevention in the context of treatment.

Between May and June 2005, the UNAIDS Secretariat organized three regional meetings on community involvement in HIV-prevention trials in South Africa, Nigeria and Thailand. The meetings engaged researchers, civil-society representatives, donors, ethicists, and government representatives to develop guidance on ethical processes for the design, conduct and oversight of HIV-prevention trials. These included vaccines, microbicides, male circumcision, sexually transmitted disease treatment, pre-exposure prophylaxis and behavioural prevention.

Young people continue to be disproportionately affected by the epidemic and constitute more than half of new HIV infections occurring in 2004. Following a meeting of experts in May 2004 policies and programmes for young people through policy briefs and advocacy materials have been produced by various UNAIDS

Cosponsors. In addition, we supported the active involvement of young people at the XV International AIDS conference in Bangkok in July 2004. As a result of this conference, the Global Coalition of Young People against AIDS was established, which seeks to use youth power in HIV prevention efforts. UNFPA's Youth Peer Education activities have reached 1.7 million young people in Eastern Europe and are being incorporated into several Global Fund proposals.

As part of UNAIDS' overall HIV-prevention effort, UNESCO launched the **Global Initiative on HIV/AIDS and Education** which aims to enhance national HIV prevention and mitigation efforts by helping governments to implement comprehensive, nationwide education programmes on AIDS for young people. The Initiative will contribute to enhancing HIV prevention in the "Education for All" framework.

UNODC also convened a consultation meeting on HIV prevention and care in prison settings. WHO provided technical assistance to implement harm reduction programmes in countries where drug use is a major cause of HIV transmission.

ILO continued to prioritize workplace prevention programmes in its ongoing technical support to its tripartite constituents. The World Bank enhanced its technical assistance to countries and nongovernmental organizations in the scaling up of Bank-financed prevention programmes. UNICEF drafted guidance for programmes to prevent mother-to-child transmission, developed a regional database in West and Central Africa to support implementation of such programmes, and provided technical support for programme scale-up in 11 countries. WFP produced programme guidance on food and nutrition-support issues associated with prevention of mother-to-child transmission. In addition, WFP sponsored HIV-prevention activities in 26 countries, reaching an estimated 2.3 million people and focusing special attention on the integration of HIV education in school feeding programmes.

From the above, it is not only clear that every UNAIDS Cosponsors is active in HIV prevention, but also that one of the challenges UNAIDS faces as a joint programme is ensuring clarity in terms of division of labour within the UNAIDS family. After this PCB meeting, UNAIDS will work to achieve this clarity in its efforts on scaling up HIV prevention.

*Knowledge of HIV status.* Policy guidance by UNAIDS, supported by extensive technical assistance to countries, generated greater momentum toward measures to encourage knowledge of a person's HIV infection status.

In June 2004, the UNAIDS Secretariat and Cosponsors, including WHO, released a new policy on HIV testing. Reaffirming that all testing should be accompanied by confidentiality, informed consent, and counselling, the policy distinguishes between client-initiated testing (commonly known as voluntary counselling and testing) and provider-initiated and routine testing. Providers are advised to recommend an HIV test when the patient presents with clinical symptoms consistent with HIV-related disease (such as tuberculosis) or in antenatal settings or sexually transmitted infection clinics, where post-test counselling tailored to serostatus may provide individual prevention benefit. In high-prevalence settings, the routine offer of an HIV test may be warranted. In November 2004, the UNAIDS Secretariat, WHO and the US Centers for Disease Control convened a consultative meeting in South Africa to explore strategies to increase knowledge of serostatus, with participants from 18 countries, including several that have successfully introduced the routine offer of an HIV test in certain health care settings.

### ***E. Women and girls***

In February 2004, UNAIDS launched the Global Coalition on Women and AIDS to focus attention on the increasing feminization of the epidemic and to make the AIDS response work better for women. A dynamic, diverse network of civil-society partners, UN agencies, governments and advocates, the Coalition works to empowering women to protect themselves from HIV and to responding to the impact of AIDS. The UNAIDS Secretariat now serves as secretariat for the Coalition.

*Advocating around women and AIDS key issues.* The Coalition is generating new advocacy momentum around a range of critical issues, including:

- Stigma and discrimination.
- The interconnections between violence against women and HIV.
- The importance of promoting women's property and inheritance rights.
- The beneficial impact of keeping girls in school.
- The need to ensure equal access to treatment and HIV prevention services for women and girls.
- The pivotal role that elderly women often play as carers of people living with HIV and children orphaned by AIDS.
- The need to raise access to HIV prevention options that women can control, such as the female condom, and to accelerate development of effective microbicides.

In March this year, the Coalition organized a five-city, awareness-building tour in the United States that culminated on International Women's Day. Under the auspices of the Global Coalition, UNAIDS called attention to the significant increase in HIV infection rates among women and girls in the Mekong region of South-East Asia. Efforts by UNDP led to the creation of the Coalition of Women Ministers in Ethiopia, which has worked to draft and promote gender-sensitive legislative reforms.

The Coalition is also developing alliances with nongovernmental organizations. These include:

- The World Association of Girl Guides and Girl Scouts, which develops the leadership skills of young girls
- The Young Women Christian Association, which runs leadership training for young women
- The International Community of Women Living with HIV, which engages and supports women living with HIV as leaders within their communities
- The International HIV/AIDS Alliance, which is supporting networks of sex workers as leaders in the response to HIV.

In 2004, more than 35 countries received UNAIDS funding via the Programme Acceleration Fund to address gaps in national strategies pertaining to prevention and treatment for women and girls.

In addition, a UNFPA-organized high-level meeting in June 2004 resulted in a call to capitalize on the linkages between AIDS prevention and the promotion of sexual and reproductive health. A major UNICEF publication in 2004, based on national surveys in 53 countries, focused on the essential role of education in increasing the HIV-related knowledge, attitudes and skills of girls and young women. In consultation with governments and civil society, WHO, UNICEF, UNFPA, and the UNAIDS Secretariat produced a European region strategy to strengthen HIV prevention for pregnant women, mothers and children.

#### ***F. Human rights and vulnerable populations***

To strengthen the integration of a human rights approach in national AIDS strategies, we worked with numerous governments on legislative reform and model legislation. Monitoring data has indicated that most countries have yet to take effective action to protect and promote the human rights of vulnerable populations. As a result, we intensified our assistance to countries to address the HIV-related vulnerability of injecting drug users, men who have sex with men, sex workers and other populations critical to the success of the response to AIDS. Our advocacy contributed to:

- Panama's enactment of legislation directed at eradicating the sexual and commercial exploitation of children and adolescents.
- Mobilization by the UN Theme Group on HIV/AIDS in Nigeria of nearly US\$ 2 million to facilitate implementation of 51 action steps to reduce discrimination and stigma.
- Cambodia's official adoption of a harm-reduction approach for drug users,
- Myanmar's inclusion of men who have sex with men in populations covered by national prevalence estimates.
- Adoption by the National Assembly in Angola of legislation establishing and protecting the legal rights of people living with HIV.
- Formal steps by Ukraine to increase the access of injecting drug users to antiretrovirals.

In addition:

- UNHCR and WFP developed guidelines for integrating food and nutrition services in HIV-related programmes in refugee settings.
- In the Dominican Republic, the UN Theme Group on HIV/AIDS supported Amigos Siempre Amigos, a national nongovernmental organization, in producing a manual on HIV/AIDS and men who have sex with men.
- UNAIDS and partners cosponsored a 20-country meeting in Asia—involving national AIDS programme officials, lawyers, and representatives of vulnerable populations—that resulted in recommendations on integrating human rights into AIDS responses in the region.
- In collaboration with AFRICASO and the Eastern African National Networks of AIDS Services Organizations, the UNAIDS Secretariat conducted a human rights training workshop for 65 nongovernmental organizations, AIDS service organizations, and associations of people living with HIV.
- UNDP formulated draft model legislation for countries in West Africa to protect and promote the rights of people living with HIV.

### ***G. Civil society engagement and partnerships***

To be effective, national responses to AIDS require the active engagement of a variety of stakeholders, particularly the actors that comprise civil society. Building on its long-standing commitment to the engagement of essential partners, UNAIDS' country-level work focused even greater attention in 2004-2005 on building strong partnerships with a broad range of key constituencies. Key achievements include:

- building the capacity of networks of people living with HIV in diverse countries to function as full participants in the national response;
- strengthening the nongovernmental sector to support national AIDS efforts;
- mobilizing religious leaders on AIDS;
- launching of new national business coalitions on AIDS in China, Pakistan and Tanzania; and
- supporting media leaders in raising AIDS awareness.

In addition, we worked closely with international and regional civil-society networks, to leverage the influence of these global bodies to support civil-society action and capacity at country level.

*People living with HIV.* At the heart of any effective national response are people living with HIV. UNAIDS devotes extensive efforts toward capacity-building of networks of people living with HIV. This is a core task of UNAIDS Country Coordinators and UN Theme Groups on HIV/AIDS. For example, UNAIDS in 2004:

- helped expand the network of people living with HIV in Namibia;
- contributed to the establishment of support groups for people with HIV in Algeria and Sudan;
- initiated an anti-stigma project in Uzbekistan;
- provided capacity-building assistance to associations of people living with HIV in Cambodia and Viet Nam; and
- contributed to the formation of new networks in Fiji, Papua New Guinea, and Swaziland.

At global level, the UNAIDS Secretariat continued its close partnership with the Global Network of People Living with HIV/AIDS (GNP+) and the International Community of Women Living with HIV. With emphasis on the mobilizing capacity of people living with HIV, WHO provided financial and technical support to a collaborative initiative with the Tides Foundation and the European AIDS Treatment Group to mobilize a social movement for expanded treatment access in Eastern Europe and Central Asia.

UNAIDS is currently examining how it can best enable people living with HIV to play a more substantive role in the AIDS response. Anticipated actions include intensified capacity-building efforts, involvement of people living with HIV in Country Coordinating Mechanisms, and in implementation of the “Three Ones”, and comprehensive mapping to identify and assess the Programme’s activities to support people living with HIV.

*Nongovernmental organizations.* UNDP and WHO are partnering in a new initiative—being piloted in Cambodia, Malawi and Sudan—to increase the capacity of communities to participate in the scaling up of “3 by 5 treatment preparedness programmes. Through its Treatment Acceleration Programme, the World Bank has forged strong and innovative partnerships with diverse civil-society groups in Burkina Faso, Ghana and Mozambique. Roughly one half of the Bank’s AIDS assistance flows directly to nongovernmental organizations, civil society and other nongovernmental entities.

- The Secretariat played an active role in the March 2004 launch of AIDS Action Europe, a pan-European nongovernmental organization initiative that intends to focus on efforts to rejuvenate HIV prevention in Western Europe, galvanize a stronger response to AIDS in Eastern Europe, and contribute to the mobilization of financial resources from international donors.
- In Asia and the Pacific, UNAIDS brokered funding for the Seven Sisters Coalition, which brings together seven networks working with most vulnerable communities. The support enabled the Seven Sisters to address their two primary priorities: operationalizing the principle of ‘Greater Involvement of People Living with HIV’ in the region; and advocacy around women's vulnerability.
- UNAIDS supported efforts by the International Council of AIDS Service Organizations to monitor implementation of the *UN Declaration of Commitment on HIV/AIDS*.
- UNAIDS contributed to the establishment of an association of HIV-related nongovernmental organizations in the Kyrgyz Republic and worked to enable the group to mobilize financial support.
- The Secretariat provided legal support to the Nepali nongovernmental organization Blue Diamond after 39 of its members were arrested.
- In early 2005 the Secretariat initiated an ‘e-forum’ discussion on civil society and the “Three Ones”.

*Faith-based organizations.* Because faith-based groups are frequently among the most respected and organized sectors of society, UNAIDS in recent years has significantly enhanced its efforts to involve faith-based leaders in national AIDS responses.



In 2004 and early 2005, for example:

- UNFPA initiated a project in Algeria to involve religious leaders in the national response and to support an AIDS action plan by the Ministry of Religion.
- UNICEF expanded its work both with Buddhist organizations in Thailand and the World Conference for Religion and Peace in the Asian Region.
- The Secretariat continued to collaborate with mainstream Christian organizations and provided technical assistance to strengthen the AIDS-related activities of the Anglican Church in sub-Saharan African countries. It also provided technical assistance to the Catholic Church in developing a strategic AIDS action plan for Cameroon.
- The Executive Director took part in the Catholic Church's celebration of the 13<sup>th</sup> annual Day for the Sick, on 11 February 2005. The celebration was held in Cameroon this year and focused on the AIDS epidemic in Africa.
- The Secretariat also established collaborative contacts with a cluster of Evangelical churches to exchange information, enhance their engagement in AIDS and provide technical assistance.
- To engage Muslim groups the Secretariat established an informal advisory group in collaboration with the Organization of Positive Muslims in South Africa and the Malaysian AIDS Council.

*The world of work.* ILO continued to lead efforts to increase the engagement of the world of work in the response to AIDS and to drive adoption by corporations, labour unions and governments of the *ILO Code of Practice on HIV/AIDS and the World of Work*.

- ILO provided technical assistance on workplace policies and programmes in more than 25 countries in Africa, Asia, Eastern Europe and the Caribbean.
- The longstanding collaboration between ILO and the US Department of Labor to promote workplace HIV education initiatives was extended in 2004 to seven new countries, including China, where a project involving government authorities and social partners was started in response to the strong commitment by national stakeholders to effective workplace action on AIDS.
- In collaboration with GTZ, the World Bank and Georgetown University, ILO co-organized the Second International Symposium on HIV/AIDS Workplace Policies and Programmes in Developing Countries.
- ILO and UNDP convened trade unions in Ukraine to devise strategies to mobilize workers in promoting HIV workplace programmes.
- Training sponsored by ILO helped build AIDS capacity in 55 enterprises in India, including the Indian Railways, and in the transport sectors and informal economy of selected African countries.

With global leadership from entities such as the Global Business Coalition on HIV/AIDS and the World Economic Forum, corporations in low- and middle-income countries showed new commitment on AIDS over the last year. In addition to the creation of new business coalitions on AIDS in China, Pakistan and Tanzania, the World Bank, World Economic Forum and the UNAIDS Secretariat sought to strengthen the impetus for collective action from the corporate world by developing guidelines for the establishment of business coalitions.

We provided support to the Global Unions AIDS Campaign, whose steering committee represents hundreds of millions of workers worldwide.

*Media.* As in prior years, in 2004 we worked to ensure broad-based and high-profile media coverage of AIDS issues, with particular attention to the release of new epidemiological and financing data. While AIDS-related news is slowly gaining prominence in low- and middle-income countries, it appears to be losing some of its cachet in major US and European media outlets.

With the strong backing of the Secretary-General, we co-organized the launch in early 2004 of the Global Media AIDS Initiative, under which some of the world's biggest and most powerful media companies have committed to a robust and ongoing participation in the global response. The Initiative's key partners—including the Henry J. Kaiser Family Foundation, MTV Network, the Bill & Melinda Gates Foundation, and the UN Department of Public Information—agreed to transition leadership of the initiative to Bill Roedy, an eminent media figure and UNAIDS Ambassador.

Building on the momentum created by the Initiative, we successfully convened media leaders in two countries with worsening epidemics—Indonesia and Russia. The MTV Creative Summit in December 2004, held in New York City, brought together creative directors from 30 media companies around the world to share insights on how to improve AIDS communications.

A partnership involving the World Bank, WHO, the UNAIDS Secretariat and a broad range of international organizations and media outlets launched the AIDS Media Center, which provides developing country journalists with a first-stop portal for relevant information and analysis on AIDS. UNESCO's Red Ribbon Media Award for Excellence both honours and promotes favourable media coverage of AIDS issues. In francophone Arab states, UNDP-sponsored AIDS awareness videos have aired on national and regional television networks.

#### ***H. AIDS, security, complex emergencies and humanitarian response***

A growing number of countries include national uniformed services in the response to AIDS. Fifty-three countries have received our assistance in developing and implementing national AIDS strategies for uniformed services. For example, in early 2005, India's military entered into a formal partnership with UNAIDS to promote HIV prevention with the country's 2.5 million uniformed personnel.

Countries receiving UNAIDS support benefit from an array of technical resources, including a comprehensive and user-friendly AIDS programming guide, a peer education kit, and an AIDS awareness card that has been translated into 18 languages, including Arabic, Mandarin, Russian and Thai.

- We documented best practices in Cambodia, Eritrea and Ukraine, which have successfully incorporated HIV prevention into the programmes of national uniformed services.
- We serve as chair of an international task force to strengthen and coordinate implementation of AIDS strategies among uniformed services.
- Pursuant to Security Council Resolution 1308 and the *UN Declaration of Commitment on HIV/AIDS*, we continued our collaboration with the UN Department of Peacekeeping Operations, which has resulted in the integration

of HIV prevention into pre-deployment training for all UN peacekeepers, including the newest peacekeeping operations in Haiti and Liberia.

- In partnership with the United States Government, we launched an interactive map on HIV-related programmes among uniformed services.

To advance the research and policy agenda on AIDS, democratic governance and security, the Netherlands hosted a major conference in May 2005.

UNAIDS has chaired the Inter-Agency Task Force on HIV/AIDS in emergency settings since January 2005 and promoted integration of AIDS efforts into humanitarian action in different contexts. In the aftermath of the December 2004 Indian Ocean tsunami, UNAIDS ensured the integration of HIV-related programming in the response to the catastrophe.

To support mobilization of technical and financial support for HIV-related programming for refugee populations, in 2004 UNHCR:

- Conducted HIV-related assessments in 21 countries in Africa, which collectively account for more than four million refugees and returnees.
- Assisted Liberia, Sierra Leone and other countries in integrating the needs of refugees into national strategic AIDS plans.
- Expanded HIV voluntary counselling and testing services to more than 30 sites in six African countries that are home to 2.2 million refugees.
- Developed a comprehensive HIV information system—consisting of biological and behavioural surveys, health facility reporting, and onsite inspection checklists—for widespread implementation in 2005.
- Expanded its HIV sentinel surveillance among pregnant women to Uganda and worked with the World Bank to develop a standardized behavioural surveillance survey for displaced and post-displacement populations, which was field-tested in refugee sites and surrounding populations in Rwanda and Kenya.

Over the past year, UNAIDS supported the AIDS efforts of countries facing complex emergencies and other especially difficult challenges:

- In the Democratic Republic of Congo, for example, the UN Theme Group on HIV/AIDS has been expanded to compensate for the lack of capacity of the national AIDS authority.
- UNAIDS facilitated structured discussions between international donors and the government of Zimbabwe.
- UNAIDS leadership was also pivotal in supporting the response to AIDS in Myanmar, where resources are now channelled through the Fund for HIV and AIDS. This fund is providing US\$ 22 million for the response, backed by a unified monitoring and evaluation framework.

### ***I. Children affected by AIDS***

Guided by the principles set forth in the *Framework for Care, Protection and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, a growing number of partners joined with UNICEF and other parts of the Programme to strengthen national leadership on children's issues.

At a meeting in Cape Town in September 2004, 16 countries in sub-Saharan Africa shared national action plans with UN agencies and international donors, and follow-up technical assistance is being provided to finalize the plans. A follow-up partners' forum in December 2004, sponsored by UNICEF and the World Bank, focused on mobilizing sufficient funding for children-oriented AIDS initiatives.

UNICEF is leading efforts to monitor the epidemic's impact on children through:

- Monitoring and evaluation guide on children orphaned or made vulnerable by the epidemic;
- Cost estimates for an effective response to the needs of children affected by AIDS; and
- Assistance to 16 heavily-affected countries to conduct a rapid assessment and appraisal of the situation of children.

In 2004, UNICEF worked to develop and refine HIV-related questions for inclusion in the 2005 round of the Multiple Cluster Indicator Surveys, which will generate representative estimates from about 50 countries with respect to three core indicators in the *UN Declaration of Commitment on HIV/AIDS*.

### ***J. Socioeconomic impact***

During the current biennium, UNAIDS continued to produce state-of-the-art analyses of the epidemic's devastating socioeconomic impact and the potential for effective action.

In early 2005, UNAIDS released a landmark new report, *AIDS in Africa: Three scenarios to 2025*. The report provided a rigorous, unprecedented analysis of the epidemic's long-term impact on the hardest-hit region. Developed with the active contributions by more than 100 eminent Africans, the document sketches three diverse but equally plausible visions of the epidemic's future in Africa. The report underscores that actions taken today on AIDS will decisively shape Africa's future. Benefiting from the scenario development expertise of Royal Dutch/Shell Group, the project was the result of collaboration between the UNAIDS Secretariat and the African Union, African Development Bank, UN Economic Commission for Africa, UNDP, and the World Bank.

In collaboration with the Asian Development Bank, the UNAIDS Secretariat in 2004 summarized the human and economic stakes of an effective response in Asia and the Pacific highlighting how the epidemic has the potential to slow the rate of poverty reduction in the region.

The World Bank completed a study of the economic impact of AIDS in Kenya, and similar studies are underway in Ethiopia, India, Namibia, Nigeria and Swaziland. Through training workshops jointly organized jointly with the University of

Heidelberg, the Bank is helping build the capacity of economists in southern Africa to gauge the epidemic's economic impact. The World Bank also sponsored a global survey on AIDS and disability by Yale University, to inform policies and programmatic interventions for populations with physical, sensory, intellectual and mental health disabilities.

### ***K. Monitoring and evaluation***

Effective national responses depend on timely and accurate information on important trends in the epidemic. Maximizing the impact of AIDS programmes similarly requires strong evaluation mechanisms that assess the effectiveness of key interventions and identify factors that promote programmatic success.

In 2004, the Programme led global efforts to strengthen monitoring and evaluation, intensifying its partnerships with diverse providers of monitoring and evaluation services.

- We developed and refined key indicators.
- We sponsored regional trainings to enhance worldwide capacity on monitoring and evaluation.
- In furtherance of the “Three Ones”, we spearheaded efforts to harmonize the activities of diverse monitoring and evaluation providers.

To guide national AIDS strategies, UNAIDS and its partners have increased efforts to strengthen national monitoring and evaluation systems. In 2004, we led global efforts to strengthen monitoring and evaluation, intensifying our partnerships with diverse providers of monitoring and evaluation services.

- *Building national capacity.* A key vehicle for building capacity on monitoring and evaluation is the Global AIDS Monitoring and Evaluation Team (GAMET). Housed at the World Bank, GAMET helps coordinate, strengthen and harmonize UN system efforts in the field. The UNAIDS Secretariat, WHO, UNICEF, World Bank and the United States Government have placed monitoring and evaluation experts in selected countries in all regions. Increasingly, these experts are working together. The UNAIDS Secretariat and its partners sponsored training and workshops to increase national monitoring and evaluation, including an October 2004 workshop that convened participants from Albania, Bulgaria, Bosnia and Herzegovina, Croatia, Kosovo, Macedonia, Romania, Serbia and Montenegro, and Turkey.
- *Intensified UNAIDS assistance.* Twenty-three UNAIDS monitoring and evaluation advisors are already in their duty stations. In 2004, the UNAIDS Secretariat provided significant technical support on monitoring and evaluation in at least 51 countries and supported development of national monitoring and evaluation plans in at least 46 countries.
- *Learning from Best Practices.* To inform monitoring and evaluation capacity-building activities, the UNAIDS Secretariat in 2004, developed monitoring and evaluation case studies in three countries with diverse epidemics—Cambodia, Ethiopia and Philippines. Based on its findings, the UNAIDS Secretariat recommended increased monitoring and evaluation staffing at national and sub-national levels, translation of monitoring and evaluation frameworks into operational plans, harmonization of existing databases, and extension of serological and behavioural surveillance to rural areas and key populations.

- *Expanding monitoring and evaluation technical resources.* UNAIDS is in the final stages of developing a computer-based clearinghouse for monitoring and evaluation-related training and technical assistance. The Monitoring and Evaluation Technical Assistance and Training system seeks to rapidly link country requests with needed technical expertise, training opportunities, guidelines and financial resources. This system will facilitate optimal use of Cosponsor resources, including World Bank/GAMET, WHO, UNICEF, WFP, as well as that of bilateral partners.
- *Harmonizing monitoring and evaluation systems.* In 2004, UNAIDS intensified its work with collaborating partners, including major bilateral donors (the United States, Canada, the United Kingdom and Sweden), to develop guidelines for unified monitoring and evaluation systems. Its goal is to assist countries in moving from planning to implementation on monitoring and evaluation. Two new monitoring guidelines have been recently released: *A Guide to Monitoring and Evaluating Antiretroviral Programs* and the *Guide to Monitoring and Evaluation for the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS*.
- *Operationalizing monitoring and evaluation systems.* While there are many guidelines on indicators and indicator selection, few exist on how to make a monitoring and evaluation framework operational. UNAIDS is working with collaborating partners (including the World Bank/GAMET, UN, the European Commission, and the United States Government) to finalize an operational guidance document, *Guide to designing unified M&E systems for national AIDS programs: The Fundamentals of Monitoring and Evaluation*. This guidance document will assist programme implementers, donors, and other stakeholders in identifying the most appropriate indicators from an expanded list that derives from the current inventory.
- *UNGASS Reporting for 2006.* The revised *Guidelines on Core Indicators* to be used for the UNGASS 2006 Global Progress Report, were sent to all UCCs and Chairs of UN Theme Groups on HIV/AIDS on 20 May 2005. These *Guidelines* take into account lessons learned from 2003 reporting, as well as input received from key stakeholders, including National AIDS Committees or their equivalents, civil society organizations and people living with HIV. Refinements include additional indicators to assess risk reduction, the quality of antiretroviral therapy, and blood safety. Guidance is provided on how to increase the role of civil society, improve the disaggregation of data (e.g., by gender), and the use of the UNGASS reporting process and data for advocacy purposes. It is hoped that this new version will improve the quality of data submitted for the 2006 Global Progress Report.

*Country Response Information System.* Nineteen countries have implemented the UNAIDS Country Response Information System, with the number projected to double soon. The Country Response Information System provides vital data to national monitoring and evaluation and supports global and regional efforts to assess the pace, nature and effectiveness of the overall response.

*“Three Ones”.* A core principle of the “Three Ones” is a unified framework for monitoring and evaluation each country agreed to by all stakeholders. In 2004, UNAIDS monitoring and evaluation tools and activities contributed to the accelerated implementation of the “Three Ones”. In the 15 countries receiving assistance through

the US President's Emergency Plan for AIDS Relief, the most recent version of the Country Response Information System software includes a prototype that promotes efficiencies in software development, training and data exchange. Through assistance provided by UNAIDS, countries are integrating the Country Response Information System and other information applications into national monitoring and evaluation frameworks, strengthening the knowledge base for decision-making and promoting the sharing of data among key stakeholders.

*Epidemiology.* The UNAIDS Secretariat, WHO and partners such as the US Centers for Disease Control and Prevention provided extensive assistance to countries to improve national HIV/AIDS surveillance and information systems, including adoption of Second Generation Surveillance, which supplements HIV/AIDS epidemiological information with other data that are relevant to public policy development, including risk behaviours.

The *2004 Report on the global AIDS epidemic* is the world's primary resource on the status and trends of the global epidemic. Released just ahead of the XV International AIDS Conference in July 2004 in Bangkok, the report provided country-by-country and regional data on key indicators of the epidemic, as well as chapters on thematic issues such as prevention, care and treatment, socioeconomic impact, and resource mobilization. A special emphasis of the *Report*, woven throughout its thematic chapters, was the epidemic's increasing burden on women and girls.

The UNAIDS Secretariat and WHO updated epidemiological trends in December 2004, when it issued the *AIDS epidemic update*. National surveillance fact sheets, available on the WHO and UNAIDS web sites, provide exhaustive data on national epidemics and their key determinants, including serosurveillance data on key vulnerable populations.

*Implementation of the Declaration of Commitment on HIV/AIDS.* Using an array of available data sources—including detailed national reports from 17 countries in Africa, Asia, the Caribbean, and Eastern Europe—the UN Secretary-General reported on progress toward implementation of the *Declaration of Commitment on HIV/AIDS*, which was presented at the UN General Assembly High-Level Meeting on HIV/AIDS, 2 June 2005. The report reveals that many of the most affected countries may fall short of the *Declaration's* 2005 target to reduce the level of infection in young men and women (ages 15–24). Similarly, while the number of people on antiretroviral therapy increased by nearly two thirds during the last six months of 2004 only 12% of those who need antiretroviral therapy in low- and middle-income countries were receiving it as of December 2004.

In 2006, a comprehensive report will be released using end-of-year data and with expanded information on all global and country indicators. It will be based on lessons learned in 2003 in connection from UNAIDS' first effort to quantify progress toward the implementation of the *Declaration of Commitment*. The UNAIDS Monitoring and Evaluation Reference Group (MERG) has slightly amended the core indicators, with plans to publish the revised indicators guideline by the end of July 2005. These revised indicators will clarify measures for disaggregating data by gender, establish priority indicators for countries with concentrated and low-prevalence epidemics, emphasize the involvement of civil society throughout the data collection process, and

identify strategies for using national reports on implementation of the *Declaration of Commitment* as key advocacy tools.

UNAIDS will use the revised indicators and guidelines in 2006 to assess progress toward the *Declaration's* time-bound targets as of December 2005. This is a critical milestone in the global response because several major targets in the *Declaration of Commitment* (including knowledge levels among young people, and lower infection rates among young people and newborns) come due at the end of 2005.

***L. Mobilization and tracking of financial, technical and political resources***

Given its emphasis on 'making the money work' through the rapid scale-up of effective programmes, UNAIDS intensified its work to mobilize the financial, technical and institutional resources needed to implement a comprehensive response.

- Country-based resource mobilization efforts supported by UNAIDS generated major new AIDS projects funded by the World Bank, as well as Global Fund approval for more than US\$ 310 million in new funding for national AIDS efforts.
- UNAIDS played a leading role in enabling the major funding increases to be rapidly translated into broad-based, on-the-ground programmes through development of new technical guides, delivery of vital technical assistance, and creation of major new technical resource networks,.
- UNAIDS strengthened its capacity to monitor and analyze AIDS-related resource flows.

*Financial resource mobilization.* Resources available for the response to AIDS globally, rose four-fold, from US\$ 2 billion in 2001 to an estimated US\$ 8 billion in 2005, the bulk of this coming from major international donors with the United States accounting for approximately half of all donor financing for AIDS through the President's Emergency Plan for AIDS Relief. This level of funding has had an enormous impact, particularly on the scale-up of treatment.

Although the global community deserves praise for mobilizing unprecedented resources for the AIDS response, at the current pace of funding the gap between available and needed resources is likely to grow, as the backlog of unaddressed HIV prevention, treatment and support needs accumulates.

With support from the Resource Needs Steering Committee established after the March 9th "Making the Money Work" meeting, UNAIDS has revised funding needs estimates for a comprehensive response to AIDS up to and including 2008, which will be distributed to the Programme Coordination Board.

We are supporting the Global Fund's replenishment process and worked with the Fund's secretariat to place the Fund's needs within the global estimates of finances needed for a comprehensive response to AIDS.

In our work to mobilize sufficient resources, we are focusing on strategies to overcome human and institutional capacity limitations on the effective utilization of resources, as well as on the exploration of new and innovative financing mechanisms (e.g., regional development banks, such as the Asia Development Bank).



The World Bank, the UNAIDS Secretariat, WHO and the Global Fund have been discussing with the International Monetary Fund concerns that advice provided by the IMF might dissuade finance ministers from accepting or allocating additional national resources to AIDS programmes. Agreement was reached that funding levels envisaged for AIDS programmes are unlikely to lead to macroeconomic problems and that the IMF does not advise against increased spending financed by external grants for AIDS.

In addition, the World Bank, UNDP and the UNAIDS Secretariat are preparing a Joint Initiative to support those countries which are expected to draft or revise their Poverty Reduction Strategy Papers (PRSP) between now and end-2006 to adequately integrate AIDS issues into them. These include 16 countries in sub-Saharan Africa out of a total of 22 countries. The support will consist of both enhancing the participation of AIDS-focused stakeholders in the Poverty Reduction Strategy Paper process, and improving modalities relating to AIDS programme implementation.

*World Bank.* Annual financial support from the Bank for AIDS programmes in sub-Saharan Africa increased from roughly US\$ 10 million a decade ago to nearly US\$ 300 million in 2004. The principal mechanisms for World Bank financing for AIDS programmes has been the Multi-Country AIDS Programme, which has provided more than US\$ 1.15 billion in support to countries in Africa and the Caribbean. Other World Bank lending mechanisms also provide considerable assistance to countries in financing AIDS efforts. Projects approved for World Bank financing in 2004 and early 2005 included a US\$ 60 million Treatment Acceleration Project in sub-Saharan Africa, a US\$ 25 million initiative to support AIDS control efforts in Central Asia, and an ongoing project to ensure the safety of Viet Nam's blood supply.

*Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).* As in prior funding rounds, the UNAIDS Secretariat responded to all national requests for assistance in developing proposals for the Global Fund. Altogether, we provided technical assistance to more than half of the 79 HIV-related proposals. Proposals supported by the UNAIDS Secretariat were 3.2 times more likely to be approved than proposals that did not benefit from such assistance. Joint UNAIDS Secretariat/WHO assistance proved especially successful, with a 75% success rate, or 4.5 times higher than for proposals that did not receive joint help. As of November 2004, UNDP was serving as Principal Recipient of Global Fund financing in 23 countries.

While UNAIDS intends to continue assisting countries in developing proposals for the Global Fund, our support is now shifting largely to programme implementation. It is also apparent that financial support for the provision of technical assistance is needed to provide such support.

Accelerating implementation will depend on the capacity of national, regional and international partners (including the UN) to provide the kind of technical assistance needed to meet the needs of large-scale programmes, such as those supported through the Global Fund. Deploying technical support and building capacity, including through horizontal technical cooperation among countries will be key. In Latin America several countries that are facing problems with the implementation of their Global Fund grants met to define their technical assistance needs, exchange experiences and facilitate mutual technical support. The meeting was organized jointly by the Brazilian Government, the Horizontal Technical Cooperation Group,

the UNAIDS Secretariat, the Global Fund Secretariat, Germany's GTZ and the United Kingdom's DFID and resulted in concrete technical support plans and subsequent action. Similar initiatives are now planned in other regions.

*Financial resource tracking and needs estimates.* In 2004, the Secretariat focused substantial efforts on clarifying its estimates of future resource needs. To do so it costed resource requirements for several scenarios tied to the pace at which infrastructure limitations are addressed.

Since we began tracking resources in 2001, the process has become increasingly refined. It now benefits from improved modeling techniques, more reliable costing figures, and a more comprehensive set of interventions. The success of UNAIDS and its collaborating partners in tracking and analyzing resource flows is increasingly regarded as a best practice. Experience in tracking resources for AIDS is now being applied to strengthen resource tracking for tuberculosis, malaria, maternal and child health, and other diseases and conditions. The UNAIDS Secretariat is collaborating with the Rand Corporation (USA) and the Center for Global Development (USA) to explore the creation of a global health resource tracking system.

In 2004, the UNAIDS Secretariat continued to serve as secretariat of the Global Resource Tracking Consortium, which monitors the magnitude and flow of financial resources available for AIDS programmes in low- and middle-income countries. The Consortium now has more than 100 members with a broad spectrum of expertise. In 2004, UNAIDS and its Consortium partners took steps to increase the breadth and reliability of resource estimates. We generated estimates for public sector and philanthropic investments in HIV vaccines and microbicides and collaborated with the OECD Development Assistance Committee to improve data on donor AIDS assistance. The Consortium released a report at the XV International AIDS Conference that identified a framework for analysis of resource flows.

The Consortium also issued a report in 2004 summarizing the latest data on AIDS spending patterns in 26 countries—17 in Latin America, eight in sub-Saharan Africa, and one in South-East Asia. For each country, the report differentiated spending between public and private sectors, between domestic and external sources, and among HIV prevention, care and treatment, and impact mitigation programmes. The report revealed key country trends, including the tendency in some countries with concentrated epidemics to prioritize broad-based education campaigns over more cost-effective prevention initiatives focused on populations at highest risk. The report also noted that recent declines in antiretroviral prices allowed more people in more countries to undergo HIV treatment without increasing national spending on antiretrovirals.

Updated and accurate indicators of national spending on AIDS are still limited to less than 20 countries but there are plans to increase the number of National AIDS Spending Assessments to provide indicators on public expenditure and donors contributions in 60 countries to be reported in the 2006 report on the implementation of the *Declaration of Commitment on HIV/AIDS*.

*Technical resources.* All components of UNAIDS substantially increased their technical presence in countries in 2004, focusing on long-term assistance and local capacity development rather than on training and short-term technical assistance

missions. As decided at the 16<sup>th</sup> PCB in June 2004, countries will soon benefit from a series of four Technical Support Facilities now being established in Southern Africa, West and Central Africa, Eastern Africa, and South-East Asia and the Pacific. The Technical Support Facilities will not require new structures but will capitalize on existing local and regional institutions, networks and consortia in the regions.

The UNAIDS Secretariat and WHO, in consultation with the other UNAIDS Cosponsors, conceptualized the Intensifying Joint UN Support to “3 by 5”. This effort aims to maximize technical capacity within UN agencies, in support to “3 by 5”.

A broad-based coalition led by UNICEF, the UNAIDS Secretariat, WFP, and USAID is delivering intensive technical assistance to 17 countries in sub-Saharan Africa to scale up key action items like orphans and other children made vulnerable by AIDS.

*Human and institutional resources.* UNAIDS continues to facilitate the exceptional responses required to address the human resource crisis in a number of highly-affected countries. Over the past year, major interest has been expressed in many countries, at two High-Level Forum meetings on the health-related Millennium Development Goals, the release of the Joint Learning Initiative Report, and most recently a consultation in Oslo hosted by the Norwegian Government.

*The Experience of Malawi.* Following a Joint UNAIDS, DfID, World Bank, Global Fund initiative last year, the government of Malawi took the engagement to develop a “6 year human resources relief programme for the Health sector in Malawi” within a 3 weeks period. The challenge was met, as the programme was indeed designed within the time frame, which allowed the Implementation to start in April 2005.

The programme that is being implemented has very concrete objectives: it aims at direct salary and allowance increase for Ministry of Health staff, the doubling of health staff by 2010, the hiring of physicians, nurses and laboratory technicians.

The UK’s DFID financially front loaded the initiative and the government has provided an additional US\$ 42 million US dollars to add to existing donors support. The UN family has played an important role in contributing to the development of the programme.

In Southern Africa, UNDP has launched the **Southern Africa Capacity Initiative** to assist nations in addressing their capacity challenges to confront AIDS. Its components include measures to stabilize existing capacity, support to devise new modalities of service delivery, and the revision of curricula and teaching methods, including better use of information technology.

### **SECTION III: STRENGTHENING THE UN SYSTEM RESPONSE TO AIDS**

*A primary emphasis of UNAIDS' efforts is to sharpen and strengthen the UN system's effectiveness on AIDS, as measured by impact at the country level. Despite progress, much remains to be done to move to genuine joint and cosponsored UN programmes on AIDS at the country level. Much of the reform around the UN system's country level work is guided by the UN Development Group (UNDG), which has issued guidance on how to make UN Country Teams effective, including in the AIDS area. UNAIDS is a proactive player in this reform movement.*

*Key issues are:*

- *Coordination and rationalization of UN action on AIDS (within UNAIDS as well as the broader UN system);*
- *Continued support to the development and implementation of UN-Implementation Support Plans;*
- *Promoting transparency and accountability;*
- *Enhancing coherence of the Joint Programme at country level.*

*Global Coordination.* Coordination and rationalization of UN action on AIDS continues to be a key area of focus for UNAIDS. With the membership of UNHCR and WFP, the Joint Programme now has 10 Cosponsors supported by a Secretariat. The UNAIDS Unified Budget and Workplan—which unites our activities and budgets in a common effort—is unique within the UN system. The 2004-2005 Unified Budget and Workplan places primary emphasis on the Programme's effectiveness in countries, the true frontline of the response.

A number of recent developments in the global response to AIDS have underscored the importance of re-examining the way the Committee of Cosponsoring Organizations and our interagency coordination mechanisms function at global and country levels. These developments include the increase in the number of Cosponsors, the expansion of the Programme's activities, and the high transaction costs of developing the Unified Budget and Workplan. In April 2005, at its meeting in Moscow, the Committee of Cosponsoring Organizations agreed that an outside company would conduct such an independent review. The contract has been awarded to the Boston Consulting Group whose report should be discussed at the October session of the Committee of Cosponsoring Organizations.

One of the recommendations of the 13<sup>th</sup> UNAIDS Programme Coordinating Board in December 2002 was to scale up the response of the UN system to AIDS at country level through the development and execution of integrated UN Implementation Support Plans. The UN Implementation Support Plan is now the main instrument for joint UN country action and accountability on AIDS. Thirty-three countries are currently implementing UN Implementation Support Plans, four have recently finalized theirs, and 28 are developing them.

According to year-end reports from UNAIDS Country Coordinators in more than 70 countries, seven Cosponsors (UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO, and the World Bank) participated in more than 70% of UN Theme Groups in 2004. Lower participation levels for other Cosponsors are mostly the result of an absence of that Cosponsor's presence in the country.

Individual Cosponsors took steps to improve coordination of their own organizational AIDS-related activities. The World Bank began development of an organization-wide strategic AIDS plan and created a unit with a multisectoral mandate to coordinate AIDS-related lending and assistance in South Asia. UNODC formally launched an AIDS unit to coordinate the organization's work in the field and raise the profile of AIDS within the organization.

*Enhancing the coherence and effectiveness of the Joint Programme at country level.* This biennium the UNAIDS Secretariat opened offices in Algeria, Benin, Caucasus (Armenia), Central Africa Republic, Gabon, Iran, Jamaica, Moldova, Sierra Leone/Liberia, and Somalia.

While progress on joint action on AIDS is accelerating, the level of active engagement in mechanisms such as the UN Implementation Support Plans is not high enough among UN Country Teams. Implementing the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors will require firm leadership in every agency, as well as a strong culture of personal accountability in the UN system.

*Promoting transparency and accountability.* Implementing directives from the PCB, UNAIDS in 2004 improved the Programme's mechanisms for performance monitoring. UNAIDS is pilot-testing its Country Response Information System software reporting of regional information, applying UN strategic implementation plans, and producing country reports, a responsibility of Country Coordinators. We have also simplified the format for the presentation of the proposed Unified Budget and Workplan for 2006-2007, more clearly delineated the specific roles and added value of each Cosponsor and the Secretariat in Programme activities during the next biennium, and reduced the number of key results from 478 in 2004-2005 to 48. Individual Cosponsors have also demonstrated their commitment to accountability. For example, the World Bank uses peer review to assess the approach and design of the Multi-Country HIV/AIDS Program for Africa (MAP), to evaluate the Bank's effectiveness in overseeing and administering MAP, and to guide preparation of future MAP funding.

*Broader engagement of UN System.* As described in greater detail in the proposed 2006-2007 Unified Budget and Workplan, UNAIDS Cosponsors have significantly increased their own non-Unified Budget and Workplan human and financial resources for AIDS activities. Several non-UNAIDS agencies of the UN—including the Food and Agriculture Organization, the Department of Economic and Social Affairs and the UN Research Institute for Social Development—have also extended the geographic reach of their AIDS-related work. UN agencies with specialized expertise (including non-Cosponsors) serve as convening agencies in various HIV-related thematic areas, facilitating issue-specific information-sharing, joint programming, and strategic planning within the UN system.

The Inter-Agency Advisory Group on AIDS (IAAG) developed a UN System Strategic Framework on AIDS for 2006-2010. It aims to generate a strong, coordinated contribution by the entire UN system to achieving the Millennium Development Goals and the UNGASS *Declaration of Commitment on HIV/AIDS*.

*Intensifying joint action on AIDS, food security and capacity in southern Africa.* Given the synergistic relationship between AIDS, severe food shortages and weak national capacity, and following a review by James Morris the UN Secretary-General's Special Envoy for Humanitarian Needs in Southern Africa, and the Boston Consulting Group, UN Development Group has agreed to intensify joint action on this 'triple threat' in southern Africa. The Regional Directors in Africa have committed to a series of concrete, time-bound deliverables to strengthen and accelerate national responses in 12 heavily affected countries in Africa. The UN Development Group Executive Committee, meeting in December 2004, directed UN country teams to improve their collective action to mitigate the AIDS epidemic and endorsed increased resource allocations for country teams in support of these efforts. The Executive Director of UNAIDS and the Executive Directors of WFP and UNICEF participated in a review of progress in May in Johannesburg, together with ten UN Resident Coordinators and the UN system Regional Directors responsible for southern Africa.

*AIDS in the UN workplace.* As directed by the PCB, UNAIDS in 2004 significantly strengthened policies and practices in the UN workplace to conform with the ILO *Code of Practice on HIV/AIDS and the World of Work*. In partnership with other UN system entities, the Secretariat in 2004 developed a website for all UN system employees, published a new AIDS handbook in seven languages for UN staff and their families, produced guidelines to ensure access to care and treatment in field offices, released a film designed to provoke discussion among UN staff regarding HIV-related stigma and discrimination, and developed performance indicators consistent with the ILO *Code of Practice*.

Effecting true behavioural changes or eliminating stigma and discrimination within the UN system workforce remains a major challenge. Using the above tools, 103 field-based countries, five regional offices and six headquarters locations are implementing the minimum standards of the UN learning strategy.

The UN Office in Nairobi has made groundbreaking policy changes in order to put into effect a workplace programme that truly meets the needs of its workforce. It now offers free and confidential HIV treatment for its nationally recruited staff. Its workplace programme to support staff and their families affected by HIV received the UN 21 Award.

Sustainability and management accountability remain key priorities. Whereas, internationally-recruited professional staff on regular contracts can afford HIV treatment, the cost remains prohibitive for locally-recruited staff and, in some countries where the UN is present, antiretroviral medication is still not available.

*Management.* The UNAIDS Secretariat implemented a number of measures to speed up the recruitment of the best-qualified staff. Learning from the selection process for UN Resident Coordinators, UNAIDS developed competency-based profiles for the two most numerous posts (i.e., UNAIDS Country Coordinator and Monitoring and Evaluation Adviser) and introduced Competency Assessment Centers and screening tests for the first time. Given the positive experience with these new approaches, the Secretariat introduced these new human resource methods into its ongoing recruitment and extended them to other positions.

The Secretariat is now implementing a mobility and rotation scheme for internationally-recruited staff.

It also became one of five UN system organizations to pilot new compensation systems under the auspices of the International Civil Service Commission. The pilot project, which extends through 2007, seeks to bring coherence to job and organizational design, promote ongoing learning relating to core competencies, and establish clear measures of success to guide performance assessment.

To strengthen UNAIDS support to countries further, the Secretariat decentralized its management and transformed the former intercountry teams into “Regional Support Teams” in early 2005. During the same period, the Secretariat’s Geneva-based departments were reviewed to ensure they are more responsive to country-level needs.

In May 2002 the PCB requested the Executive Director to report at appropriate intervals on the progress of the construction of the new premises for the UNAIDS Secretariat in Geneva. With the continuing support of the Canton of Geneva and the Swiss Federal Government, construction work started in August 2004. The premises are on budget and on target to be delivered to UNAIDS and the World Health Organization at the end of May 2006.

#### **SECTION IV: CHALLENGES FOR THE RESPONSE TO AIDS AND FOR UNAIDS**

*The response to AIDS is now gradually entering a phase of large scale implementations, which confronts us with new challenges, while older ones continue. This section summarises some key challenges and UNAIDS’ response to them. These include:*

- *Mobilizing financial and other resources to ensure a comprehensive and sustained response to the epidemic;*
- *Ensuring that resources are used in the most effective manner to scale up proven programmes;*
- *Strengthening coherency and accountability of AIDS programme; and*
- *Ensuring that AIDS action is comprehensive and genuinely inclusive of all stakeholders, including people living with HIV.*

*Fully-Funded Response.* While financial resources for the response to AIDS have increased dramatically in recent years, they are still not commensurate with the needs. 2005 sees a number of important milestones to ensure that funding for the response to AIDS can be increased and have greater sustainability and predictability over the long term. These include the G8 meeting in Gleneagles, United Kingdom in July, and the Global Fund to Fight AIDS, Tuberculosis and Malaria Replenishment conference in London in September. A critical issue which would be considered at this meeting is funding the technical assistance provided by the UN system and others in implementing programmes funded by these new resources, particularly from the Global Fund.

Clearly, UNAIDS will continue to inform global resource needs for AIDS, particularly:

- Advocating for increased resources to be devoted to the AIDS response, commensurate with the needs; and

- Exploring innovative options for expanding the funding base, nationally and internationally.

The basis for this will be the work initiated by the Resource Needs Steering Committee. The Report of this Committee will be distributed to the 17<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board as a conference room paper.

*An active and effective response. Making the Money Work.* As financial support for AIDS continues to grow, a number of barriers are slowing the translation of funding into scaled-up AIDS programmes as extensively discussed in Section II.

UNAIDS' contribution to this priority area in the coming years will focus on;

- Supporting countries in overcoming obstacles to implementation, including through Technical Support Facilities, and through the facilitation of horizontal cooperation;
- Working with interested parties to articulate further the nature and scale of the problem, and how policies and programmes can be refined;
- Implementing the various initiatives on human and institutional capacity and AIDS;
- Strengthening UN system's capacity on AIDS.

*A Coherent and Accountable Response.* Another obstacle to effective implementation is the continuing need to improve the coordination of AIDS responses. Greater harmonization of AIDS programmes under nationally-led strategies must be an ongoing priority for all donors and stakeholders, and needs to be linked to the broader development agenda, as led by the Organisation of Economic Co-operation and Development's Development Assistance Committee. The Paris Agreement developed in 2005 sets the framework for UNAIDS' work in enhancing these links.

Promoting greater coherence and accountability in national and global AIDS responses will continue to be a central priority for UNAIDS in the coming biennium. We will:

- Promote the adoption and implementation of the "Three Ones" principles in all countries;
- Integrate AIDS harmonization into the broader development agenda, while maintaining the "exceptionality" of AIDS;
- Implement the recommendations of the Global Task Team as they are approved by this meeting of the Programme Coordination Board, see box below;
- Intensify our work on monitoring and evaluation along the lines recommended by the Global Task Team.

**The Global Task Team on Improving Coordination Among Multilateral Institutions and International Donors.**

One set of the recommendations made by the Global Task Team and which are to be considered by this meeting of the Programme Coordination Board, addresses reform for a more effective multilateral response. This will form a central component of UNAIDS' work in strengthening its own coherence, and that of the UN system more broadly. Section 3 of the Global Task Team final report recommends;



3.1 The UN Secretary-General will instruct the UN Resident Coordinator to establish, in collaboration with the UN Country Team, a joint UN team on AIDS – facilitated by the UNAIDS Country Coordinator – that will develop a unified UN country programme on AIDS within the national planning framework.

3.2 The multilateral system establish a joint UN system-Global Fund problem-solving team that supports efforts to address implementation bottlenecks at country level.

3.3 UNAIDS Cosponsors and the Global Fund establish a more functional and clearer division of labour, based on their comparative advantages and complementarities, in order to more effectively support countries.

3.4 Financing for technical support be considerably increased, including by expanding and refocusing UNAIDS Programme Acceleration Funds so they enable the UN system and others to scale up the provision and facilitation of technical support, based on requests by countries.

*A Comprehensive Response.* A key challenge for policy makers—in both countries with high HIV prevalence and those where the epidemic has not advanced so far—remains to ensure that national AIDS action embraces truly comprehensive responses that address HIV treatment, prevention and impact mitigation.

In the coming biennium, UNAIDS will:

- Promote and support countries in the adoption of evidence-informed comprehensive AIDS strategies and interventions;
- Continue to support national and international efforts to expand access to HIV treatment;
- Support the intensification of HIV prevention, in line with the decisions made by the Programme Coordination Board in its review at this meeting of the UNAIDS HIV prevention policy; and
- Support programmes for orphan and vulnerable children.

*A Sustained Response.* A long-horizon needs to be incorporated into AIDS strategic planning and action. The exceptional nature of the AIDS epidemic demands that the world not only continue to treat AIDS as an emergency, but also put in place systems that will support longer-term solutions. This not only applies to the commitment and resources in HIV vaccine and microbicide research, but also to long term financing and better linking AIDS action with the broader development and gender agenda. In countries with established epidemics, a priority attention will need to be given to the enduring obstacles to development caused by AIDS itself, such as orphans and the stripping of human and institutional capacity.

UNAIDS will:

- Develop options for long term responses to the AIDS epidemic
- Further articulate the long-term impact of AIDS, particularly the social and economic consequences of the AIDS epidemic and how these can be avoided in various regions.

*An Inclusive Response.* The engagement of all sectors of society has been the hallmark of effective programmes since the start of the epidemic. Indeed civil society can often provide key services that cannot always or most effectively be provided by government sectors, whether it be community-based organizations providing care and support to key affected populations, or workplace prevention and treatment programmes by the business sector. In the era of implementation it is crucial that a multisectoral response to AIDS that recognises the unique and crucial contributions of civil society be fully incorporated. It is particularly important that community-based and local nongovernmental organizations are able to access the new resources being devoted to AIDS. While there is a need for national authorities and international donors to review their procedures to see if grant proposals can be simplified while still ensuring accountability, it is also important that efforts are devoted to supporting civil society groups on how better to apply for and manage grants.

In the coming biennium, UNAIDS' partnership work will:

- Facilitate the inclusion of civil society in national responses to AIDS; and
- Mobilize and facilitate greater management support for civil society organizations.

## **SECTION V: CONCLUSION**

UNAIDS' efforts at this stage of the epidemic are animated and made more urgent by a growing recognition of the exceptionality of AIDS.

When UNAIDS was founded a decade ago, its principal mission was to call the world's attention to a rapidly worsening crisis that was being largely ignored. The global community has increasingly heeded this call, moving AIDS towards the top of the global agenda and mobilizing unprecedented financial resources to support national AIDS efforts.

In 2005 and beyond, the principal task in the response will be to use the massively greater political leadership and financial resources to expedite implementation and expansion of AIDS programmes. For the first time in the quarter-century of this epidemic's history, the means now exist to lay the foundation for the reversal of the epidemic. For the remainder of 2005 and in the 2006-2007 biennium, UNAIDS will intensify its efforts with diverse partners to ensure that the world seizes this historic opportunity.