

WEST AND CENTRAL AFRICA

Towards universal access to prevention, care and treatment



Investing in faster national responses to HIV



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Vers l'accès universel à la prévention, aux soins et aux traitements : investir dans l'accélération des ripostes nationales au VIH/sida en Afrique de l'Ouest et du Centre.

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Towards universal access to prevention, care and treatment

*Investing in faster national responses to HIV
in West and Central Africa*

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LIST OF ABBREVIATIONS

ADB: African Development Bank	IEC: Information Education Communication
ARV: Antiretroviral drug	IFCOC: Congo, Ubangi and Chari River Initiative
AU: African Union	ILO: International Labour Organization
CAEMC: Central African Economic and Monetary Community	MAP: Multi-country HIV/AIDS Program
CAR: Central African Republic	ME: Monitoring-evaluation
CBC: Communication for Behavioural Change	MICS: Multiple Indicator Cluster Survey
CHAT: Country Harmonization and Alignment Tool	NACC: National AIDS Control Council/Committee
CRIS: Country Response Information System	NGO: Nongovernmental organization
DRC: Democratic Republic of the Congo	OCEAC: Organization for Coordination in the Control of Endemic Diseases in Central Africa
ECCAS: Economic Community of Central African States	PAF: Programme Acceleration Funds
ECOWAS: Economic Community of West African States	PEPFAR: President's Emergency Plan for AIDS Relief
FAO: Food and Agriculture Organization	PMTCT: Prevention of mother-to-child transmission
GDP: Gross domestic product	PPSAC: AIDS prevention programme in Central Africa
GF: Global Fund to Fight AIDS, Tuberculosis and Malaria	PRSP: Poverty Reduction Strategy Paper
GTT: Global Task Team	REC: Regional Economic Community
HDI: Human Development Index	RST: Regional Support Team
HDR: Human Development Report	STI: Sexually transmitted infections
HIPC: Highly Indebted Poor Countries Debt Initiative	UNAIDS: Joint United Nations Programme on HIV/AIDS
HIV: Human immunodeficiency virus	UNDAF: United Nations Development Assistance Framework

UNDP: United Nations Development Programme

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNFPA: United Nations Population Fund

UNGASS: United Nations General Assembly Special Session on HIV/AIDS

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

UNODC: United Nations Office on Drugs and Crime

UNS: United Nations system

USAID: United States Agency for International Development

VCT: Voluntary counselling and testing

WAEMU: West African Economic and Monetary Union

WAHO: West African Health Organization

WB: World Bank

WCA: West and Central Africa

WFP: World Food Programme

WHO: World Health Organization

FOREWORD

This document has been published at the initiative of the UNAIDS Regional Support Team for West and Central Africa, which in the course of its day-to-day work in countries throughout the region has noted the following:

- ▶ Weak coverage in respect of HIV prevention, treatment, care and support services is jeopardizing the prospects for achieving universal access and attaining the sixth Millennium Development Goal;¹
- ▶ The perception of “low” prevalence in the West and Central African region conceals the urgency of meeting the challenge of universal access and diverts traditional donors’ attention and support.

Accordingly, the Regional Support Team has added to its funding proposal those of the 14 countries in the region: Benin, Burundi, Cameroon, the Central African Republic, Chad, Côte d’Ivoire, the Democratic Republic of the Congo, Gabon, the Gambia, Ghana, Guinea, Mali, the Niger, and Togo.

The purpose of this document is to provide practical documentation on regional needs and explain the work of UNAIDS in the various countries.

These proposals, which have been drawn up by countries in response to identified needs, form part of national responses intended to encourage mass mobilization for universal access.

“(...)we must never lose sight of the fact that AIDS is an exceptional issue which will continue to require an exceptional response from us all—now and in the decades to come.”²

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

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¹ This goal is embodied in Target 7: having stopped the spread of HIV/AIDS and having begun to reverse the current trend in the period to 2015.

² Source: 2006 UNAIDS annual report.

INTRODUCTION

Sub-Saharan Africa is the region of the world most seriously affected by HIV. In 2007, two thirds (22.5 million) of the 33.2 million people who live with HIV around the world were in sub-Saharan Africa. Across West and Central Africa, HIV prevalence among the population aged 15 – 49 varies from 0.5% to 6.2%. But national prevalence does not paint the full picture: intra-country disparities (for example in the Democratic Republic of the Congo, where prevalence varies from 2.7% to 7.8%, or Togo, from 1.8% to 8.3%), must be understood and analysed to enhance the effectiveness of efforts to contain and reverse the spread of HIV. Worrying trends such as the “feminization” of the epidemic and factors such as chronic poverty, illiteracy, sexual and gender-based violence, stigmatization and discrimination play a major role in the spread of the HIV epidemic.

Accordingly, the mission of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which spearheads global action against HIV, is to direct, strengthen and support an extensive campaign against the disease. This campaign has four specific objectives:

- ▶ Prevent the transmission of HIV;
- ▶ Care for and support people living with the virus;
- ▶ Reduce the vulnerability of individuals and communities to HIV;
- ▶ Mitigate the human and socioeconomic impact of the epidemic.

The preventive aspect is especially important, because too many new cases could overburden health facilities and access to treatment.

UNAIDS helps countries to make their national HIV response arrangements more effective and coordinated, with emphasis on universal access to prevention, treatment, care and support for persons living with HIV. The Programme unites the efforts and resources of the UNAIDS secretariat and the ten organizations (cosponsors) of the United Nations system involved in the response to HIV/AIDS, namely UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. United Nations action to control AIDS is coordinated at the country level by joint UN teams that prepare common programmes.

The UNAIDS Regional Team for West and Central Africa focuses its efforts on five main areas:

- ▶ Assigning responsibility for leadership with a view to ensuring an effective response to the epidemic at national and regional level;
- ▶ Mobilizing and ensuring the accountability of public and private-sector partners and civil society at national and regional level;
- ▶ Promoting and strengthening national and regional control of strategic information to steer partner efforts;

- ▶ Reinforcing surveillance, monitoring and evaluation of national and regional capacity to respond to HIV;
- ▶ Facilitating access to technical and financial resources at national and regional level. At the same time, helping countries make best use of the money available in the form of contributions from the Global Fund and other bilateral and multilateral organizations.

To ensure better coherence and streamlining of HIV interventions, UNAIDS and its partners have developed a number of principles and tools. For example, the goal of universal access to prevention, care and treatment requires a coordinated approach through the “Three Ones” principles, namely the United Nations HIV/AIDS Action Framework; the National AIDS Coordinating Authority; and the country-level Monitoring and Evaluation System. To consolidate these principles, a GTT³ has issued recommendations on better coordination between multilateral bodies and international donors in responding to AIDS⁴.

UNAIDS is committed to an AIDS response strategy based on human rights, promotion of gender equality and upholding the rights of persons vulnerable to or affected by HIV. It favours more involvement by civil society, particularly persons living with HIV, and to this end advocates giving them a more effective voice in national dialogue and decision-making.

The proposals below have been drawn up with this end in view; they are structured as follows:

- ▶ The proposal by the Regional Support Team for West and Central Africa provides an overview of the epidemic and the response to it throughout the region, in addition to outlining the strategies, activities and budget to increase its technical and financial assistance to regional intergovernmental organizations and regional civil society networks;
- ▶ The proposals by the 14 countries in the region describe the status of the epidemic in each country and outline the specific national response, the role and support activities of the United Nations system, and the areas and activities each country hopes to develop in the next two or three years with the financial support requested, as dictated by national needs.

It is vital to invest now. Millions of lives are at stake. The human and economic consequences of such loss of life would be dramatic for the future of West and Central Africa, and by extension for other regions of the world.

Once again, UNAIDS needs the support of its partners to “unite the world against AIDS”.

³ *Global Task Team.*

⁴ These principles and tools are listed in Annex 1.



PROPOSAL BY THE REGIONAL SUPPORT TEAM



TWO-YEAR BUDGET

1 878 000 (US\$)

1 Analysis of the regional situation

West and Central African Region covered by the UNAIDS Regional Support Team comprises 25 countries with a total population of more than 346.9 million. These countries are Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, the Central African Republic, Chad, Congo, Côte d'Ivoire, the Democratic Republic of the Congo, Equatorial Guinea, Gabon, the Gambia, Ghana, Guinea, Guinea Bissau, Mali, Mauritania, the Niger, Nigeria, Liberia, Senegal, Sierra Leone, Sao Tome and Principe, and Togo. Of these 25 countries, 21 are among the world's poorest, when measured by the Human Development Index (UNDP).

For some years now, political crises and ongoing conflicts have spilled over national borders and plunged the region into an unprecedented humanitarian crisis, resulting in the internal or external displacement of millions of people. Today, about 10 countries are in conflict or post-conflict situations. The general political situation in the region remains unstable, despite the significant efforts that have been made in countries such as Liberia and Burundi.

AIDS epidemic situation in the region and country responses

In West Africa, the prevalence in adults exceeds 4% in Côte d'Ivoire only, and in several other countries, for example in the Sahel, it is about 2%. Some Central African countries are experiencing a more serious epidemic, where general HIV prevalence among the adult population is high (6.2% in the Central African Republic in 2007⁵).

However, prevalence itself is not sufficient to gauge the extent of the epidemic at the country or regional level. This is because inter and intra-country variations are also significant, for example in the Democratic Republic of the Congo (where prevalence ranges from 2.7% in Bukavu to 7.8% in Tshikapa) or in Togo (ranging from 1.8% in Savanes region to 8.3% in Lomé commune). A proper understanding of these variations and other factors that play a decisive role in the epidemic is therefore essential to plan appropriate responses with a view to effectively controlling the spread of HIV among different populations and/or regions.

Progress towards universal access

The figures are sobering: fewer than 50% of young people aged 15 – 24 use a condom in sexual relations with a non-regular partner. With a coverage rate of 1.3%, prevention of mother-to-child transmission is well below that in East and South Africa (11.2%), and it ranges from 1% to 75%⁶. However, access to antiretroviral treatment has increased: 400 000 people in the WCA region were receiving antiretroviral drugs in January 2006. But according to the WHO report on the “3 by 5” initiative, average antiretroviral coverage was just 16%, with a spread of between 1% and 47%⁷ in different countries across the region. The trend towards universal access has undeniably helped to step up the response to HIV, yet challenges remain:

- ▶ Ensuring sufficient, predictable and long-term funding;
- ▶ Gaining access to preventive and diagnostic products, affordable medicines and new technologies;
- ▶ Strengthening human resources capacity and ensuring that the social benefits system functions properly;
- ▶ Reducing gender-based stigmatization, discrimination and inequity.

Mobilization and management of resources

At the country level, 23 of the 25 States in the region are beneficiaries of the Global Fund, which is currently the most significant mechanism for speeding up national response. In addition, 18 countries across the region currently benefit from MAP⁸ projects overseen by the World Bank. Generally speaking, however, MAP projects are not renewable at term, in line with the World Bank's new policy on HIV. At regional level, the only project to be financed by the Global Fund is the project for the prevention and treatment of STIs⁹ /HIV/AIDS in the Abidjan-Lagos migra-

⁵ Source: Multi Indicator Cluster Survey (MICS) III.

⁶ Benin.

⁷ Mali.

⁸ Multi-country HIV/AIDS Program.

⁹ Sexually Transmitted Infections.

tion corridor¹⁰, supported by UNAIDS and the World Bank. Other cross-border programmes have been formulated around a common geographical or social theme, for example the African Great Lakes Initiative¹¹.

Role and activities of UNAIDS in support of the national response

The principal objective of the UNAIDS Regional Support Team for West and Central Africa, based in Dakar since 2004, is to encourage and facilitate technical and financial support with a view to building capacity and developing an effective response to HIV at the national and regional levels in the areas of leadership, management and programming. It accomplishes this task with the assistance of the UNAIDS country offices. In countries that do not have a UNAIDS Country Coordinator, the Regional Support Team works through the joint UN teams on AIDS.

The following activities have been pursued in the five main areas of the response to HIV:

Political commitment

Since the end of 2006, UNAIDS has engaged in a debate with the African Union and the regional economic communities on, among other things, the best way to reach common understanding, identify priority actions, and coordinate respective roles and responsibilities.

At the country level, UNAIDS works with the Government and civil society to translate political commitment into allocation of national resources in order to avoid total dependence on funding mechanisms such as the World Bank's MAP, PEPFAR¹² and the Global Fund. This process of encouraging regional and national leadership to implement commitments on universal access should be strengthened over the next two years.

Progress towards universal access

The country offices and the WCA Regional Support Team have facilitated participatory processes such as consultations and the development of budgeted plans at the country level piloted by the national coordinating authority. To achieve the objective of universal access by 2010, it is necessary to strengthen leadership and ownership of target-setting and to develop partnerships at the national, regional and global levels.

Implementation of the "Three Ones" and the GTT¹³

UNAIDS must lend coordinated support to regional organizations with a view to developing programmes of action and budgets.

¹⁰ The 825-km long Abidjan-Lagos corridor links the principal economic centres of five countries (Nigeria, Benin, Togo, Ghana, Côte d'Ivoire).

¹¹ See details in Annex 3.

¹² President Bush's Emergency Plan for AIDS Relief.

¹³ Global Task Team.

Strengthening the role of civil society

Given that, in most countries, civil society organizations bear the burden of the response to HIV, UNAIDS has made available technical assistance to analyse the needs of such organizations at the regional level and has facilitated consultation and coordination between organizations and with potential donors.

Technical assistance

UNAIDS has provided technical assistance to the Global Fund, the World Bank and PEPFAR with a view to supporting the approval and implementation of funds received in the region. The Regional Team has assisted a number of countries whose grants have been suspended by the Global Fund to resolve grant implementation problems.

The WCA Regional Support Team has made technical assistance available to 8 countries and to the regional project in connection with the Round 7 Call for Proposals. It offers the same service to other partners and will once again make technical assistance available for all Round 8 country applicants.

The Team also makes significant technical assistance available to develop stakeholder capacities in the area of grant implementation, in accordance with the GTT recommendations on “Making the Money Work”.

2 Funding proposal

The Regional Team intends to step up its technical and financial assistance at the regional level in order to achieve universal access.

2.1 ACTIVITIES TO BE FUNDED

The expected outcomes and principal activities are as follows:

1. Strengthened leadership, ownership and stepping up of regional and national responses for universal access

- ▶ National and regional reviews of the response in the 25 countries across the region and the two regional economic communities (RECs) from the standpoint of universal access:
Use of consultants to prepare and analyse reports on progress towards universal access in the member countries and regional analysis of the two RECs; the resulting documents will show the progress that has been made and how each country and region is addressing common challenges.
- ▶ Joint formulation of REC action plans based on the regional reviews intended to remove bottlenecks at the regional, intercountry and country level:
One meeting per REC with the NACC¹⁴, experts in monitoring and evaluation and civil society.

¹⁴ National AIDS Control Council.

- ▶ **Advocacy aimed at Heads of State, multilateral and bilateral partners and civil society:**
Publication and extensive dissemination (including the African Union) of a compilation of the country reports, regional reviews and other strategic information.
- ▶ **Mobilization of coordinated assistance in favour of the regional action plans:**
One annual forum per REC with civil society and technical and financial partners.

2. Development of the expertise and resources of regional civil society networks in order to better serve the country networks and develop effective country networking in dealings with the African Union and international organizations as regards implementation of the governance of these grants

- ▶ **Training for regional and national civil society networks, including networks of associations of people living with HIV (needs inventoried in 2007):**
Training in leadership and strategic management; advocacy and development of lobbying tools; establishment of networks, creation, administration and maintenance of partnerships with the Global Fund and others; governance and management for members of governing bodies of regional and national networks.
- ▶ **Development of an information and communications system to encourage more effective networking between countries in the region, RECs and the African Union:**
Preparation and publication of strategic information; development of communication flows; technical assistance to organize networking and feedback mechanisms.
- ▶ **Strengthening of civil society strategic information to ensure more focused and evidence-based advocacy:**
Data compilation; country missions; estimates and information, for example on the contribution of civil society to the national response in the region and the untapped potential of the human resources of civil society to move towards universal access.

3. The “Three Ones” and the GTT recommendations to “make the money work” are endorsed and followed through in two regional organizations

- ▶ **Inventoried of existing support services and mobilization of partners (specifically the joint UN team) to coordinate their assistance to the RECs:**
Compilation of current support activities; technical support from the Regional Support Team to mobilize joint UN teams and partners in dealings with the RECs.
- ▶ **Study of REC strategic plans, identification of priorities and preparation of assessed annual operating plans formulated on a results-based approach:**
Technical assistance to the two RECs; support missions to encourage leadership of RECs.
- ▶ **Inventoried of human and financial resources needs, organizational development and the administration required to implement the annual plan:**
Consultants for technical support in dealings with the two RECs.

- ▶ **Negotiation and validation of a joint UN-partner support plan:**
Technical support for harmonization and alignment of funding arrangements, principally the Global Fund.
- ▶ **Support for Country Coordinating Mechanisms, monitoring and evaluation and for civil society, and country assistance to ensure better use of bilateral and multilateral funds and project implementation:**
Technical support for problem solving.

4. Mechanisms for joint action and collaboration between structures responsible for coordination and implementation are set up and formalized to strengthen national responses regarding specific priorities: monitoring and evaluation, cross-border cooperation, technical and financial coordination between partners, and civil society

- ▶ **Enhancing responsiveness of the network of directors of NACCs:**
An annual forum of NACCs from each of the two RECs focusing on funding solutions, coordination and response enhancement.
- ▶ **Promotion of strategic information sharing and joint actions by regional partners:**
Annual forum of UNAIDS regional partners to exchange and share strategic information, carry out joint actions relating to continental and regional commitments, and harmonize and coordinate assistance to the African Union, the RECs, and regional civil society networks, etc.
- ▶ **Support for organization of joint training sessions and workshops to promote sharing of best practice and horizontal (peer) learning:**
Meeting of monitoring and evaluation experts, problem sharing, gender, prevention.
- ▶ **Review of cross-border initiatives (IFCOC¹⁵, Lake Chad, Corridor, PPSAC¹⁶, Mano River, etc.) with development partners¹⁷ to eliminate bottlenecks and develop horizontal learning:**
Workshop, facilitation, field trip, technical support.

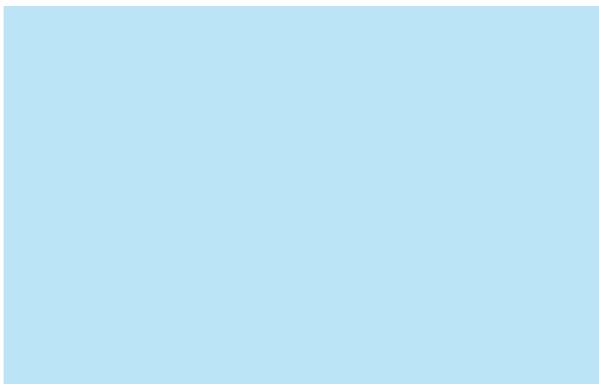
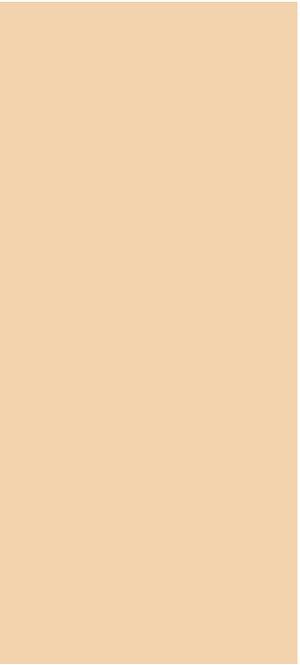
¹⁵ Congo, Ubangi and Chari Riparian Countries Initiative

¹⁶ AIDS Prevention in Central Africa Project

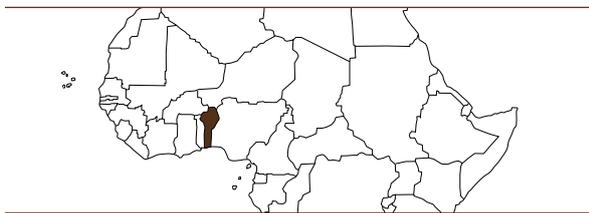
¹⁷ Global Fund, World Bank, African Development Bank, GTZ and others.

3.2 TWO-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Strengthened leadership, ownership and stepping up of regional and national responses for universal access	National and regional reviews of the situation and response in the 25 countries in the region and the two RECs	250 000
	Joint preparation of REC action plans	100 000
	Advocacy aimed at Heads of State, multilateral and bilateral partners and civil society	60 000
	Mobilization of assistance coordinated with regional action plans	100 000
2. Development of the expertise and resources of regional civil society networks	Establishment of regional and national civil society networks	300 000
	Development of an information and communications system	50 000
	Strengthening civil society strategic information	100 000
3. The "Three Ones" and the GTT recommendations to "make the money work" are endorsed and followed through in two regional organizations	Technical assistance: Inventorying existing assistance and mobilizing partners for coordination of their support to RECs	25 000
	Analysis of REC strategic plans, identification of priorities and preparation of assessed operating plans	80 000
	Inventorying of needs for the implementation of the annual operating plans	25 000
	Negotiation and validation of a joint UN and partner support plan (principally the Global Fund)	50 000
4. Mechanisms for joint action and collaboration between structures responsible for coordination and implementation are set up and formalized	Enhancing responsiveness of the network of directors of NACCs	100 000
	Promoting strategic information sharing and joint action by regional partners	100 000
	Support for organization of training sessions and joint workshops	200 000
	Review of cross-border initiatives	100 000
Monitoring and evaluation of activities		115 000
Subtotal		1 755 000
Programme support costs		123 000
TOTAL		1 878 000



PROPOSAL BY BENIN



BACKGROUND DATA¹⁸

Total population

7 833 744 in 2007 (RGPH3, 2002)¹⁹

Annual population growth rate

3,25% (RGPH3, 2002)

Life expectancy at birth

55 years in 2005 (SOWC²⁰, UNICEF 2007)

Adult literacy rate (+ 15 years of age)

34,7% in 2004 (HDR²¹, UNDP 2006)

Gross per capita income

510 US\$ in 2005 (SOWC, UNICEF 2007)

Public expenditure on health (% of GDP)

1,9% in 2003 (HDR, UNDP 2006)

Human development index

0.428 (163rd of 177) in 2004 (UNDP 2006)

Nationwide HIV prevalence (15-49 years)

1,8% in 2005 (UNAIDS 2006)

TWO-YEAR BUDGET

1 026 000 (US\$)

¹⁸ Data from 2007.

¹⁹ Third Population and Housing Census (RGPH3), National Institute of Statistics and Economic Analysis (INSAE), Ministry of Planning, Economic Forecasting and Development of Benin; February 2002

²⁰ The State of the World's Children.

²¹ Human Development Report.

1 Country situation analysis

Benin has an area of 114 763 km² and a population of 7 833 744, and since 1990 has embarked on a path of democracy and economic liberalism. The Government is in the process of decentralizing its powers. Agriculture is the predominant economic activity, employing 56% of the working population. The consolidation of economic growth has not significantly improved the situation of the Beninese people, nor has it led to a significant reduction in poverty. Benin belongs to the group of countries with a low human development index (HDI) (i.e. < 0.500). With a HDI of 0.428 in 2004²², Benin ranks 163rd out of 177 and it is of one the world's most heavily indebted poor countries (HIPC).

The Beninese health system is organized in line with primary health care policy. Although coverage in health facilities is good (90% in 2007), the attendance rate (40%) could be improved.

Situation of HIV epidemic and national response

HIV prevalence in the general population in 2006 was estimated at 1.2% in the Beninese Demographic and Health Survey III, i.e. lower than the level estimated by sentinel surveillance in urban areas (2%). Seroprevalence in women aged 15-49 (1.5%) is almost double that in men of the same age group (0.8%). There are geographical disparities ranging from 0.6% to 4.3% in different departments (with peaks in predominantly urban departments), as well as pockets of epidemic concentration among highest-risk groups (among sex workers, prevalence was estimated at 25.5% in 2006). Estimates in 2007 (National AIDS Control Programme/Ministry of Health) cited 69 009 persons living with HIV, 20 687 persons requiring ARV treatment, 1 948 seropositive births a year, 3271 AIDS-related deaths and 38 714 orphans (no mother or no father).

In 2001 Benin officially opted for a strategy based on access to ARV drugs, including for children, and treatment along these lines was inaugurated in February 2002.

The HIV/AIDS response also forms part of the poverty reduction strategy paper (PRSP) and the Highly Indebted Poor Countries Initiative (HIPCI).

Financial resources

The Government's efforts to respond to the epidemic also include a gradual increase in the share of the national budget allocated to HIV control activities, from CFAF 80 million (or 122 000 euros) prior to 2001 to CFAF 2 billion (or 3 050 000 euros) thereafter, with the aid of funds freed up by debt forgiveness.

The total budget of Benin's strategic framework for HIV control for the period 2007-2011 is CFAF 125 billion or approximately 190.5 million euros. The plan is currently financed to the tune of 45% by the contributions from core partners such as the Global Fund (43 million euros), MAP/World Bank (35 million euros) and ADB (3.5 million euros). Funding of the plan is supplemented by other partners such as USAID (US\$ 7 million), the Danish Development Agency (US\$ 886 6620), UNICEF (US\$ 850 000), and UNFPA (US\$ 590 000).

²² UNDP Human Development Report 2006.

The principal targets of the action plan for the period to 2011 are:

- ▶ Prevalence among young people aged 15 to 24 at least halved (from 4%);
- ▶ 15 000 people in receipt of free ARV treatment;
- ▶ 75% of seropositive pregnant women receiving preventive ARV treatment (from 6%);
- ▶ Mother-to-child HIV transmission reduced from 29% to 15%;
- ▶ 50 % of orphans and vulnerable children receiving medical and psychological care (from 3%).

The outcomes of previous initiatives have been very encouraging:

- ▶ The number of people living with HIV receiving free ARV treatment has increased from 4533 in 2005 to 9624 in 2006 and 12 535 in 2007;
- ▶ The number of treatment sites has risen from 14 in 2004 to 48 in 2006 et 2007;
- ▶ 9 347 people receive free treatment for opportunistic infections;
- ▶ The average number of voluntary HIV tests is 30 000 per quarter.²³

2 Role and activities of UNAIDS in supporting national response

In 2007 UNAIDS supported the following activities:

Universal access

- ▶ Preparations for the application to the 7th round of the Global Fund;
- ▶ Finalization of the draft Second Multi-country HIV/AIDS Program (MAP 2) and signature of contract;
- ▶ Start of implementation of the application to the 5th round of the Global Fund: participation in recruitment of personnel;
- ▶ Strengthening coordination capacity of the permanent secretariat of the National AIDS Control Council and its decentralized subsidiaries;
- ▶ Evaluation of the application to the 2nd round of the Global Fund: recruitment of an evaluation agency, validation of data collection tools etc.
- ▶ Final evaluation of the International Labour Organization/United States Department of Labor project;
- ▶ Mobilization of resources for the 2007-2011 strategic plan;
- ▶ Identification of shortcomings in the Strategic Plan for Controlling HIV/AIDS.

²³ Source: NACP/Ministry of Health.

Monitoring, evaluation and strategic information

- ▶ Activities of the monitoring and evaluation unit of the NACC permanent secretariat: data collection tools, drafting of operational manual for national monitoring and evaluation;
- ▶ Progress monitoring of implementation of the national system of monitoring and evaluation;
- ▶ Monitoring of Programme Acceleration Fund (PAF) projects;
- ▶ Strengthening NACP capacity for monitoring and evaluation: recruitment of national monitoring and evaluation adviser;
- ▶ Building up strategic information capacity: Establishment of a UNAIDS documentation centre;
- ▶ Raising staff awareness in the context of implementing the United Nations system action plan.

HIV prevention

- ▶ Network of Beninese Youth Associations for AIDS Control (RABeJ/sida): capacity building for advocacy, resource mobilization and communication to effect behaviour change;
- ▶ Beninese Network of Associations of Persons living with HIV (ReBAP+): consolidation of the network through a national workshop bringing together all associations of people living with HIV in Benin, provision of support through home visits to people living with HIV;
- ▶ Monitoring implementation of the Benin refugees project: boosting HIV awareness and psychosocial support;
- ▶ Monitoring implementation of the plan to support acceleration of HIV prevention 2006-2007.

Leadership at the world level

- ▶ Strengthening regional partnership through the Abidjan-Lagos Corridor project: Support for the application to the 6th round of the Global Fund and signature of a contract with the Global Fund; monitoring of project implementation.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

Expected outcomes and principal activities over a three-year period (taken from the new strategic framework for HIV control in Benin, 2007-2011):

1. Support for and supervision of efforts to enhance prevention

- ▶ **Support for reduction of sexual transmission of HIV and other STIs among young people aged 15 to 24 in or out of education:**

Support for enhanced communications arrangements to effect behavioural change (training of trainers, establishing guidelines, coordinating activities); helping to develop targeted information programmes (production of media campaigns, radio and TV programmes, peer educators, drop-in and counselling services); helping to anchor HIV/AIDS/STI prevention in vocational training programmes for young people not in education (design of training modules, training of trainers, organization of events).
- ▶ **Support for prevention of mother-to-child transmission (PMTCT) of HIV:**

Supporting capacity building for all service providers (drafting and implementing treatment guidelines, assisting laboratories with early diagnosis); contribution to regular monitoring of PMTCT activities; helping provide all departments with HIV early diagnosis kits for children of seropositive mothers; helping improve nutrition for newborns of seropositive mothers (home monitoring arrangements, nutrition counselling and support services in day-to-day activities).

2. Collection and feedback of data from the monitoring and evaluation system performed by persons with the necessary tools and skills

- ▶ **Support for harmonization and use of primary tools for collection of data at the national level:**

Field survey bringing together the various primary data collection tools; harmonization workshop with partners and stakeholders; design and propagation of tools.
- ▶ **Support for training or refresher training of personnel from central structures in the use of harmonized data collection tools.**
- ▶ **Support for training of civil society and private-sector personnel in centralized and decentralized structures on the monitoring and evaluation manual and the new version of the CRIS.**
- ▶ **Organization of training-related supervision of monitoring and evaluation in decentralized structures to ensure instantaneous feedback of information.**

3. National coordination of various partner activities is supported and strengthened

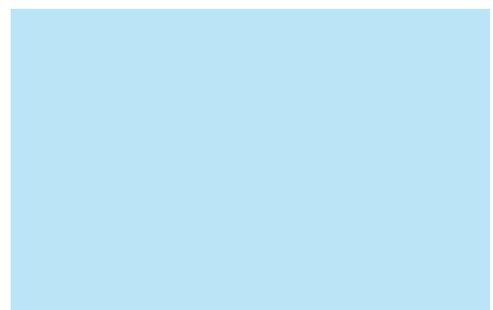
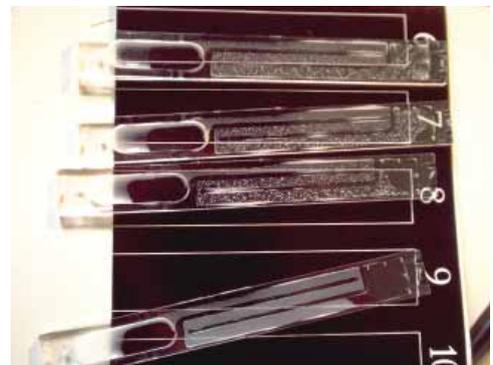
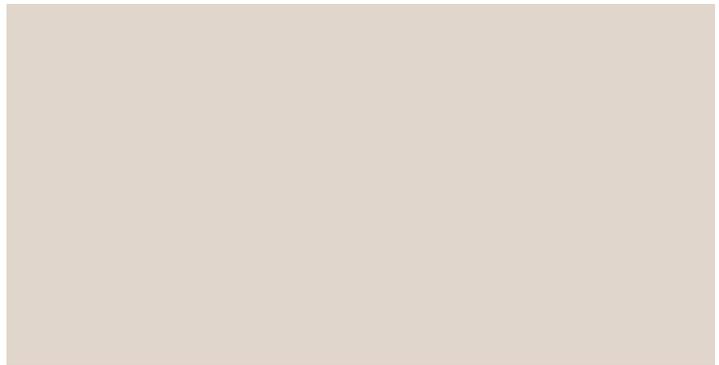
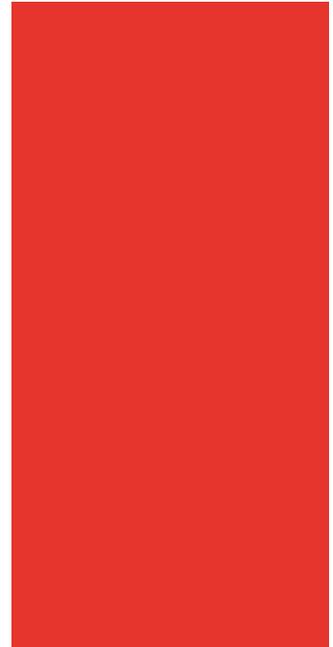
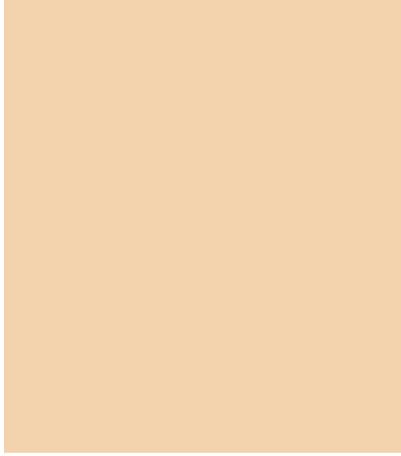
- ▶ Building up the institutional capacity of the decentralized coordination structures:
Departmental and commune AIDS control committees (CDLS, CCLS).
- ▶ Training or refresher training of personnel from central and decentralized structures in leadership, advocacy and resource mobilization.
- ▶ Helping to map the actions of the various actors and annual updating.
- ▶ Supporting regular coordination meetings among the various technical and financial partners.

4. Establishing and supporting Beninese community networks of young people to control AIDS and community networks of people living with HIV

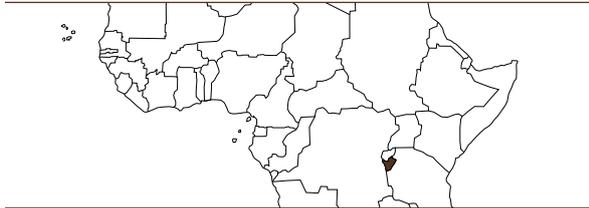
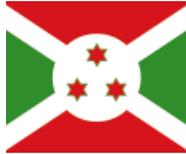
- ▶ Building the capacity of the national secretariat for coordinating the Network of Beninese Youth Associations for AIDS Control (RABeJ/sida) and its decentralized structures:
Training in techniques of advocacy, resource mobilization and grass-roots communications; training trainers in counselling techniques and nutritional and psychosocial support for orphans and young people living with HIV; training community intermediaries; supporting intermediaries in their community awareness raising efforts, etc.
- ▶ Building the capacity of the Beninese Network of Associations of Persons living with HIV (ReBAP+) and its decentralized structures:
Training in project design, organization and management; training community intermediaries, specifically regarding nutrition and HIV and management of food stocks.
- ▶ Helping to consolidate ReBAP+ and recruit patients for ARV treatment.

3.2 TWO-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Support for and supervision of efforts to enhance prevention	Support for reduction of sexual transmission of HIV and other STIs among young people aged 15 to 24 in or out of education	480 000
	Support for prevention of mother-to-child transmission of HIV	112 000
2. Collection and feedback of data from the monitoring and evaluation system performed by persons with the necessary tools and skills	Support for harmonization and use of primary tools for collection of data at the national level	20 000
	Support for training or refresher training of personnel from central structures in the use of harmonized data collection tools	10 000
	Support for training of civil society and private-sector personnel in centralized and decentralized structures on the monitoring and evaluation manual and the new version of the CRIS	45 000
	Organization of training-related supervision of monitoring and evaluation in decentralized structures to ensure instantaneous feedback of information	30 000
3. National coordination of various partner activities is supported and strengthened	Building up the institutional capacity of the decentralized coordination structures	25 000
	Training or refresher training of personnel from central and decentralized structures in leadership, advocacy and resource mobilization	30 000
	Helping to map the actions of the various actors and annual updating	24 000
	Supporting regular concerted action among the various technical and financial partners	30 000
4. Establishing and supporting Beninese community networks of young people to control AIDS and community networks of persons living with HIV	Building the capacity of the national secretariat for coordinating RABeJ/sida and its decentralized structures	50 000
	Building the capacity of ReBAP+ and its decentralized structures	35 000
	Helping to consolidate ReBAP+ and enrol patients in ARV treatment	5 000
Monitoring and evaluation of activities		63 000
Subtotal		959 000
Programme support costs		67 000
TOTAL		1 026 000



PROPOSAL BY BURUNDI



BACKGROUND DATA

Total population

7 743 129 in 2006 (ISTEEBU²⁴)

Annual population growth rate

2.9% (ISTEEBU)

Life expectancy at birth

47.4 years (2002-2005) (HDR, UNDP 2007-2008)

Adult literacy rate (+ 15 years)

59.3% in 2004 (HDR, UNDP 2007-2008)

Gross per capita income

83 US\$ in 2004 (ISTEEBU)

Public expenditure on health (% of GDP)

0.8% in 2004 (HDR, UNDP 2007-2008)

Human development index

0.384 (169th of 177) in 2005 (UNDP 2007-2008)

Nationwide HIV prevalence (15-49 years)

3.6% in 2002 (SEP/NACC²⁵ 2007)

TWO-YEAR BUDGET

1 981 000 (US\$)

²⁴ Burundi Institute of Statistics and Economic Studies.

²⁵ Permanent Executive Secretariat of the National AIDS Control Council.

1 Country situation analysis

Burundi, a small landlocked country of 27 834 km², has a largely rural population (up to 91.2%), estimated at 7 543 129 habitants in 2006.

After 13 years of civil war, the political situation has gradually stabilized. A new regime has been in power since August 2005. That same year, displaced persons accounted for about 20% of the total population, or 1.2 million people.

Burundi has experienced considerable economic decline owing to the combined effect of destruction of productive assets, massive population displacement and cuts in development assistance. The sociocultural context is also characterized by gender disparities that disadvantage women, who are kept dependent on men and are vulnerable to HIV. Sexuality is a taboo subject in deeply religious (primarily Christian) Burundian society, which is an obstacle to HIV response. It is therefore crucial to adapt strategies.

Delivery of social services and the quality of these services have been badly affected by the conflict: Most health and education indicators have deteriorated in relation to their pre-1993 levels. The country has quite acceptable coverage in terms of health infrastructure. However, these health facilities are under-equipped and medical staff are scarce and unevenly distributed around the country. This situation in the health sector adversely affects AIDS response and constitutes a major obstacle to achieving the objectives of universal access.

Situation of HIV epidemic and national response

The national seroprevalence survey conducted in 2002²⁶ indicates, among other things, that:

- ▶ Seroprevalence in persons aged over 15 is 3.8% among women and 2.8% among men;
- ▶ Seroprevalence is much higher among women in urban areas (13% compared with 5.5% in men) than in rural areas (2.9% compared with 2.1% in men);
- ▶ Between 150 000 and 250 000 people are living with HIV;
- ▶ Between 15 000 and 25 000 people require ARV therapy.

The National Strategic Plan includes ambitious targets for universal access and national ownership, for example:

- ▶ The percentage of young people aged 15-24 using a condom in sexual intercourse with a casual partner is set to increase from 47.6% of men and 42.1% of women in 2004 to 80 and 75% respectively in 2011;
- ▶ Public money disbursed by the Government for HIV response will increase from US\$ 134 000 in 2006 to US\$ 504 895 in 2011.

²⁶ Source: National Strategic Plan to Control HIV/AIDS, 2007-2011 (SEP/NACC, 2007).

Financial resources

UNAIDS cosponsors' contributions will focus on these national targets, using indicators in pursuit of Millennium Development Goal 6 and applying the principles of alignment, harmonization and simplification²⁷. The total budget for the National Strategic Plan 2007-2011 is estimated at approximately US\$ 145 million. In August 2007 a total of US\$ 56 million were mobilized, or less than 40% of the budget, the principal donors being Global Fund (5th appeal), the World Bank and HIPCI²⁸. Burundi is relying heavily on the 8th appeal to the Global Fund, the MAP 2 project (US\$ 19 million for 2008-2011) and the extension of existing partner funding, including from the United Nations system, bilateral cooperation and international NGOs.

2 Role and activities of UNAIDS in supporting national response

UNAIDS support of the HIV response in Burundi focuses on UNAIDS institutional priorities. **UNAIDS support for the National Strategic Plan to Control AIDS 2007-2011** will follow the same pattern. Special emphasis will be placed on the following points:

- ▶ **Strengthening strategic partnerships** among social sector stakeholders;
- ▶ **Building the technical capacity** of health facilities and civil society, faith-based and private-sector partnerships to manage planning, implementation, and monitoring and evaluation of recipients at all levels;
- ▶ **Promoting voluntary testing and prevention of mother-to-child transmission** through ongoing advocacy for the funding of key prevention sectors;
- ▶ **Building on achievements from the implementation of the “Three Ones” principles**;
- ▶ **Accelerating universal access** through an enhanced information system;
- ▶ **Design and implementation of a joint United Nations system programme to respond to HIV** with a view to strengthening leadership and coordination at national level;
- ▶ **Supporting greater involvement of civil society in response efforts on an ongoing basis**;
- ▶ **Advocacy for gender and human rights mainstreaming** in HIV control efforts.

²⁷ In line with the recommendations of the United Nations General Assembly on AIDS.

²⁸ Highly Indebted Poor Country Initiative.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

Considerable emphasis is laid on reducing HIV transmission; expected outcomes and principal activities over a two-year period are as follows:

1. Stepping up general prevention efforts: reduced transmission of HIV through sexual contact, blood or from mother to child

- ▶ **Development of communication and general prevention strategies and initiatives to reduce incidence of sexual transmission:**

Implementation and publicizing of a surveillance study on behaviour, recognition of causal factors and vulnerability to HIV; supporting the work of a multisectoral technical committee to coordinate and spearhead a national communication strategy; 4 training sessions for trainers in communications and behavioural change; updating and dissemination of the “national condom policy” document taking account of the findings of the socio-behavioural study; universal access to male and female condoms (promotion campaigns, training community workers in social marketing techniques, free decentralized HIV community-based distribution initiatives).

- ▶ **Campaign to prevent and reduce STI/HIV/AIDS risks among high-risk target groups (sex workers, men who have sex with men; returnees, displaced persons and shifting cross-border populations, police and armed services personnel):**

Training of trainers and peer educators; training of peer educators and prevention intermediary teams within target groups; development and dissemination of appropriate teaching aids and tools; design of appropriate STI/HIV prevention programmes adapted to target groups; multimedia and awareness-raising campaigns in the 17 provinces; on-site vulnerability and behavioural studies of target groups; mapping of risks and vulnerability zones in these groups; user-friendly themed events including provision and distribution of prevention kits; STI/HIV prevention units staffed by community-based field workers; experience sharing sessions with country stakeholders who have started initiatives with the target groups concerned; installation of 20 STI/HIV preventive information kiosks in principal bus stations around the country.

- ▶ **Support (under the aegis of WHO²⁹) for the development and implementation of a national blood transfusion policy:**

Manual on national blood transfusion safety policy to ensure enforcement of national guidelines; development of standard manufacturing procedures; 6 training sessions on rationalization of blood transfusions; donor and blood donation management software for the National Blood Transfusion Centre.

- ▶ **Continuation and speedier implementation of the national policy on prevention of mother-to-child transmission of HIV:**

²⁹ In the context of burden sharing and comparative advantages of the various United Nations agencies in general and their cosponsors in particular.

Updating and dissemination of the national guidelines on PMTCT in accordance with national and international recommendations; extension of ARV prophylaxis to all seropositive pregnant women; 8 training/refresher training sessions on PMTCT for antenatal health workers, gynaecologists, paediatricians, and midwives at maternity units and newborn health care specialists; raising awareness of civil society and faith-based organizations through information, education and communication activities aimed at seropositive pregnant women and their partners and promoting ARV prophylaxis; 4 training sessions for health facilitators on perinatal care of seropositive pregnant women; 3 training sessions for civil society and faith-based organizations on psychosocial care of seropositive women and their children; provision of psychological and nutritional support by civil society and faith-based organizations for 2 114 seropositive pregnant women; psychosocial support for 1 936 children with AIDS; support for referring children of seropositive mothers from the PMTCT service to the paediatric service (organization of meetings to promote a working partnership between the two services).

2. Support, implementation and coordination of the national multisectoral response

▶ Development of an information system:

2 staff-training sessions on use of AIDS-INFO database; recruitment of a national expert on monitoring and evaluation to provide technical support for management of strategic information.

▶ Enhancement of institutional coordination:

Clarification of the terms of reference/mandates, roles and responsibilities of each entity at the central level with regard to the National Strategic Plan to Control AIDS 2007-2011; production and distribution of 1 000 brochures to promote the institutional arrangements of the Minister reporting to the President charged with AIDS control; strengthening the National AIDS Control Council as the focal point for overall coordination, 6 statutory meetings of the Council, 2 advocacy sessions for implementation of and adherence to the "Three Ones", 2 enlarged meetings of the Council annually; a session to redefine areas of intervention with a view greater coherence and efficiency; drafting of sectoral action plans 2007-2011.

▶ Development and promotion of partnerships and joint action:

Mapping service provision by sector, stakeholder, province and commune; workshop to implement arrangements for referral and counter-referral in the context of networks; needs assessment and technical support for the professionalization of civil society and faith-based organizations; helping the Burundian Employers' Association and trade unions formulate HIV policies in 55 public and private companies; coordination of activities by social partners and other stakeholders to control AIDS in the workplace; design of an HIV response programme intended specifically for the private informal sector.

▶ Assisting assessment of the impact of HIV on social security systems:

Documented study of the operation of the various national solidarity arrangements; studies of the impact of HIV on these systems.

3. Technical assistance to major civil society networks

These networks, as members of the National AIDS Control Board that are well placed to influence policy and undertake wide-ranging initiatives to “make the money work”, are investing considerable efforts in decentralizing their activities and thus getting as close as possible to the population. Offering considerable technical assistance to these networks is more than a strategic option; it encourages a truly multisectoral response.

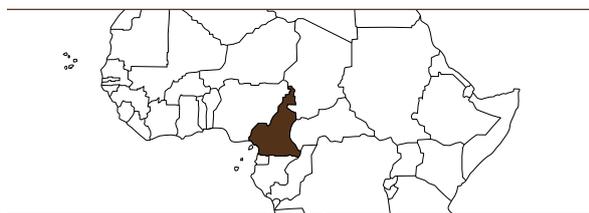
- ▶ Support for capacity-building of major civil society networks in order to decentralize their activities:
(Burundian Alliance against AIDS, Network of Women’s Associations for AIDS Control, National Network of Youth Associations against AIDS).
- ▶ Technical assistance to the Network of Persons Living with HIV/AIDS: helping local sections plan community needs at grass-roots level.

3.2 TWO-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Reduced transmission of HIV through sexual contact, blood or from mother to child	Development of communication and general prevention strategies and initiatives to reduce incidence of sexual transmission	200 000
	Development of knowledge and specific prevention activities among high-risk target groups	400 000
	WHO support for a national blood transfusion policy	70 000
	Continuation and strengthening of the national policy on PMTCT	223 000
2. Support, implementation and coordination of the national multisectoral response	Development of an information system	92 000
	Enhancement of institutional coordination	120 000
	Development and promotion of partnerships and joint action	140 000
	Assisting assessment of the impact of HIV/AIDS on social security systems	35 000
3. Technical assistance to civil society	Support for capacity-building of major civil society networks in order to decentralize their activities	300 000
	Technical assistance to the Network of Persons Living with HIV/AIDS: helping local sections plan community needs at grass-roots level	150 000
Monitoring and evaluation of activities		121 000
Subtotal		1 851 000
Programme support costs		130 000
TOTAL		1 981 000



PROPOSAL BY CAMEROON



BACKGROUND DATA

Total population
16 000 000³⁰

Annual population growth rate
1.6% (projected 2004-2015)

Life expectancy at birth
45.7 years

Adult literacy rate (+ 15 years)
67.9%

Gross per capita income
897 US\$

Public expenditure on health (% of GDP)
1.2% in 2003

Human development index
0.506 (144th of 177)

Nationwide HIV prevalence (15-49 years)
5.4% in 2005

THREE-YEAR BUDGET

1 675 000 (US\$)

³⁰ Source of all data in the table: Human Development Report (HDR), UNDP 2006 (data from 2004, unless indicated otherwise).

1 Country situation analysis

Cameroon is located in Central Africa and has an area of 475 650 km²; in 2004 the population was 16 million, distributed unevenly around the country between urban and rural areas. There are more than 230 ethnic groups.

The Cameroonian economy relies principally on the primary sector. Macroeconomically, following a period of steady growth, the country has been in economic crisis since 1986. Following the satisfactory completion between 1997 and 2000 of its first economic and financial programme, Cameroon has registered good macroeconomic performance.

Situation of HIV epidemic and national response

In 2004³¹ seroprevalence among the population at large was 5.5%. Seroprevalence varies according to sex and age range. The spread of the epidemic between 1986 and 2000 is attributable to the lack of access by most high-risk groups to information about HIV, cultural practices and the level of poverty. Significant progress has been made during the past five years; in 2004, 97.8% of women and 99.2% of men³² had good knowledge of HIV. However, seroprevalence remains very high owing to slow behavioural change, certain risky cultural practices, refusal to use condoms on religious grounds and chronic shortages of condoms (or the impossibility of obtaining them owing to geographical remoteness) in certain areas of the country.

Cameroon's HIV response dates from 1986. The National AIDS Control Committee acts as the national coordinating body, representing the public and private sectors, civil society and development partners. Since 2000, Cameroon has had a strategic plan focusing on several areas including HIV prevention and the psychosocial care and treatment of persons living with HIV. A multisectoral programme devised in 2001 and funded by the World Bank has facilitated the adoption of other strategies such as local and sectoral responses.

The National Strategic Plan for HIV/AIDS Control 2006-2010 has 6 core components:

- ▶ Universal access to prevention for priority target groups;
- ▶ Universal access to treatment and care for children and adults living with HIV;
- ▶ Protection and support of orphans and children made vulnerable by HIV;
- ▶ Ensuring ownership of AIDS control by the various stakeholders;
- ▶ Promoting research and epidemiological surveillance;
- ▶ Strengthening coordination, management, partnership, monitoring and evaluation.

³¹ These data are considered reliable in the absence of any other large-scale national survey.

³² National Demographic and Health Survey (EDS III), 2004.

The targets of the National Strategic Plan for the period to 2010 including a reduction by at least 50% in:

- ▶ The proportion of young people and women aged 15-24 infected with HIV;
- ▶ The proportion of children aged under 2 infected with HIV;
- ▶ The mortality rate among persons living with HIV, through medical and psychosocial treatment and nutritional support.

Key actions in 2007 included:

- ▶ **Improved treatment for persons living with HIV:** The number of patients receiving antiretroviral treatment increased from 17 156 at the end of 2005 to 28 403 at the end of 2006, and then to 45 817 in November 2007. Antiretroviral drugs have been available free of charge since 1 May 2007, thanks to a grant from the Global Fund;
- ▶ **Measurable progress in paediatric care and prevention of mother-to-child transmission (PMTCT) of HIV:** The number of children receiving ARV treatment increased from 310 in 2005 to 1014 in 2006 and 1695 in November 2007;
- ▶ **New impetus to caring for orphans and children made vulnerable by HIV/AIDS:** Local response initiatives have burgeoned, increasing from 42 NGOs/associations at the end of 2006 to 52 NGOs/associations at 70 intervention sites covering the whole of the country, thereby allowing more orphans and vulnerable children to be cared for. A national database has been inaugurated;
- ▶ With financial assistance from the Global Fund, CARE and UNICEF, 45 186 orphans and vulnerable children³³ received free treatment in 2007.

Financial resources

The total budget of the National Strategic Plan is approximately CFAF 197.5 billion. Currently available funds total CFAF 83.6 billion, including money committed by the Global Fund in the period to 2009. CFAF 114 billion (approximately 173.8 million euros) therefore remain to be found.

³³ Annual report 2006

2 Role and activities of UNAIDS in supporting national response

United Nations agencies are involved in supporting the national response. A number of mechanisms have been established, including the United Nations Development Assistance Framework (UNDAF) 2008-2012. In addition:

UNDAF framework agreement for Cameroon

Developing high-quality human capital is a priority of the United Nations system for the period 2008-2012. This objective touches upon specific issues such as gender equality and the problem of HIV. The support of the United Nations system in this area focuses on national capacity-building and involves funding and/or supervision of activities. Thus:

- ▶ The World Bank is involved in the agricultural sector and has a role in MAP;
- ▶ Since 2004 WHO has been helping to boost treatment capacity as part of the “3 by 5” Initiative;
- ▶ UNDP is involved in reducing the socioeconomic impact of AIDS in the agricultural sector (ongoing project) and integrating AIDS response into development policies and strategies;
- ▶ UNICEF is helping the Cameroonian Government to implement prevention of mother-to-child transmission and to educate young people;
- ▶ ILO is responsible for initiatives involving businesses;
- ▶ UNESCO is handling the communication and education aspects;
- ▶ WFP is managing the food vulnerability and insecurity of persons living with HIV and orphans and children made vulnerable by HIV;
- ▶ UNFPA covers the area of reproductive health, sexuality and HIV among adolescents;
- ▶ FAO supports income-generating activities for NGOs and persons living with HIV.

UN HIV/AIDS Implementation Support Plan

Joint United Nations system programming for 2008-2009 was prepared at a workshop of United Nations agency focal points.

3 Funding proposal

This proposal focuses on the last two axes of the National Strategic Plan: Promotion of research and epidemiological surveillance; strengthening coordination, partnership management and monitoring-evaluation.

3.1 ACTIVITIES TO BE FUNDED

Expected outcomes and principal activities for the period 2008-2010:

1. Development of epidemiological surveillance to ensure better response

- ▶ **Determination of behavioural trends in the general population and groups exhibiting at-risk behaviour:**
Periodic biennial surveys.
- ▶ **Surveillance of HIV resistance to ARV therapy:**
Survey.
- ▶ **Surveillance by the laboratory network of epidemiological, microbiological and parasitological trends in opportunistic and secondary infections:**
Analysis of samples by internationally reputed laboratories in opportunistic infections.
- ▶ **Implementation of sentinel surveillance:**
Periodic surveys or close monitoring of PMTCT sites.

2. Operational research capacity and activities strengthened

- ▶ **The operational research skills of programme managers are enhanced and operational research is promoted as a management tool of the National AIDS Control Programme:**
Operational research training and monitoring of training for NACB managers.
- ▶ **Evaluation of the operational plan, mid-term and final evaluation of National AIDS Control Plan:**
(monitoring and evaluation of activities pursuant to this proposal are included here).

3 Technical assistance

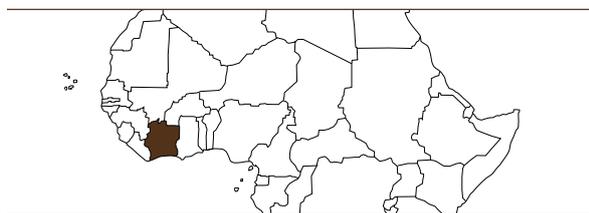
- ▶ **Strengthen the capacity of personnel tasked with monitoring and evaluation of all sectors: Definition and implementation of a strategy for ongoing training of personnel involved in monitoring and evaluation.**
Training trainers and data management tool users; giving a new impetus to exchange frameworks; strengthening of institutions; improving working conditions.
- ▶ **Conduct the mid-term evaluation of the strategic plan and the operational plan.**
- ▶ **Support the introduction of a reliable system of monitoring and evaluation.**
Devise key standardized indicators at the various levels of the information cycle to measure the effectiveness and efficiency of the National AIDS Control Plan; dissemination of data management tools across all sectors.

3.2 BUDGET REQUIS POUR TROIS ANS

Expected outcomes	Activities	Budget (US\$)
1. Development of epidemiological surveillance to ensure better response	Determination of behavioural trends in the general population and groups exhibiting at-risk behaviour	155 000
	Surveillance survey of HIV resistance to ARV therapy	25 000
	Surveillance by laboratory network of epidemiological, microbiological and parasitological trends in opportunistic and secondary infections	16 000
	Implementation of sentinel surveillance	124 000
2. Operational research capacity and activities strengthened	Enhancement of operational research skills of programme managers and promotion of operational research	8 000
	Evaluation of the operational plan, mid-term and final evaluation of National AIDS Control Plan	103 000
3. Technical assistance: Reliable and operational monitoring system established	Introduction of a joint planning tool at the central and decentralized levels	250 000
	Introduce a reliable system of monitoring and evaluation	200 000
	Strengthen the capacity of personnel tasked with monitoring and evaluation	582 000
Monitoring and evaluation		102 000
Subtotal		1 565 000
Programme support costs		110 000
TOTAL		1 675 000



PROPOSAL BY COTE D'IVOIRE



BACKGROUND DATA

Total population	19.67 million (INS, TBS 2006 ³⁴)
Annual population growth rate	2.81% (INS, TSB 2006)
Life expectancy at birth	51.3 years in 2006 (INS, TBS 2006)
Adult literacy rate (+ 15 years)	48.7% in 2004 (HDR, UNDP 2006)
Gross per capita income	840 US\$ in 2005 (SOWC ³⁵ , UNICEF 2007)
Public expenditure on health (% of GDP)	1.01% in 2006 (INS, TBS 2006) (HDR, UNDP 2006)
Human development index	0.43 (166 th of 177) in 2006 (UNDP 2007)
Nationwide HIV prevalence (15-49 years)	4.7% in 2005 (EIS ³⁶ Côte d'Ivoire 2005)

THREE-YEAR BUDGET 2 536 000 (US\$)

³⁴ National Statistical Institute.

³⁵ The State of the World's Children.

³⁶ AIDS Indicators Survey, Côte d'Ivoire 2005.

1 Country situation analysis

Côte d'Ivoire has an area of 322 462 km² and a population of more than 19 million, 40.6% of which is under the age of 15.

The political and military crisis that rocked the country between 2002 and 2007 resulted in mass population movements; the total number of people displaced across the country is estimated at between 700 000 and 1 500 000 (UNHCR, 2006). The focus of these population movements was the southern part of the country, principally the economic capital Abidjan. Among other things, the pervasive military and political crisis, impoverishment, poor economic outlook and the suspension of outside assistance led to a slackening of HIV control interventions. The recent political agreement signed in Ouagadougou on 4 March 2007 signalled the start of efforts to emerge from the crisis. Following the agreement, displaced persons have returned to their homes in increasing numbers.

From the health standpoint, Côte d'Ivoire has 850 rural health centres, 467 urban health centres, 53 general hospitals, 17 regional hospitals and 4 university hospitals. The recent crisis has thrown the whole of the health and social services system into turmoil; in fact the system no longer operates in the northern part of the country. Disease prevention and management programmes, including those for HIV, have been scaled back or stopped altogether. It will take years to rebuild services and reinstate personnel, and meanwhile the effects of HIV on the population of Côte d'Ivoire have been exacerbated.

Situation of HIV epidemic and national response

With HIV prevalence of 4.7% in 2005, Côte d'Ivoire is one of the most seriously affected countries in West Africa. Adults aged 30-34 are the principal victims of the epidemic with seroprevalence 10.4% in 2005 (14.9% of women and 5.6% of men).

The HIV epidemiological situation in Côte d'Ivoire is characterized by:

- ▶ Marked feminization of the epidemic: 6.4% of women as against 2.9% of men in 2005; The high number of orphans and vulnerable children: 420 943 (*UNAIDS estimate, 2007*);
- ▶ The high number of people living with HIV: 475 813 (*UNAIDS estimate, 2007*);
- ▶ The number of persons living with HIV who will require ARV therapy by 2010³⁷ is estimated at 104 000;
- ▶ The number of persons living with HIV and requiring ARV therapy is estimated at 156 593 adults and 8398 children in 2007;
- ▶ The number of persons living with HIV and receiving ARV therapy was 49 190 at the end of July 2007 (according to UNGASS report 2008), i.e. coverage of 30% of total needs.

³⁷ According to the Second Survey on the use and distribution of second-line ARV drugs in countries with limited resources (Ministry of Health in collaboration with WHO and UNAIDS).

HIV control is incorporated as a cross-cutting theme in efforts to bring the country out of crisis. The focus is on four areas: defence and security, restructuring the army, identification and elections, redeployment of the administrative apparatus and social cohesion.

Financial resources

To improve national response, a National Strategic Plan has been drawn up for the period 2006 to 2010 with input from all public and private sector stakeholders, civil society, the United Nations system, and bilateral and multilateral partners. A meeting of the National AIDS Control Committee (NACC) has approved the Plan's political and strategic directions. The financial requirements of the Plan are estimated at approximately US\$ 594 million. The principal donors are PEPFAR (US\$ 404 million) and the United Nations system (including the World Bank) (US\$ 56 million). The public State sector must contribute just over 5%. The shortfall is approximately US\$ 22 million.

2 Role and activities of UNAIDS in supporting national response

With technical and financial support from its cosponsors, the role of UNAIDS is (i) to support national response efforts with a view to ensuring better coordination between partners from the United Nations system, the Government, civil society, donors, the private sector and other stakeholders; (ii) to “make the money work” for those currently in need while ensuring that the groundwork is in place for long-term solutions.

The activities carried out in 2006, include the following:

- ▶ The United Nations system, together with bi- and multilateral partners provided technical and financial support for the participatory review process of previous plans and the elaboration of the new National Strategic Plan 2006-2010;
- ▶ The consultation on universal access was carried out and the report submitted;
- ▶ Several significant documents were written and validated, including the national policy paper on HIV at work, which covered all sectors;
- ▶ In the humanitarian sphere, a start was made on integration of HIV within the National Demobilization, Disarmament, Reinsertion and Community Reintegration Programme and a support programme for the response to HIV was developed with the support of the United Nations system;
- ▶ The HIV/AIDS Theme Group strengthened coordination for the response to HIV to make it more operational by adapting it to the crisis and post-crisis setting;
- ▶ The learning team was integrated into UNOCI³⁸. This activity is a priority for the United Nations team, which has included it among the key expected outcomes for the end of 2006;
- ▶ As regards technical support for the national response, the emphasis has been on capacity-building for people living with HIV in the areas of team building, coordination, and project formulation, management and assessment, as well as of report writing.

Major results achieved in 2006-2007:

- ▶ Support from the United Nations system and from all partners is aligned with the National Strategic Plan;
- ▶ The national component has been enhanced in order better to steer coordination;
- ▶ A single monitoring-evaluation system has been introduced;
- ▶ National ownership of universal access to prevention, care and support services has been improved;
- ▶ Civil society has been strengthened and more deeply involved in the national response to HIV.

³⁸ United Nations Operation in Côte d'Ivoire.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

The expected outcomes and main activities planned for three are described below:

1. Implementation of the “Three Ones” by the national authorities

▶ **Improved national coordination at the central and decentralized levels:**

Support for strengthening NACC and the AIDS-control committees at the deconcentrated and decentralized levels; support for establishing and bringing into operation a national partners’ forum; help in running these fora; support to strengthen the capacities of actors in coordination at all levels and in close collaboration with the main donors (PEPFAR and Global Fund); support for the development and implementation of a national strategy for advocacy and resource mobilization on behalf of universal access; support for the coordination of national participation in CISMA³⁹ and in other international conferences; helping national actors to take ownership of and use CHAT.

▶ **Helping to make the National Strategic Plan operational:**

Assistance with annual drafting of operational plans for sectors and regions (19), departments (58) and communes (197) exercising municipal authority; Assistance with the annual review of the operational plan followed by the programming process; assistance in drafting and implementing a national technical assistance plan based on mapping of national human resources for AIDS control; assistance with regular updating of the national plan for monitoring-evaluation and its validation; assistance in drafting an annual national report on HIV; helping to collect and disseminate strategic information. helping to formulate the country’s application to the 8th round of the Global Fund; assistance in integrating HIV and gender into PRSP, UNDAF, 3 sectoral development plans and into the medium-term expenditure framework; helping to achieve national ownership and implementation of the national plan to step up prevention of HIV; helping to conduct a national study into the scale of injectable drug use.

▶ **Helping to strengthen the national monitoring-evaluation system:**

Assistance with capacity-building for the national monitoring-evaluation unit (training staff from the central and decentralized levels, equipment and material for data collection and analysis, introduction of CRIS); assistance to build up the capacity of the reference group on monitoring-evaluation (training for members of the group from the public and private sectors, for civil society and partners); assistance in drafting the operational manual on monitoring-evaluation; helping to conduct the national public expenditure review; assistance in writing the national UNGASS 2010 report and the annual national reports.

³⁹ International Conference on STI and AIDS in Africa (Dakar, December 2008).

2. Development of partnerships and enhanced capacity at the decentralized level of the communes and of civil society

► Support for the decentralization and strengthening of the communes:

Assistance with training for mayors and municipal councillors on planning, coordination and monitoring-evaluation tools and on project implementation; helping to draw up communal development plans that integrate HIV and gender; helping to equip the network of mayors and municipal councillors (the better they operate, the better the activities of communes will be directed); contribution to financing communes catalytic HIV response projects; assistance to enhance the advocacy skills of mayors and municipal councillors and the monitoring-evaluation capacity of communal technicians responsible for technical support; helping to organize national AIDS campaigns.

► Advocacy and strengthening partnership with civil society:

Assistance in nationwide mapping of civil society; helping to draw up a plan for civil society capacity-building (networks of people living with HIV, HIV-control NGOs, media and arts networks against AIDS, mayors' alliance etc.); helping to implement this plan (training workshops for actors from civil society in connection with stepping up prevention, etc.); helping to train the national commission on human and civil society rights in respect of the national strategic document; assistance in mapping and evaluating the needs of actors in the national response who target men who have sex with men and injecting drug users; contribution to capacity-building for partners targeting high-risk groups (sex workers, MSM and injecting drug users).

3. Development of HIV activities in emergency and humanitarian settings

► Integration of HIV into development and humanitarian instruments:

Assistance with integration of HIV into the Poverty Reduction Strategy Paper, the budgetary investment framework and UNDAF⁴⁰; helping to improve the capacity of humanitarian actors to integrate HIV into humanitarian instruments; helping to draft humanitarian instruments that take a cross-cutting approach to integration of HIV.

► Helping to strengthen the response to HIV in emergency and humanitarian settings:

Helping to coordinate the response to HIV in post-crisis areas; helping to strengthen the response to HIV in defence and security services; helping to strengthen the response to HIV among civil society actors involved in the response in post-crisis areas; contribution to the cost of a (national) humanitarian programme officer for two years.

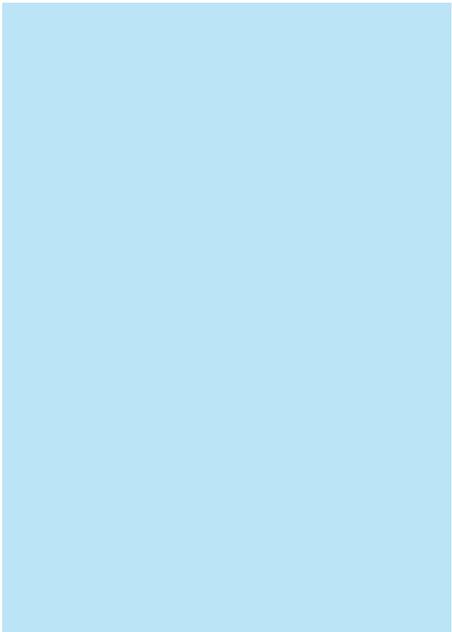
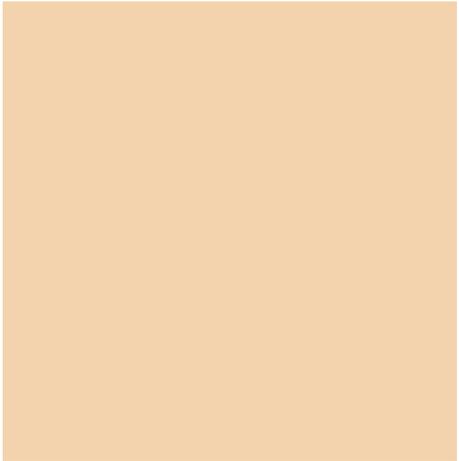
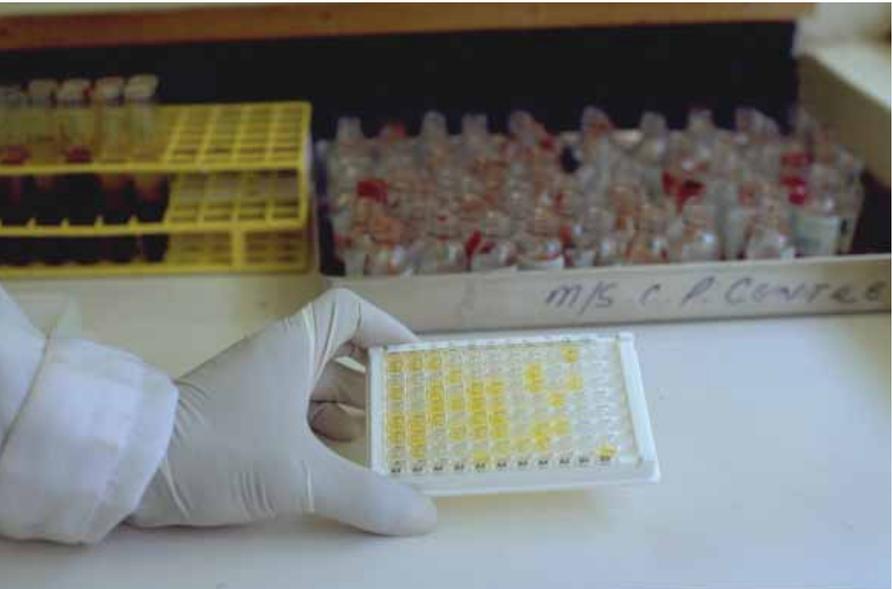
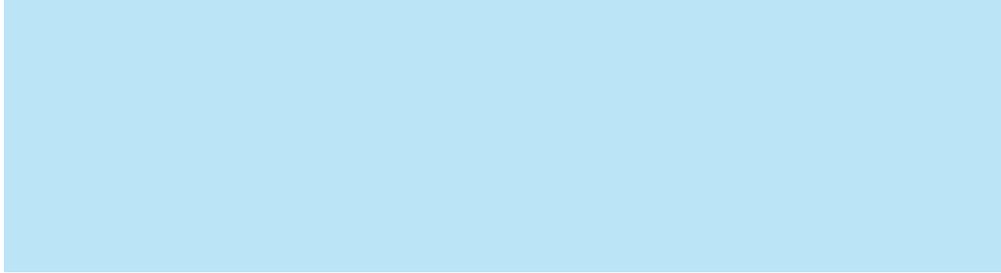
4. Technical assistance

In order to implement the activities described above, technical assistance will be requested from the UNAIDS co-sponsors, from other agencies and organizations present in Côte d'Ivoire and from bilateral partners such as PEPFAR and from multilateral partners including the Global Fund and MAP 2008-2010 (currently under preparation). An application will be made to the technical support facility (TSF) for West and Central Africa.

⁴⁰ United Nations Development Assistance Framework.

3.2 THREE-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Support for implementation of the "Three Ones" by the national authorities	Strengthening national coordination at the central and decentralized levels	240 000
	Helping to make the National Strategic Plan operational	325 000
	Helping to strengthen the national monitoring-evaluation system	400 000
2. Development of partnerships and enhanced communal and civil society capacity	Support for the decentralization and strengthening of the communes	350 000
	Advocacy and strengthening partnership with civil society	280 000
3. Development of HIV activities in emergency and humanitarian settings	Integration of HIV into development and humanitarian instruments	100 000
	Helping to strengthen the response to HIV in emergency and humanitarian settings	400 000
4. Technical support		120 000
Monitoring-evaluation		155 000
Sub-Total		2 370 000
Programme support costs		166 000
TOTAL		2 536 000



PROPOSAL BY GABON



BACKGROUND DATA

Total population
1.4 million⁴¹

Annual population growth rate
1.5% (projection 2004-2015)

Life expectancy at birth
54 years

Adult literacy rate (+ 15 years)
71%

Gross per capita income
5 306 US\$

Public expenditure on health (% of GDP)
2.9% for 2003

Human development index
0.633 (124th out of 177)

Nationwide HIV prevalence (15-49 years)
5.9% for 2007⁴²

THREE-YEAR BUDGET

553 000 (US\$)

⁴¹ Source: Human Development Report, UNDP 2006 (data for 2004, unless otherwise indicated).

⁴² Sentinel site surveillance survey, STI/AIDS control programme, December 2007.

1 Country situation analysis

Gabon has an estimated population of 1.4 million living on a territory of 267 667 km²; most of them live around 3 economic poles (Libreville, Port Gentil and Franceville) and 84% of the population live in towns.

Gabon is politically stable under a semi-presidential regime. For administrative purposes, the country is divided into 9 provinces. Although decentralization has been adopted, it is slow in being implemented.

Despite the considerable economic potential of Gabon, which has numerous mineral, oil and forestry resources, it faces undeniable problems of development, such as the lack of social and health infrastructure and major inequalities in the coverage provided by basic services. Given the contradictory situation of Gabon, which has one of the highest per capita incomes in the region but whose social indicators are comparable to those of the poorest countries, a development and poverty reduction strategy paper was adopted in January 2006.

Situation of the HIV epidemic and the national response

The epidemiological report for 2004 showed prevalence to be 8.1%⁴³. The revival of sentinel surveillance since July 2007 has found prevalence of 5.9% among the adult population. On analysis, the results reflect stabilization rather than an actual reduction, as estimates of the number of persons living with HIV are of the same order of magnitude: 52 000 in 2004 with prevalence of 8.1%, in comparison with 54 000 in 2007 with prevalence of 5.9%.

In 2007, the number of persons living with HIV and receiving ARV treatment was 6667.

The National AIDS Control Committee, through its executive arm, the National AIDS and Sexually-transmitted Diseases Programme, has drawn up the 1st National Strategic Plan 2001-2006 (PSN). In January 2006, the Ministry for AIDS Control with responsibility for children made orphan by AIDS (MLSOS) was set up; its structure is still being determined.

In implementing Gabon's PSN 2001-2006, particular attention was focused on management of people living with HIV. These efforts resulted in a determination to ensure that care and treatment were available throughout the country by building outpatient treatment centres (CTA).

The development of the associative movement to address the problems posed by HIV and which is consolidated in the Gabonese AIDS Control Network (REGOSIDA), together with the creation of the Espoir 2 network (a network to provide for orphans and vulnerable children) testify to the determination of associations to improve their action and to develop a sound foundation for their advocacy. The involvement of the First Lady in this effort, via OAFLA,⁴⁴ which was founded in 2002, has given a fresh impetus to the associative movement and to the implementation of preventive campaigns.

⁴³ *Bulletin épidémiologique du Gabon: le point sur l'épidémie du VIH/SIDA et des STI au Gabon*, (summary of the HIV/AIDS epidemic in Gabon), National AIDS and STI control programme, May 2005

⁴⁴ Organization of African First Ladies against AIDS.

However, the involvement of both civil society and of people living with HIV in implementation and in the evaluation process is still insufficient, mostly on account of their inadequate capacity. This is confirmed by the review of the strategic plan nearing completion, which draws attention to the lack of ownership of the control effort by communities at both the regional and peripheral levels.

Lastly, monitoring/evaluation has so far received little attention on account of the lack of a monitoring/evaluation framework capable of regularly providing strategic information and up-to-date data on trends.

Financial resources

Since 2005, partners such as the Global Fund, French Cooperation, the French Red Cross, the United Nations system and private partners have helped to finance the implementation of PSN. In spite of these different contributions, funding for the implementation of PSN 2001-2006 was insufficient.

The new National Strategic Plan (PSN) for 2008-2012 aims to stabilize prevalence among the general population at around 6%. The main challenge facing this new budgeted PSN will be to adopt an effective strategy for mobilizing funds from the different partners.

2 Role and activities of UNAIDS in supporting national response

The main focus of actions by UNAIDS has been to provide technical support not only to set up the new Ministry for AIDS Control with responsibility for children made orphan by AIDS (MLSOS), but also to reorganize the Ministry of Public Health, which was hitherto responsible for management of the response. In addition, thanks to the Programme Acceleration Funds provided by UNAIDS, various preventive activities have been carried out, such as raising awareness among refugees, education on HIV prevention in schools and training information specialists on HIV and STI.

Finally, a joint HIV/AIDS programme 2007-2011 has also been drawn up on the basis of UNDAF⁴⁵ 2007-2011. The overall objective is to help to reduce prevalence of HIV. By 2011, the joint programme hopes to have achieved a significant improvement in the national response to HIV. Its main expected outcomes (which are taken from UNDAF) are the following:

- ▶ 80% of target populations know how to prevent HIV infection;
- ▶ Accessibility of comprehensive case management (medical, financial and budgetary) has been increased;
- ▶ Epidemiological surveillance and data management will have been improved.

Technical support

As regards grants from the Global Fund, the United Nations system agencies were deeply involved in selecting the Ministry of Public Health as the next main beneficiary.⁴⁶ The concomitant transfer of competencies was accompanied by the drafting of a roadmap in which capacity-building had pride of place.

⁴⁵ UNDAF *United Nations Development Assistance Framework*.

⁴⁶ It used to be UNDP.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

The new National Strategic Plan National 2008-2012 is currently being draw up and not all the planned activities have been finalized. However, it is possible to identify the **following expected outcomes and main activities:**

1. Reinforcement of epidemiological surveillance of HIV, including among specific groups (people with tuberculosis and sex workers)

- ▶ Improved capacities of the services involved in surveillance at both the central and decentralized levels:
Training laboratory staff in sentinel surveillance; provision of equipment, reagents, logistic supplies and management tools.
- ▶ In order to develop a better understanding of the epidemic in Gabon, seroprevalence surveys and nationwide or specific social and behavioural studies are to be conducted:
Conduct of serological and behavioural studies.
- ▶ The expansion and strengthening of the laboratory network and the computerization of the data-analysis system on the national response to HIV will improve case notification and patient monitoring:
Training on CRIS software for Ministry of Public Health staff.

2. HIV prevention is to be intensified thanks to improved management of sexually transmitted infections in all health services, improved access to voluntary HIV counselling and testing and by better knowledge of the HIV epidemic in Gabon

- ▶ STI surveillance is to be integrated into medical facilities and the skills of health workers and of the staff of NGO/OCB for the syndromic approach are to be improved in accordance with the guidelines of the manual on STI:
Training in the syndromic approach to STI for health workers and the staff of NGO/OCB.
- ▶ Access to voluntary HIV testing and counselling is to be improved and extended to all levels of the health pyramid by improving the capacity for intervention of providers, supplying services (with equipment, reagents, condoms), and by regular organization of VCT promotion activities:
Training staff who provide VCT services; design, production and dissemination of normative documents and of other AIDS to awareness of VCT; organization of local and of mass information/awareness-raising activities; provision of condoms.

- ▶ A better understanding of the HIV epidemic in Gabon will consolidate the achievements of the different prevention programmes targeting risk groups and lead to the development and implementation of a communication plan for each target group and the development of social marketing of condoms:

Studies into the determinants of HIV spread among specific focus groups; development of diversified communication AIDS for the focus groups identified; condom supply; training NGO actors to develop their understanding of the epidemic in Gabon; awareness-raising campaigns using the specific AIDS developed.

3. Support for the introduction of a national monitoring/evaluation system for national strategic and operational plans at the different levels

- ▶ The services responsible for monitoring/evaluation are to be made operational and technical support provided for data collection:

Provision of reliable equipment; strengthening staff and providing them with better training; development of data-collection and management tools; dissemination of the tools among all the actors concerned.

- ▶ Follow-up missions, internal and mid-term reviews of the implementation of the National Strategic Plan are regularly organized in order to readjust the response:

Technical support from an international consultant (3 months).

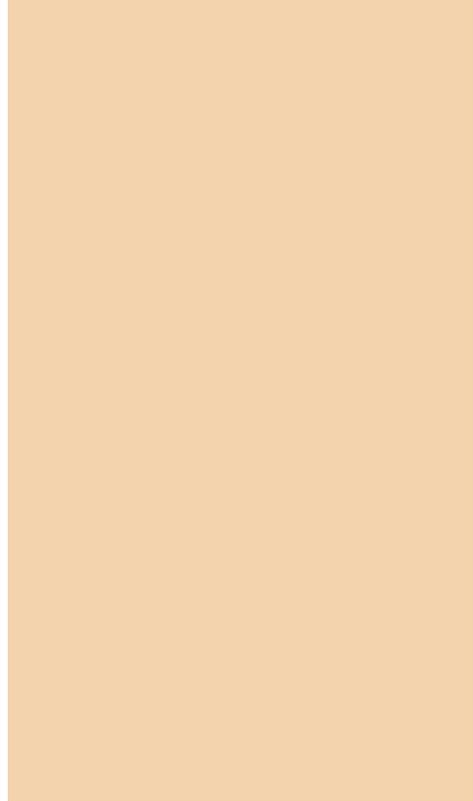
4. Technical support to “make the money work” is to be provided in order to ensure implementation of the National Strategic Plan and of the corresponding operational plans

- ▶ A normative or regulatory mechanism for mobilizing and coordinating resources is in force. Advocacy mechanisms will have been developed for all partners and for the private sector. Strategies (Partners’ Forum, Telethon) and other actions using the media are to be given priority in order to develop an overall dynamic on behalf of the AIDS control effort:

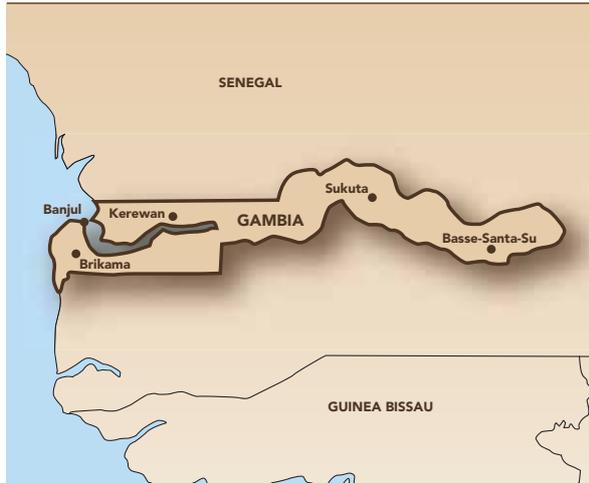
Assistance of an international consultant; training on management and/or programming mechanisms.

3.2 THREE-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Improved epidemiological surveillance of HIV at the central and decentralized levels, particularly as regards 2 nd generation surveillance	Training for the staff of all laboratories taking part in epidemiological surveillance of HIV and for staff in public health services involved in computerized data-analysis using CRIS software	64 000
	Organization of serological and behavioural studies (2 nd generation surveillance) in order better to understand the epidemic in Gabon	64 000
2. Intensified prevention of HIV through improved case management of STI, better access to VCT services and a better understanding of the HIV epidemic in Gabon	Capacity-building for NGO/OCB in regard to the syndromic approach to STI, and for staff of VCT services	50 000
	Developing more elaborate awareness-raising tools (syndromic approach to STI, promotion of voluntary HIV testing, communication for behavioural change among specific target groups)	30 000
	Organization of mass awareness-raising activities and of local activities for specific target groups	80 000
3. Support for the introduction of a national monitoring/evaluation system	Follow-up missions, internal reviews and mid-term assessments of the implementation of the National Strategic Plan with the support of an international consultant (3 months)	35 000
	Technical support for data collection and analysis through the development of ad-hoc tools and their dissemination to all actors concerned	100 000
4. Provision of technical support to "make the money work"	Implementation of a normative or regulatory mechanism for mobilizing and coordinating resources (international consultant)	30 000
	Training on management and/or programming mechanisms and on advocacy for partners or the private sector	30 000
Monitoring-evaluation of activities		34 000
Sub-Total		517 000
Programme support costs		36 000
TOTAL		553 000



PROPOSAL BY THE GAMBIA



BACKGROUND DATA

Total population
1 500 000⁴⁷

Annual population growth rate
2.2% (2004-2015 projection)

Life expectancy at birth
56.1 years

Adult literacy rate (+ 15 years)
40,3% (2003 estimation)

Gross per capita income
281 US\$

Public expenditure on health (% of GDP)
3.2% in 2003

Human development index
0,479 (155th out of 177)

Nationwide HIV prevalence (15-49 years)
2.84% in 2006

TWO-YEAR BUDGET

726 000 (US\$)

⁴⁷ Source for all the data in the table: Human Development Report (HDR), UNDP 2006 (data for 2004, unless otherwise specified).

⁴⁸ Source: <https://www.cia.gov/library/publications/the-world-factbook/geos/ga.html>

1 Country situation analysis

Gambia, which has an area of only 11 200 km², lacks any major natural resources and 75% of its population depend on agriculture and stock-raising for their livelihood. The country is not self-sufficient for food and frequently resorts to food imports and aid.

The predominant patriarchal structure and social and cultural beliefs in Gambia hinder improvement of the status of women by preserving violent practices harmful to women, which is one factor responsible for the spread of the HIV epidemic.

Public health services account for some 95% of the health care available, but are desperately in need of motivated and skilled staff: in 2005, there was one physician per 50 537 people, and one nurse for every 1 470.⁴⁹

Situation of the HIV epidemic and the national response

In the Gambia, prevalence among the population at large was 2.4% in 2005. As in many countries, women are more deeply affected, especially in the 15-24 year age group, among whom prevalence is 1.7% in comparison with 0.6% among young men. Among sex workers, prevalence of HIV-1 increased twofold between 1993 and 1999, from 14% to 28%. The number of adults (aged over 15 years) living with HIV is estimated to be 19 000, in comparison with 16 000 in 2003; 11 000 (almost 58%) are women, in comparison with 9 400 in 2003.

There are plans to carry out a study to determine HIV prevalence among the high-risk group formed by sex workers.

The National Strategic Plan 2003-2008, which was drawn up through a participatory process, is due shortly to be revised. In the light of this budgeted plan, Gambia would need from US\$ 12.5 to US\$ 16 million annually to meet the needs of the national response.

Between 2001 and 2006, the Government of the Gambia obtained funding amounting to US\$ 15 million from the World Bank's MAP for the rapid HIV response project (HAARP), and contributed to the establishment of the National Coordination Council.

The programme's achievements⁵⁰ include, inter alia:

- ▶ Greater involvement and self-sufficiency of people living with HIV;
- ▶ Development of voluntary counselling and testing in ad-hoc centres;
- ▶ A high level of awareness, currently estimated to be 97%.

⁴⁹ Source: *ibid.*

⁵⁰ According to "HAARP Borrower's implementation, completion and results report" (December 2006), and the evaluation of the CCSI component CCSI (February 2007).

This level of awareness has been achieved thanks to the projects financed by the Community and Civil Society Initiatives (CCSI⁵¹). It is now important to preserve and develop these results; in addition, action should be taken to address the gaps and obstacles, most notably:

- ▶ Supporting and strengthening the capacities of the National Secretariat for AIDS Control (NAS) which is essential to an effective and coordinated national response; this includes making the “Three Ones” operational and consolidating partnerships at all levels;
- ▶ Support and capacity-building for civil society organizations (CSO);
- ▶ Preventive and testing/counselling services directing their focus on high-risk groups for whom little data is available. To do so, collaboration and cross-border activities need to be developed with Senegal;
- ▶ Development of data systems and monitoring/evaluation capacity.

Financial resources

The completion of the HAARP programme, which was funded by MAP, has left a gap in funding. The Global Fund is now the sole major donor and will contribute more than US\$ 8 million until 2009, focusing on treatment, care and support. In order to preserve the investments already made, the United Nations system is continuing to provide some US\$ 1.3 million for 2007-2011, according to UNDAF.

2 Role and activities of UNAIDS in supporting national response

- ▶ UNAIDS has established an operational joint team in order to rationalize use of resources and to “make the money work”;
- ▶ In conjunction with the Government, UNAIDS and the other agencies of the United Nations system are pressing ahead with implementation of the “Three Ones” to provide a national response to HIV, as the national coordination agency and its secretariat are still weak. The national framework for monitoring/evaluation is still not fully operational. The National AIDS Control Council (NAC⁵²) has not met for some time and the overall policy guidance framework is relatively inactive. UNAIDS must respond to the Gambia’s need to set up a country response and information system (CRIS) to enable it better to understand the epidemic and the impact achieved by activities. The United Nations system supports universal access for the Gambia, which should have completed its road map and budgeted its plan by the beginning of 2008;
- ▶ UNAIDS will provide its technical support for the review and updating of the National Strategic Plan.

⁵¹ Community and Civil Society’s Initiatives.

⁵² National AIDS Council.

3 Funding proposal

The National Secretariat for AIDS Control (NAS) will be responsible for coordinating and implementing the interventions proposed within the framework of the “Thee Ones”. The United Nations system in the Gambia, via UNAIDS, will supervise the programme. A multidisciplinary steering committee will be set up in conjunction with key partners to monitor the project’s implementation.

3.1 ACTIVITIES TO BE FUNDED

The expected outcomes and principal activities forecast for two years are as follows:

1. Reinforcement of the Programme’s institutional management and coordination capacities thanks to technical assistance

▶ **Review and updating of policies and protocols:**

This concerns the National Strategic Plan, national policy on HIV/AIDS, national policy and the treatment manual on ARV and national policy and the treatment manual on home care: recourse to a consultant, national and decentralized consultation workshops, national validation, publication and distribution.

▶ **Institutional capacity-building for the private and non-health public sectors:**

Identification and training of HIV focal points in the public sector; a consultant to introduce workplace HIV programmes; training staff in operational services; printing and distribution of policy statements and programmes; condom distribution in the public sector.

▶ **Institutional capacity building for NAC/NAS and for its decentralized entities:**

Training for members of the Regional AIDS Committees (RAC); management training (6 weeks) for essential NAS staff; reconstitution of NAC; support for the regional coordinator; supervision and monitoring of the national response.

▶ **Development of partnerships and networks:**

National HIV/AIDS Forum; joint meetings on tuberculosis and HIV; institutional capacity-building for the Gambian Entrepreneurial Coalition against AIDS; national forum to involve the private sector in the national response.

▶ **Capacity-building and institutional monitoring-evaluation activities:**

Consultant to set up and provide training on the CRIS data base;⁵³ reproduction and distribution of the National Monitoring-evaluation Framework; monthly and quarterly verification missions; quarterly review meetings with stakeholders.

⁵³ Country Response Information System.

2. Help and Support for people living with HIV and their families

- ▶ **Institutional and capacity-building for the Network of support groups for people living with HIV (GAMNASS):**⁵⁴
A national coordinator and administrative staff for GAMNASS; management and computer training for the coordinator; office rental; office equipment.
- ▶ **Support for home care and for people living with HIV:**
Identification of and training for volunteers, peers and families; supply of home-care kits; training for nurses; home visits; development of tools, validation and training to improve knowledge of treatments; basic equipment, nutritional and other forms of support and supply of medicines.
- ▶ **Assistance for the activities of support groups for people living with HIV:**
Grants for the groups' activities; training and involvement in income-generating activities; training for peer counsellors; introduction of a loan mechanism; qualitative study into stigmatization and discrimination, publication of the results and organization of a campaign in 300 communities.
- ▶ **Enhanced support for orphans and vulnerable children**
Study of institutions providing these children with support; design, printing and dissemination of instructions and policies in respect of educational, nutritional and other forms of support for children; educational and other forms of support; counselling and training in life skills.

3. Development of access to prevention for the population at large and for high-risk groups

- ▶ **Strengthening advocacy and communication on behalf of behaviour change:**
Updating the CBC strategy; development and dissemination of a manual on life skills; training peer educators, school managers and young people not enrolled in school; implementing and ensuring the sustainability of national educational programmes; training traditional communication specialists in awareness of counselling-testing and in prevention of mother-to-child transmission; advocacy workshops for members of parliament, religious and other leaders.
- ▶ **Strengthening initiatives by and for the community:**
Training on HIV for groups of young people and women; training in programme design, management and implementation; review of the guidelines for evaluation of grant applications to the Global Fund; helping communities with technical guidance for applications to the Global Fund; grants for community and civil society organizations for local actions to raise awareness; support for community programmes.

⁵⁴ Gambia Network of AIDS Support Societies.

▶ **Support for population at high-risk, including cross-border initiatives:**

Mapping of sites of vulnerability by a consultant, validation of the report; procurement and distribution of male and female condoms; prevention and treatment of STI; production of a manual and purchase of medicines; training for peer educators on prevention of HIV; institutional support for the programme of intervention for sex workers; sessions to raise awareness of HIV and encourage condom use; development and implementation of joint cross-border programmes and projects.

▶ **Strengthening confidential voluntary counselling and testing (VCT):**

National campaign on VCT and prevention of mother-to-child transmission; training; support for facilities and services.

4. Knowledge, analysis and close monitoring of the characteristics of and trend in the epidemic

▶ **Routine surveillance of the epidemic:**

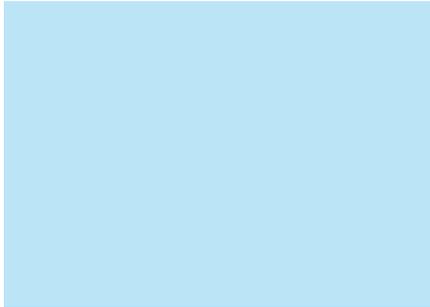
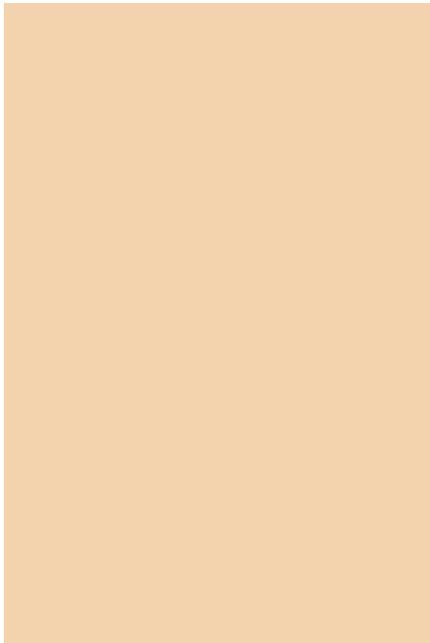
Meetings of the sentinel surveillance group; purchase of tests and reagents; training health workers how to collect samples; collection on sites; data input and analysis; publication and distribution of the report; quarterly sentinel meetings.

▶ **Other studies and research:**

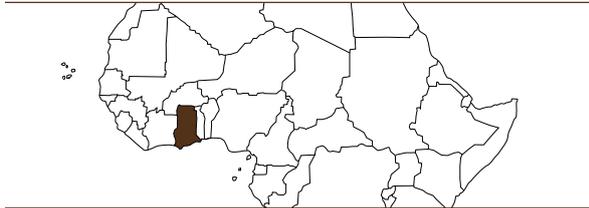
Operational research into sentinel surveillance of behaviour; study of prevalence and behaviour among high-risk groups; sociocultural study; study into prevalence of STI; study of paediatric HIV/AIDS in the Gambia. Each study will involve the services of a consultant, data collection and analysis, results validation workshops and impression and dissemination of reports.

3.2 TWO-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Reinforcement of the Programme's institutional management and coordination capacities	Review and updating of policies and protocols	25 000
	Institutional capacity-building for the private and non-health public sectors	30 000
	Institutional capacity building for NAC/NAS and for its decentralized entities	25 000
	Strengthening of advocacy and of CBC	35 000
	Development of partnerships and networks	15 000
	Capacity-building and institutional monitoring-evaluation activities	30 000
2. Help and Support for people living with HIV and their families	Institution and capacity-building GAMNASS	40 000
	Support for home care and for people living with HIV	70 000
	Assistance for the activities of support groups for people living with HIV	100 000
	Enhanced support for orphans and vulnerable children	30 000
3. Development of access to prevention for the population at large and for high-risk groups	Strengthening initiatives by and for the community	120 000
	Support for high-risk groups, including cross-border initiatives	35 000
	Strengthening voluntary counselling and testing	15 000
4. Technical support improves understanding, analysis and closer monitoring of the epidemic	Routine surveillance of the epidemic	40 000
	Other studies and research	25 000
Monitoring-evaluation of activities		44 000
Sub-Total		679 000
Programme support costs		47 000
TOTAL		726 000



PROPOSAL BY GHANA



BACKGROUND DATA

Total population
22 113 000

Annual population growth rate
2.1%

Life expectancy at birth
56 for men and 58 for women

Adult literacy rate (+ 15 years)
47,1% in 2006⁵⁵

Gross per capita income
2 280 US\$

Public expenditure on health (% of GDP)
31%

Human development index
0.532 in 2004 (136th out of 177)⁵⁶

Nationwide HIV prevalence (15-49 years)
1.9% (from 1.7% to 2.2%)

THREE-YEAR BUDGET

1 615 000 (US\$)

⁵⁵ Source: Ghana – Human Development Report 2007 – Towards a More Inclusive Society.

⁵⁶ Human Development Report 2006 – Beyond Scarcity: Power, poverty and the global water crisis.

1 Country situation analysis

Ghana covers an area of 238 537 km²; 60% of its population live in rural areas and 41% are under 15 years of age. With its wealth of raw materials and essentially agricultural economy, Ghana has made significant progress towards democratic government. Notwithstanding its political stability, much has yet to be achieved in terms of governance and conflict prevention.

In 2003, Ghana's annual GDP grew by 5.5%, in excess of the target of 4.7%. Nevertheless, 40% of Ghanaians live on less than US\$ 2 a day. However, thanks to its very high rate of growth and macroeconomic stability, Ghana aims to halve poverty by the end of 2010.

Situation of the HIV epidemic and the national response

In 2007, overall HIV prevalence among the adult population was estimated to be 2.6% by sentinel surveillance, although there are major geographical disparities and prevalence is more than 3% in six regions. The peak is in Agomanya (Eastern Region), where it is 8.9%; prevalence is higher than 5% on 4 of the 40 sites, 3 of which are in rural areas. This makes it necessary for the national response to focus on the population in these zones. The sex ratio was 1.38.

As regards highest-risk focus groups, since 1992 prevalence has been consistently high among sex workers; the studies carried out by the West Africa Project to Combat AIDS and STD (WAPCAS) found levels of from 24% to 52% in Accra and Kumasi. Other studies have shown that HIV prevalence among men who have sex with men is 25.1%, and 4% among long-distance lorry drivers.

The main factors behind the epidemic are urbanization and migration, poverty, the limited use of condoms and harmful cultural practices such as female genital mutilation.

In 2006, according to national prevalence projections, the estimated number of people living with HIV was 291 398 (269 500 adults and 21 828 children), 74 060 of whom required ARV treatment. At the end of September 2007, the needs of 15.9% of these people were covered by 91 centres distributing treatment.

In addition, 12.6% of seropositive pregnant women are receiving treatment in the country's 407 treatment centres to prevent mother-to-child transmission.

In Ghana, the national response has been successively steered by two National Strategic Frameworks (NSF) (2001-2005 and 2006-2010). Evaluation and analysis of the first NSF and the participatory process adopted for the definition of the 2nd NSF made it possible to improve not only planning, budgeting and funding but also the guidelines for implementing priority activities. The national plan for scaling up to universal access was drawn up in 2005 and launched in early 2006.

The 2nd National Strategic Framework (2006-2010) is designed to meet the following objectives, which are aligned on those of the National Poverty Reduction Strategy (2006-2009):

- ▶ Reduction of new infections among vulnerable groups and in the population at large;
- ▶ Mitigation of the impact of the epidemic on the health system, society and the economy and on people living with HIV;
- ▶ Promoting a healthy sexual and reproductive health lifestyle.

Accordingly, the 2nd National Strategic Framework is based on 7 key areas of intervention:

- ▶ Political advocacy and a favourable environment;
- ▶ Coordination and management of the decentralized response;
- ▶ Mitigation of the social, legal, cultural and financial impact of HIV;
- ▶ Prevention and communication for behaviour change;
- ▶ Treatment, care and support;
- ▶ Research, epidemiological surveillance and monitoring-evaluation;
- ▶ Resource mobilization and negotiations with bi- and multilateral partners.

Financial resources

The total financial need for the 2nd National Strategic Framework (2006-2010) amounts to US\$ 541.6 million. Funding is provided by the Government (2%), multilateral organizations (64%, including the Global Fund) and bilateral partners (34%). The global resources mobilized were US\$ 57.8 million in 2006, 43.4 million in 2007 and finally 47.2 million in 2008.

A financial gap of US\$ remains for 2006-2008.

2 Role and activities of UNAIDS in supporting national response

In conformity with the objective of the United Nations Development Assistance Framework, which is to have reinforced the national response to HIV by 2010 through the Joint United Nations Team on AIDS and the Joint United Nations Programme in support of the national response 2006-2009, the main achievements of UNAIDS and its cosponsors are the following:

1. Support for the national authorities in attaining universal access

- ▶ Inventory of existing obstacles;
- ▶ Drawing up a roadmap, with the agreement of all stakeholders.

2. Intensification of prevention for the general population

- ▶ Helping the Ministry of Education to develop and implement education on HIV for teachers and peer educators in 96% of the 1 750 basic schools in the Upper east and Upper West regions;

- ▶ Technical support for educational, testing-counselling and condom supply activities;
- ▶ Ad-hoc training for people in the media on reporting on AIDS and the creation of awards/prizes for the best journalists;
- ▶ Technical assistance for the National Campaign against stigmatization (review of slogans, strategies and material used, possibility of associating people living with HIV).

3. Technical support for case management

- ▶ Development and review of guidelines and protocols including:
prevention of mother-to-child transmission, clinical care of STI/HIV/AIDS, monitoring-evaluation of ARV treatment compliance, paediatric HIV treatment, nutritional guidelines for people living with HIV, budgetary control and procurement of ARV.
- ▶ Development of the contribution by people living with HIV to the provision of hospital care and integration of their contribution into the national response.
- ▶ Support for the integration of syndromic case management of STI into the curricula of institutions training health professionals.
- ▶ Technical support for accreditation and for evaluation processes to identify and monitor providers of HIV-linked services.
- ▶ Creation of a financial-support procedure for orphans and vulnerable children
- ▶ Support for the integration of HIV services (access to ARV and other necessary health services) in two refugee camps (Buduburam and Krisan).

4. Technical support for the institutional dimension of the national response

- ▶ Helping to draw up a policy on HIV in the workplace and helping institutions to develop programmes to implement the policy;
- ▶ Establishment of a national partners' forum, of private-sector meetings, of the Ghanaian Private-Sector Coalition against HIV/AIDS and of the Network of People living with HIV;
- ▶ Helping to develop the National Welfare Strategy;
- ▶ Support for the review of the Joint Programme 2006-2007, for the annual programmes of work for 2006 to 2008, for the 2005 and 2006 sentinel surveillance studies, for the 2006 study of surveillance of behaviour and for the operation of CRIS⁵⁷ as a necessary data management tool for the decentralized response;
- ▶ Capacity-building for civil society organizations, for the operation of CCM⁵⁸, for the Technical Working Group, the Research and Monitoring-evaluation Committee and for the Ghana AIDS Commission (GAC⁵⁹).

⁵⁷ CRIS = Country Response Information System.

⁵⁸ CCM = Country Coordinating Mechanism.

⁵⁹ Ghana AIDS Commission.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

1. The aim of this proposal is to remove the main obstacles to universal access: stigmatization associated with HIV, weakness of service providers and lack of involvement of people living with HIV (GIPA)

In January 2007, a global campaign was launched against myths associated with HIV which perpetuate stigmatization and discrimination. The campaign is directed by the National HIV/AIDS Control Programme (NACP⁵⁷), in close collaboration with the Ghana AIDS Commission (GAC⁵⁸) and the Ghana Sustainable Change Project run by the Academy for Educational Development

The campaign is intended to change behaviour, specifically among adults aged from 35 to 45 years, health workers, religious leaders and customary chiefs, as well as among political leaders and in the media. Advocacy to combat stigmatization involves mobilization of communities by their traditional and religious leaders.

Henceforth, the key partners, including the private sector, the media, MUSIGA, United Nations agencies, NACP and GAC, will help to extend the campaign throughout the country.

2. Technical assistance to strengthen collaboration between the public and private health sectors throughout the country

This project is implemented by NACP with technical and financial support from WHO/UNAIDS. Thanks to an ongoing dialogue, the project makes it possible to intensify and deepen the commitment of the private health sector and of the private sector as a whole to scaling up towards universal access. It provides an excellent forum in which to share information on planned activities and the results obtained by the different actors involved in the response, as well as on the joint Programme's activities. The activities of the public-private partnership project that require funding are the following:

- (i) Review of the private health sector in order better to understand the HIV activities performed by it;
- (ii) Extension throughout the country:
 - ▶ Setting up information-sharing processes and systems by developing networking to enhance the capacity of the private health sector and of the private sector;
 - ▶ Strengthen partnerships between private health facilities and health components of the public and private sectors;
 - ▶ Further strengthen the capacity of the National HIV/AIDS Control Programme to enable it to provide effective coordination and to contribute to an improved response by the private health sector;

⁵⁷ National AIDS Control Programm.

⁵⁸ Ghana AIDS Commission.

- ▶ Increase, through ILO/private and public health sectors dissemination and distribution of the ILO Code of Practice on HIV/AIDS, with the assistance of the Ghanaian Private Sector Coalition against AIDS, the private enterprise foundation and GTZ as well as on the growing number of occupational programmes/policies against AIDS implemented by private and public establishments.

(iii) Monitoring-evaluation: Increase documentation and dissemination of best practices and experience in the sphere of public-private partnership.

3. After training, peer-educators living with HIV work on sites providing ARV treatment as part of the role models project (within the framework of GIPA⁶²), to help ensure compliance with treatment by providing their peers with role models and assisting the sites' health workers, and to build links between the sites and the communities.

This approach is common to USAID, NACP, WHO and UNAIDS, as well as to the Network of African People Living with HIV (NAP+)⁶³ and certain sites providing ARV.

The persons chosen from within national and regional networks of people living with HIV, on the basis of precise criteria and through a transparent and democratic procedure, as role models, are given from 4 to 5 days' training by certified national trainers before they begin working on the sites as psychosocial counsellors and peer educators.

The volunteers role models are working in greater Accra and in the Western, Eastern, Ashanti, Northern and Upper Western regions and logistic support will be provided to them.

⁶² Greater Involvement of People living with HIV/AIDS.

⁶³ Network of African People living with HIV.

3.2 THREE-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. The national campaign to reduce stigmatization goes nationwide	Review of the campaign under way	30 000
	Extension of the campaign to all 165 districts	600 000
	Support for the team responsible for the national campaign	30 000
2. The public-private partnership project goes nationwide	Review of activities currently being carried out by the project	30 000
	Extension of the project's activities to the whole country	200 000
	Monitoring-evaluation of ongoing activities (documentation)	30 000
3. People living with HIV trained as "role models" work as peer educators on sites providing ARV treatment ARV	Training- competency building for peer educators and counsellors (Role models)	200 000
	Monitoring-evaluation of the activities of the role models	90 000
	On-site logistic support for the role models	200 000
Monitoring-evaluation of activities		99 000
Sub-Total		1 509 000
Programme support costs		106 000
TOTAL		1 615 000



PROPOSAL BY GUINEA



BACKGROUND DATA⁶⁴

Total population	9 910 317 (2008 estimate) ⁶⁵
Annual population growth rate	3,1% (projection 2004-2015)
Life expectancy at birth	53.9 years
Adult literacy rate (+ 15 years)	29.5%
Gross per capita income	3217 US\$
Public expenditure on health (% of GDP)	0.4% for 2006 (PRSP 2007)
Human development index	0.445 (160 th out of 177)
Nationwide HIV prevalence (15-49 years)	1.5% for 2005

TWO-YEAR BUDGET

2 748 000 (US\$)

⁶⁴ Source for all the data in the table: Human Development Report, UNDP 2006 (data for 2004), unless otherwise indicated .

⁶⁵ RGPH – General Population and Housing Census 1996.

1 Country situation analysis

Despite the enormous potential of its agricultural and mining sectors, which are the basis of the economy, Guinea, which covers an area of 245 857 km², ranks among the least developed countries. The situation has constantly worsened over the last four years on account of governmental mismanagement and the dramatic cutback in external funding.⁶⁶ Between 2003 and 2006, the annual GDP growth rate was around 2.45%, as opposed to 4% during the 1990s. Similarly, inflation was at the highest level for more than a decade (39.1% in 2006), and contributed to a marked deterioration in peoples' purchasing power.

At the beginning of 2007, pressure from the trades unions, which were supported by the population at large, took on a political bent leading to the appointment of a new prime minister and a coalition government.

The population, which is estimated to be 9 900 000, comprises a majority of women (51%) and young people (41.5% of the population are aged under 15). In 2004, the proportion of the population living in rural areas was estimated to be 67.4%. Only 16.1% of women are literate, in comparison with 44.1% of men. The predominance of poverty among the women is quite pronounced among the 53% of the population who live below the poverty line.

Situation of the HIV epidemic and the national response

In 2005, the results of EDSG-III⁶⁷ found that nationwide prevalence among the general population was 1.5%, with variations among specific groups. Prevalence of HIV infection was higher among women, with a seroprevalence rate of 1.9% among women aged from 15 to 49 years, as against 0.9% among men in the same age group. The proportion of seropositive persons increases with age. Average HIV prevalence is higher in urban than in rural areas (2.4% as against 1%). According to the 2007 report on second-generation surveillance in Guinea,⁶⁸ HIV prevalence is 5.5% among truck drivers, 5.6% among fishermen, 6.5% among uniformed personnel and 34.4% among sex workers.

⁶⁶ According to IMF statistics, official development assistance to Guinea fell from 3.7% of GDP at the end of the 1990s to 0.6% in 2004 (IMF Report, 06/37, January 2006).

⁶⁷ Survey of population and Health in Guinea – III.

⁶⁸ Behavioural and biological monitoring survey (ESCOMB).

In 2005, prevalence of HIV in Guinée Forestière was 1.7% in comparison with 1.5% at the national level; among women, the respective prevalences were 2.2% and 1.9%. Activities in respect of HIV are still little developed in comparison with both HIV prevalence and the presence of a combination of factors favourable to its rapid expansion in the region.

A new national strategy framework for the response to HIV in 2008-2012 is currently being prepared. When this task has been completed, annual operational plans and a framework for monitoring-evaluation will be developed; a round-table for resource mobilization will be organized in March-April 2008.

Financial resources

The estimated financial contribution to the national response from bilateral and multilateral donors is as follows:

- ▶ Global Fund (2008-2009) US\$ 7 900 000;
- ▶ Bilateral and international NGOs (2008-2009) US\$ 3 000 000;
- ▶ United Nations system (2008) US\$ 2 960 000;
- ▶ World Bank (end of MAP January 2009) US\$ 2 058 000;
- ▶ Mano River Countries and Côte d'Ivoire Initiative (end of project - December 2008) US\$ 264 000.

2 Role and activities of UNAIDS in supporting national response

- ▶ The participative review of the National Strategy Framework (NSF) 2003-2007, which benefited from the support of UNAIDS and the World Bank, made it possible to evaluate the performance and shortcomings of the NSF, while building on the achievements made since its implementation, and to draw valuable lessons for the development of the new NSF 2008-2012;
- ▶ A process of consultation benefiting from the support of UNAIDS made it possible for Guinea to set national targets for speeding up progress towards universal access and to draw up a road map for the period 2008-2012;
- ▶ The UNGASS 2008 report, which was the outcome of a broad participative process, made it possible to shed light on the epidemic situation and on the response in terms of policy and programme, to identify and obtain information on 17 baseline indicators from the information collected and to pinpoint the main challenges facing the response to the epidemic and the corrective measures required;
- ▶ The United Nations Country Team set up a joint United Nations team on AIDS with a view to fostering coherent and effective action by the various agencies in support of an expanded national response to HIV. A joint United Nations support programme for the national response is being developed. It will be aligned on the priorities of the National Strategy Framework and will comprise annual operational plans, a plan for monitoring-evaluation and a technical assistance plan;
- ▶ UNAIDS helped to revitalize the Guinean Network of Associations of People living with HIV (REGAP+) to enable it better to fulfil its role in unifying, coordinating and supporting associations of people living with HIV and in advocacy at the national, regional and international levels;
- ▶ Following the development of the Master Plan 2007-2011 for development assistance, the United Nations agencies in Guinea developed, together with the Government, a joint programme for the Forestière region, entitled “Revival of Local Economic and Social Development Momentum in Guinea Forestière (REDYLO-GF) 2007-2011”.

This measure is a response to the request by the regional and local authorities of an area which for more than 15 years has shown solidarity towards refugees in the wake of conflicts. The programme hinges on four elements: a) food security, b) support for control of HIV, c) access to basic social services and d) governance.

As regards its HIV component, the Programme will support (i) preventive services and services providing information to bring about a change in behaviour, (ii) the reduction of mother-to-child transmission, (iii) improvement of services providing ARV treatment, (iv) psychosocial case management and nutritional support for people living with HIV, (v) social and professional rehabilitation for people living with HIV and support for families taking in orphans and vulnerable children.

The cost of the Joint Programme in the Forestière region amounts to US\$ 80 million, and the funds are currently being gathered. The Programme was officially launched in Guinée Forestière In July 2007.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

The expected outcomes and the main activities are described below:

1. Preventive services for STI/HIV and communication strategies to bring about behaviour change (CBC) will have been developed and become operational

- ▶ Greater awareness of sexual transmission of STI/HIV among vulnerable persons:
Communication activities for behaviour change; IEC/CBC AIDS developed/ adapted; awareness, mobilization and involvement of community leaders, including women.
- ▶ Purchase and distribution of condoms (male and female) in urban and rural areas;
- ▶ Setting up and bringing into operation 9 voluntary testing centres;
- ▶ Health facilities with improved blood-transfusion services.

2. Reduction of mother-to-child transmission

- ▶ Establishment of 14 new PMTCT sites;
- ▶ Procurement and distribution of equipment for the 14 sites;
- ▶ Procurement of complete ARV treatment for administration to seropositive pregnant women and to their offspring.

3. Enhanced provision of ARV treatment and STI prevention services

- ▶ Creation of 11 new health facilities providing ARV treatment services;
- ▶ Strengthening of existing services that provide this treatment;
- ▶ Creation of new health facilities providing syndromic case-management for STI;
- ▶ Strengthening of existing services that provide syndromic case-management.

4. Guaranteed provision of psychosocial case-management and nutritional support for people living with HIV and for their families

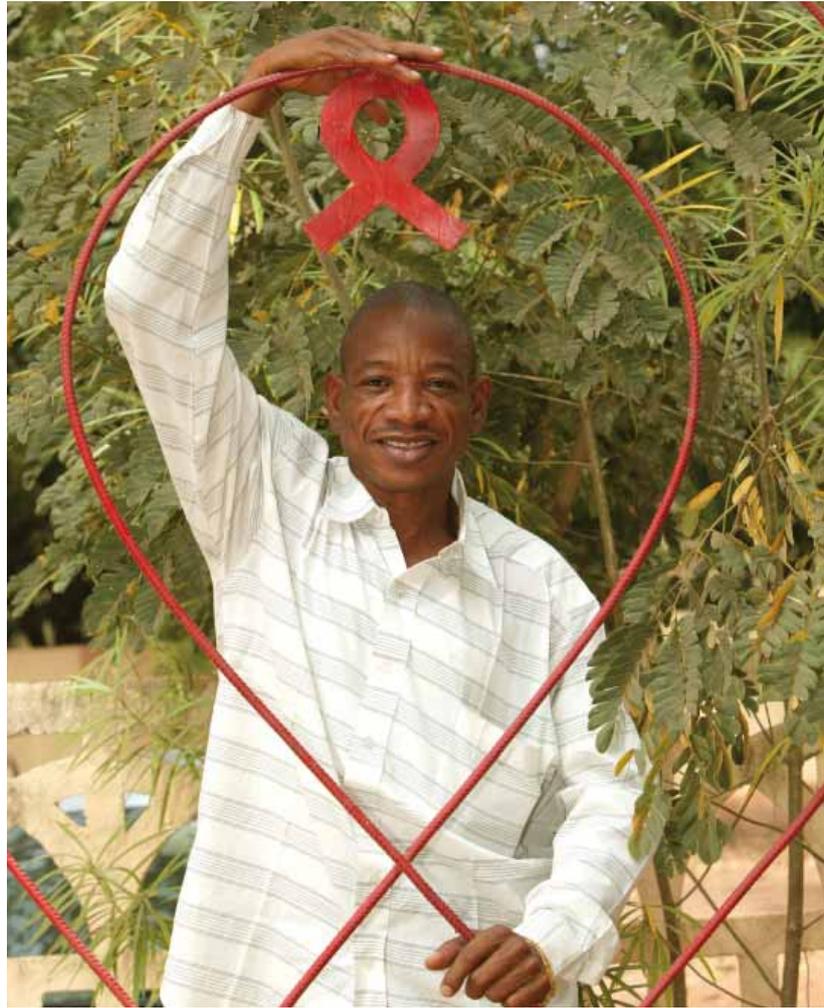
- ▶ Enhanced psychosocial and nutritional support for affected and infected persons;
- ▶ Technical support for the creation of new operational associations of people living with HIV;
- ▶ Technical support for the establishment of the Guinean network of associations of people living with HIV.

5. Guaranteed social and occupational rehabilitation of people living with HIV and support for families caring for orphans and vulnerable children

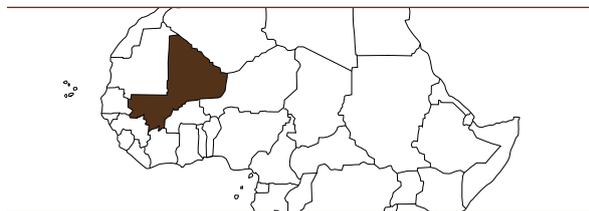
- ▶ Development of income-generating activities for people living with HIV;
- ▶ Enhanced support for families caring for orphan and vulnerable children;
- ▶ In collaboration with health facilities, training PLHA to provide psychosocial support;
- ▶ Technical support for the development of an operational nationwide data base on people living with HIV and orphan and vulnerable children.

3.2 BUDGET REQUIS POUR DEUX ANS

Expected outcomes	Activities	Budget (US\$)
1. Preventive services and CBC strategies developed and operational	Establishment and bringing into operation of 9 voluntary testing centres Technical support for staff training Enhanced awareness through CBC Procurement and distribution of condoms Safer blood transfusions	690 000
2. Reduction in mother-to-child transmission of HIV	Creation of 14 new PMTCT sites Technical support for staff training Procurement and distribution of equipment Procurement of medicines	510 000
3. Enhanced provision of ARV treatment and STI prevention services	Technical support for training ARV prescribers Technical support for the integration of the syndromic approach to STI Procurement and distribution of equipment for the new centres	650 000
4. Guaranteed psychosocial case-management and nutritional support for people living with HIV	Creation of 34 new facilities providing psychosocial and nutritional case management for affected and infected persons Technical support for the development of new and operational associations of PLHA Technical support for the establishment of the Guinean association of PLHA	350 000
5. Guaranteed social and occupational rehabilitation of PLHA and support for families caring for orphans and vulnerable children (OVC)	Development of income-generating activities for PLHA Enhanced support for families caring for OVC In collaboration with health facilities, training for PLHA in psychosocial support Technical support for the development of a nationwide and operational data base on PLHA and OVC	200 000
Monitoring -evaluation of activities		168 000
Sub-Total		2 568 000
Programme support costs		180 000
TOTAL		2 748 000



PROPOSAL BY MALI



BACKGROUND DATA

Total population

12 251 019 in 2006⁶⁹ (RGPH 1998)

Annual population growth rate

2,8% (1990-2006)⁷⁰

Life expectancy at birth

51,9 years

Adult literacy rate (+ 15 years)

24% (2000-2005)⁷⁰

Gross per capita income

GDP 358 US\$ en 2004 (HDR, UNDP 2006)

Public expenditure on health (% of GDP)

2.8% in 2003-2004 (HDR, UNDP 2006)

Human development index

175th out of 177 in 2006 (UNDP 2007)

Nationwide HIV prevalence (15-49 years)

1.3% in 2006 (EDSM IV)

THREE-YEAR BUDGET

1 386 000 (US\$)

⁶⁹ According to Mali's estimated resident population – RGPH98.

⁷⁰ http://www.unicef.org/infobycountry/mali_statistics.html

1 Country situation analysis

Mali, which covers a huge area of 1 241 248 km², is subdivided into 8 economic and administrative regions and the district of Bamako. A total of 52% of the country's resident population are women, and almost half the population are aged under 15.

The economy is principally based on agriculture (essentially cotton), stock-raising and fishing, which jointly account for 45% of GDP and 15% of exports and employ 80% of the active population.

Nevertheless, gold has become the principal export and mining product; there are six mines in 3 regions, and it makes up 12% of GDP but 67% exports. In 2008, the Government plans to introduce a new mining code to promote the sector's development, including that of small mines, thereby completing and implementing sectoral reform.

The Malian diaspora (there are 4 million workers outside Mali 3.5 million of them in Africa) is a vital source of income; financial remittances from Malians working in Europe exceed the development assistance provided by countries in the North.

Mali is ranked by UNDP as one of the five countries with the lowest human development index. Just 34% of men and 23% of women attended school, although the level of education has improved in comparison with that of earlier generations.

Situation of the HIV epidemic and the national response

Prevalence among the general population is still low: 1.3% in 2006 according to EDSM IV. However, HIV prevalence is 35.3% among sex workers. Among the working population, a number of statistics produced by the survey on behaviour and HIV prevalence (ISBS) complete those on the overall level of prevalence; in the informal sector, prevalence is 5.9% among itinerant women traders and 2.2% among female domestic helps. In the transport sector, prevalence is 2.5% among truck drivers and 2.2% among touts.

The findings of ISBS 2006 "*survey on behaviour and HIV prevalence*" highlight the factors driving the HIV epidemic in Mali: urbanization, migration, late marriages, low wages, limited use of condoms, risk behaviour where STIs are concerned and the large number of sexual partners.

Of the 26 489 persons who took an HIV test at the voluntary counselling and screening centres, 25 989 (98.1%) are aware of their HIV status. The findings of the ISBS survey show that among high-risk groups 61.6% of sex workers have been tested at least once in their life for HIV; this figure is 26.6% among touts, 17.3% among truck drivers, 13.6% among itinerant traders and only 1.7% among domestic helps.

At sites providing prevention of mother-to-child transmission (PMTCT), out of 99 130 pregnant women who attended antenatal clinic, 48 019 received post-test counselling. Thanks to PMTCT activities, in 2007 928 seropositive pregnant women out of an expected 8570 received ARV treatment, a level of coverage of 10.8% in comparison with 8.6% in 2006.

In November 2007, ARV case management was provided at 45 sites for 15 540 people living with HIV, covering 47.6% of ARV treatment requirements; this level was 31.8% among those under 15 years of age and 49.4% among those above. It should be mentioned that in 2006, a total of 11 508 people living with HIV received ARV treatment in Mali, in comparison with 6812 in 2005 and only 3300 in 2004. This represents a 79% increase in 3 years and testifies to the strong political commitment in this respect.

The Head of State has assigned priority to AIDS control and has drawn the attention of the Government to the need for a more coordinated multisectoral approach. In organizational terms, this approach has resulted in the effective participation and involvement of 9 ministerial departments, each of which has a focal point trained in HIV/Development as well as sectoral AIDS-control plans. As regards the budget, the Government is making a huge effort on behalf of AIDS control within the framework of the Health and Social Development Programme (PRODESS) and of the HIPC initiative.

Since 2001, the national response has acquired a multisectoral dimension; it is coordinated by the Supreme National AIDS Control Council (SNACC) which is presided by the Head of State and there is a regional AIDS control council in each region. SNACC, which was restructured in 2004, involves the public and private sectors, civil society including representatives of associations of people living with HIV and representatives of development partners. The new orientations are based on the “Three Ones” advocated by UNAIDS.

The NGOs, which pooled their efforts within the Health/Population coordinating group, rapidly played a part in mass social mobilization, in fostering collaboration with imams and with traditional means of communication, in introducing voluntary counselling and screening and comprehensive case management, as well as in ensuring the involvement of peer counsellors, and formed a dynamic and exemplary partnership with the Ministry of Health.

The establishment of the *Drop-in Centre providing care, support activities and counselling* (CESAC), which is managed by ARCAD-Sida, now successfully ensures medical and psychosocial case-management for people living with HIV. This experience has highlighted the importance of taking into account the ethical and legal aspects of the epidemic.

The associations of people living with HIV (AMAS and AFAS)⁷¹ play a vital role in breaking the wall of silence surrounding the epidemic and play an active role in providing case-management for people infected and affected by HIV. In addition, religious leaders (imams/ulemas and Christian organizations) have made a noteworthy contribution to prevention and to combating stigmatization and discrimination.

The important task now is to intensify individual and collective political commitment by members of civil society and to strengthen procedures in respect of contracting/utilization of funds and the levels of responsibility assigned to associations/NGOs and to ensure HIV control covers the entire country. There are still a number of areas of weakness: difficulties with coordination and cumbersome administrative procedures, delays in payments, low rates of disbursement and the diversity of activities, whose level of professionalism varies considerably.

⁷¹ Malian Association of People Living with HIV and the Association of Malian Women living with HIV

Financial resources

Funding is provided by multilateral (64.8%) and bilateral (22.7%) institutions, the public sector (10.5%) and civil society (2%) (the NGO, Plan International). A total of 80% of funding is provided by the Global Fund (38.7%), the World Bank-IDA (17.5%), USAID (13.7%) and the Ministry of Health via the HIPC fund (10.2%).

	2007	2008	2009	2010
Global Fund	11 741	10 447	10 676	7 733 (term, June 2010)
African Development Bank	3 417	3 417	3 417	3 417 (term, December 2010)
World Bank	12 976	3 071	3 010	
Total	28 188	16 935	17 103	111 50

The 2006 study of resources and expenditure for control of HIV (REDES), produced the following figures for contributions by these partners:

- ▶ Bilateral cooperation: CFAF 3 838 096 462 = US\$ 7.7 million;
- ▶ United Nations agencies: CFAF 509 681 619 = US\$ 0.1 million;
- ▶ NGOs and other international institutions: CFAF 1 744 656 806 = US\$ 3.5 million.

The funding gap for the National Strategic Plan 2006-2010 is US\$ 84 million.

The Government essentially provides funding for case management (97%), while the activity of partners focuses on prevention. Through the HIPC funds, the Ministry of Health has allocated its funding on a year-by-year basis rather than scheduling it in advance. The Ministry of Agriculture and the Ministry of Livestock and Fisheries have assigned part of their funds (IDA loan for the Agricultural services and Producer Organization Support Project (PASAOP)) to HIV control in rural areas.

Components	Prevention		Case management		Surveillance, studies, research		Institutional capacity-building		Total	
	Amount	Structure	Amount	Structure	Amount	Structure	Amount	Structure	Amount	Structure
Ministry of Health	-	-	14 814 815	19,7%	-	-	-	-	14 814 815	10,2%
Ministries of Agriculture, Livestock and Fisheries	424 074	0,9%	37 037	0%	18 519	0,2%	14 815	0,1%	494 444	0,3%
Total	424 074	0.9%	14 851 852	19,7%	18 519	0,2%	14 815	0,1%	15 309 259	10,5%

US\$

2 Role and activities of UNAIDS in supporting national response

In 2007, UNAIDS carried out an overall reorganization of its organization in Mali, whereby it laid the foundations of a joint United Nations team and programme on HIV/AIDS which are due to become operational in 2008. The inventory of United Nations human and financial resources has been drawn up and the sharing of tasks among agencies has been approved.

Technical assistance from UNAIDS has mainly concerned capacity-building in the areas of planning and monitoring/evaluation of SNACC: drafting the Operational Plan for 2006-2010 (unbudgeted), UNGASS report, REDES survey of available resources.

Technical assistance from United Nations agencies mainly focused on the following:

- ▶ capacity-building for the benefit of SNACC and integration of HIV within the growth and poverty-reduction strategy (UNDP);
- ▶ help with the development of an advocacy tool for orphans and vulnerable children and support for PMTCT (UNICEF);
- ▶ advocacy to secure greater involvement of schools in the HIV effort (UNESCO);
- ▶ launch of a pilot project on awareness of HIV (WHO);
- ▶ support for STI/HIV prevention campaigns for young people and provision of ARV (UNFPA);
- ▶ strengthening the multisectoral, local and private-sector response and community mobilization and the institutional framework (MAP1/World Bank).

In 2008, the emphasis will be on:

- ▶ strengthening the Joint Team and the Theme Group;
- ▶ developing and monitoring the implementation of the UNAIDS plan of action for 2008;
- ▶ development of a plan to provide technical assistance for the national response;
- ▶ establishment and consolidation of a partners' forum;
- ▶ helping SNACC to draw up its operational plan for 2008 with a view to harmonizing and bringing into line funding and support from financial partners;
- ▶ enhancing monitoring/development capacity within the framework of the "Three Ones," including at the central level to "make the money available work";
- ▶ mobilization of fresh resources, in particular by submitting a new proposal to the 8th Round of the Global Fund.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

The expected outcomes and the main activities planned are as follows:

1. Efforts to improve prevention receive support and are strengthened

- ▶ **Helping to reduce sexual transmission of HIV and of other STI among young people aged from 15 to 24 both in and outside school:**

Helping to improve communication tools to change behaviour (training trainers, production of guidelines, coordination of activities); documentation and dissemination of strategic national and international information; helping to ensure HIV/STI prevention is an integral part of vocational training programmes for young people not attending school (design of training modules, training for trainers, organization of events); development of ad-hoc information programmes (production of tools and campaigns, radio/TV programmes, peer counsellors and support and counselling services).

2. Civil society (including networks of people living with HIV) is better equipped to contribute to an enhanced national response

- ▶ **Capacity building for the benefit of the coordinating group and of ARCAD-Sida (an NGO collective) at the central and decentralized levels:**

Training in advocacy techniques and resource mobilization; training in project design development and management; training for trainers in counselling and in nutritional and psychosocial case management of OVC and young people with HIV; training for community intermediaries; helping intermediaries to perform their local awareness-raising activities, etc.

- ▶ **Capacity-building for the benefit of members of the Network of People living with HIV and of its decentralized outposts:**

Training in project design, development and management; training for community intermediaries, in particular on nutrition and HIV and management of food stocks.

3. Help and support with putting into practice the “Three Ones” and the recommendations of GTT to “make the money work”

- ▶ **Strengthening and providing support for coordination at the national level:**

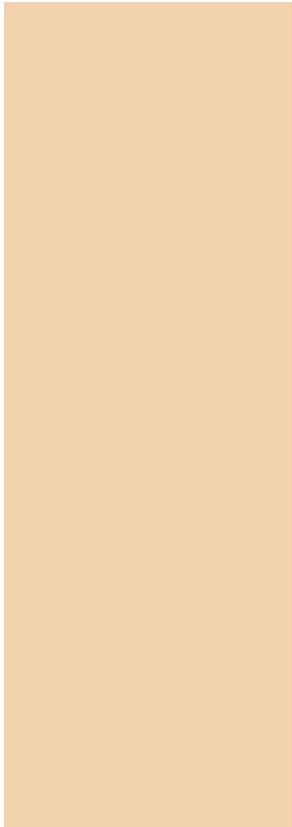
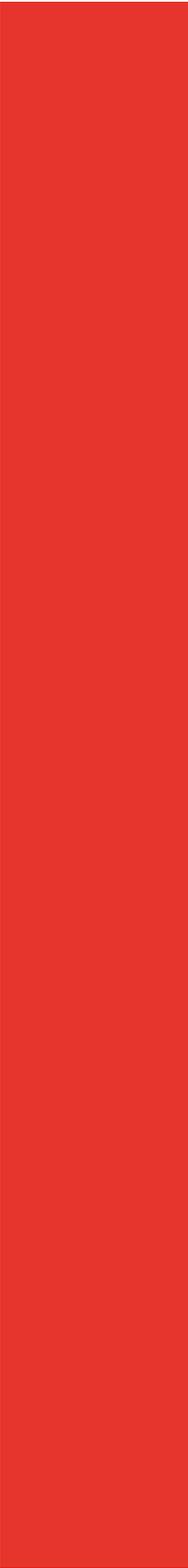
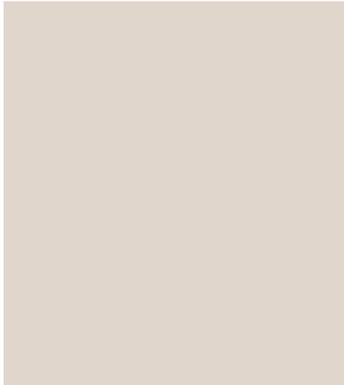
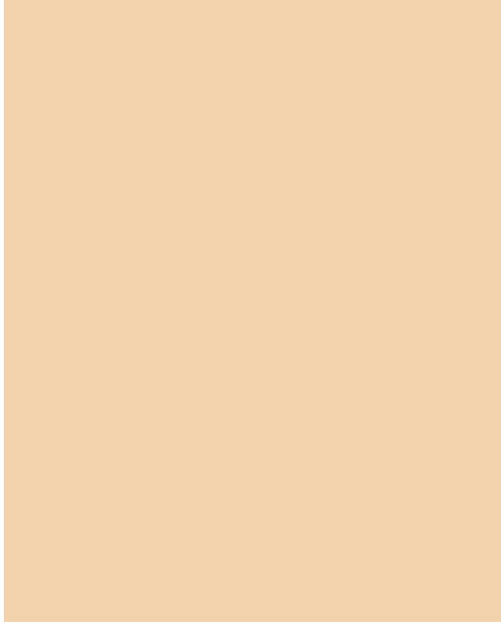
Building up the institutional capacity of the Regional AIDS Control Committees; training/retraining for actors at the central and decentralized levels on leadership, advocacy and resource mobilization; Help with mapping actions by the different actors and annual updating; assistance in running the national partners’ forum and regional forums; assistance with the organization of meetings of the national and regional councils (annually).

► **Strengthening the national monitoring-evaluation system and the monitoring-evaluation skills of civil society and of the private sector:**

Support for training/retraining of actors at the central level on standardized data-collection tools; assistance, at the central and decentralized levels, with training for civil society and for the private sector on the manual on monitoring-evaluation; Organization at the decentralized level of supervisory activities on monitoring-evaluation mechanisms.

3.2 THREE-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Efforts to improve prevention are supported and strengthened to achieve Universal Access, and in particular prevention among young people	Helping to improve communication tools to change behaviour among young people attending school	110 000
	Helping to ensure HIV/STI prevention is an integral part of vocational training programmes for young people not attending school; development of ad-hoc information programmes	250 000
	Documentation and dissemination of strategic national and international information	60 000
2. Civil society is better armed to contribute to an enhanced national response	Capacity building for the benefit of the coordinating group and of ARCAD-Sida (an NGO collective) at the central and decentralized levels	160 000
	Capacity building for the benefit of members of the Network of People living with HIV and of its decentralized outposts	40 000
3. Support and assistance with putting into practice the “Three Ones” and the recommendations of GTT to “make the money work” thanks to effective coordination	Assistance in running the national partners’ forum and regional forums	50 000
	Building up the institutional capacity of the Regional AIDS Control Committees	100 000
	Training/retraining for actors at the central and decentralized levels on leadership, advocacy and resource mobilization	30 000
	Helping to map actions by the different actors and annual updating	100 000
	Helping to organize meetings of the national and regional councils	120 000
4. The monitoring-evaluation system is strengthened and actors possess the necessary skills and tools to put it into practice	Assistance, at the central and decentralized levels, with training for civil society and for the private sector on the manual on monitoring-evaluation	50 000
	Organization at the decentralized level of supervisory activities on monitoring-evaluation mechanisms	140 000
Monitoring-evaluation of activities		85 000
Sub-Total		1 295 000
Programme support costs		91 000
TOTAL		1 386 000



PROPOSAL BY NIGER



BACKGROUND DATA

Total population
13 300 000⁷²

Annual population growth rate
3.3%

Life expectancy at birth
55,8 years in 2005

Adult literacy rate (+ 15 years)
28.7% en 2005

Gross per capita income
GDP US\$ 284

Public expenditure on health (% of GDP)
2.2% in 2004

Human development index
0.374 (174th out of 177) in 2004

Nationwide HIV prevalence (15-49 years)
0,7%⁷³

THREE-YEAR BUDGET

963 000 (US\$)

⁷² All the data in the table are taken from the Human Development Report 2007/2008; UNDP.

⁷³ EDSN-MICS III data from 2003.

1 Country situation analysis

Two thirds of the total surface of the Niger (1 267 000 km²), which lie within the Sahel region, are desert. Although one of the world's poorest countries, the Niger is potentially rich on account of its mining sector which extracts important minerals (uranium, gold, phosphate, cassiterite, gypsum, natron, etc.) on both an industrial and small scale, and because of important deposits of iron, phosphate and salt, and its exports of uranium which have risen considerably since 2004.

Nevertheless, for the 83% of the population who live in rural areas, the very short harvest period and the rampant poverty encourage the exodus of young people (47.6% of the population are less than 15 years old, and 28.59% aged between 10 and 24) to the large towns.

Moreover, intense internal migration to the mining areas together with external migration to other countries in the sub-region and the country's position as a crossroads for migration to countries in the North via the Maghreb, have created favourable conditions for the sex trade.

The huge disparities between men and women, against a background of a low level of education among the population, account for the low level of school attendance by girls, the low level of literacy among women and their low purchasing power together with the strong influence of social and cultural customs and of certain social and cultural practices (levirate/sororate, early/often forced marriage of girls etc.).

Since the end of 1999, following a decade of social and political instability and the deterioration of the economic situation, the Niger, which ranks among the world's poorest countries, has adopted a democratic system of government and a poverty reduction strategy paper (PRSP) within the framework of a strategy of accelerated development and poverty reduction for the period 2008-2012.

Situation of the HIV epidemic and the national response

The HIV epidemic is concentrated; prevalence among the population at large is quite low (0.8%) and unevenly distributed across the territory (from 1.7% to 0.3%); the level is high among sex workers (38.42%) and on the rise among the defence and security forces.

The rate of voluntary anonymous screening is still low: 2.4% of men and women aged from 15 to 49 took a voluntary test during the previous twelve months and know the result.

Research and surveillance point to the existence of risks that call for strong action: infections are increasing among young men and women. Already, 1.3% of women aged from 15 to 24 years are infected with HIV. At the end of 2006 an estimated 59 527 people were living with HIV, including 17 424 women aged over 15 and 3 220 children, while the number of children made orphans by HIV was 25 172.

The burden on existing health facilities is increasing. In 2007, only 16.5% of the HIV-infected adults and children requiring antiretroviral treatment were receiving it. Moreover, only 46.6% of these were still receiving treatment 12 months after the start of antiretroviral treatment.

As regards reducing the risk of mother-to-child transmission, only 4.0% of HIV-infected pregnant women were administered ARV during the previous 12 months. Moreover, only 1.5% of seropositive TB patients received treatment for TB and HIV.

As far as the factors driving the epidemic are concerned, the persistence of early and frequently forced marriages accounts for the fact that a high proportion of young women between the ages of 15 and 24 years (39.4%) have had sexual relations before the age of 15, in comparison with only 8.2% of young men in the same age group.

Only 8.1% of schools provided education on HIV in 2007; the level of sex education is very low, and the weight of taboos means that a large number of young people fail to protect themselves against STI. Only 14% of the young people aged from 15 to 24 who were interviewed gave correct answers to a set of five simple questions about HIV prevention.

Last of all, only 8.2% of men and women between the ages of 15 and 49 who had more than one sexual partner during the last 12 months said that they used a condom for their most recent sexual relation.

With the support of its technical and financial partners, the Niger is committed to achieving universal access. By means of a multisectoral response framework which is coordinated by the National AIDS Control Committee, and which relies on local-government entities as well as being rooted within communities and actively supported by all the actors concerned, Niger is ensuring, thanks to decentralization, the large-scale intensification and extension of programmes to promote prevention, treatment and social and economic assistance for people living with HIV as well as organizing the control effort.

Financial resources

Financial resources for the National Strategic Plan 2007-2010 are currently being estimated. It should be mentioned that in addition to the funds earmarked in the national budget, the World Bank contributes US\$ 25 million, the Global Fund US\$ 11.98 million, while other contributions are provided by bilateral cooperation (France, Belgium, and Germany), the United Nations system and international NGOs (the French Red Cross, Care).

2 Role and activities of UNAIDS in supporting national response

The arrival of a UNAIDS Country Coordinator in 2007 should make it possible better to harmonize interventions by agencies of the United Nations system thanks to common programming which is more closely aligned on the choices of the National Strategy Framework. The office has, or will support:

- ▶ National consultations on universal access and the definition of objectives;
- ▶ The strategic (National Strategy Framework 2008-2012) and operational planning process and its budgeting.
- ▶ Preparation of the first UNGASS report, measuring the progress made by the Niger against the declaration made by it in 2001;
- ▶ Development of a single framework for monitoring-evaluation;
- ▶ Development of mechanisms to improve understanding of the epidemic in the Niger;
- ▶ Capacity-building for the benefit of civil society organizations, including organizations of people living with HIV followed by their involvement in the national response to HIV;
- ▶ Establishment of a joint United Nations team on HIV, comprising:
 - An inventory of the United Nations system resources available for the response to HIV;
 - Task sharing among the agencies for the response to HIV;
 - A joint programme in support of the national response.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

1. Help and support with putting into practice the “Three Ones” and the recommendations of GTT to “make the money work”

- ▶ Help in setting up and running the national partners’ forum and regional forums;
- ▶ Organization of a joint annual review of the response at the regional and national levels, including the application of CHAT;
- ▶ Support for the organization of twice-yearly meetings of the national council and of the regional councils.

2. Civil society (including networks of people living with HIV) is better equipped for advocacy, resource-mobilization and management to contribute to an enhanced national response

- ▶ Organization of training sessions for national and regional trainers on capacity-building for leaders of civil society:
A national training workshop for trainers involving 24 participants from the eight regions (networking, resource-mobilization, advocacy, strategic planning, management, report writing, speeding up the introduction of universal access, the “Three Ones”, recommendations by the Global Task Team (GTT), international tools and guidelines on prevention/treatment/care); 8 regional workshops to leverage capacities.
- ▶ Support for AFRICASO, within the framework of the UNAIDS/AFRICASO agreement (which is already yielding valuable results), in support of greater professionalization of NGOs in respect of AIDS: payment of fees and the costs of local interventions

3. The response to HIV in the Niger is adapted to a better understanding of the situation among high-risk groups: men who have sex with men, migrants to the Maghreb and Europe and injecting drug users.

- ▶ The situation of men who have sex with men, of migrants to the Maghreb and Europe and of injecting drug users is studied;
- ▶ A visit is made to a model project in the subregion;
- ▶ Actions on behalf of these target groups are defined, if appropriate.

4. Information on the law on HIV is made available throughout the country

- ▶ Implementation of the law via enabling legislation;
- ▶ Helping civil society organizations (parliamentarians, NGOs etc.) to spread information on the law.

5. Each department has defined a package of measures in respect of HIV

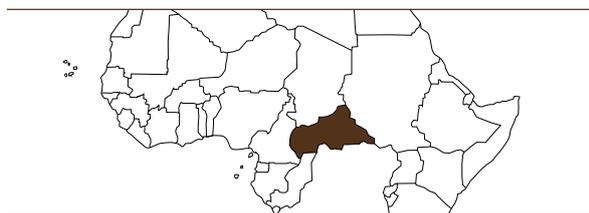
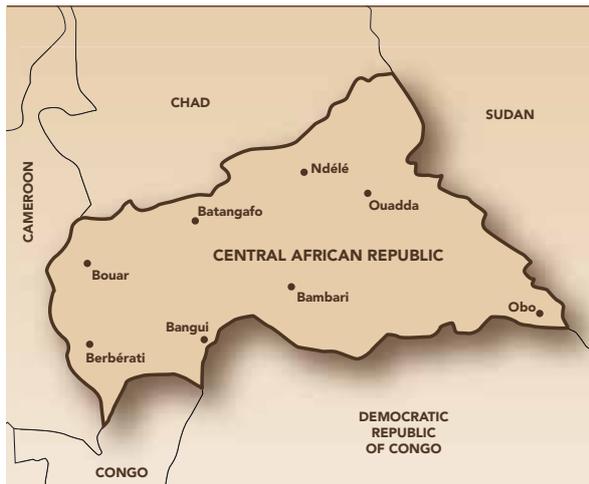
- ▶ Training for officials in 21 departments followed by definition of a comprehensive package of measures on HIV by 21 departments.

3.2 THREE-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Civil society is better equipped for advocacy and resource mobilization and management	Training national trainers	20 000
	Cascade training for trainers at the regional level	40 000
	Support for AFRICASO	40 000
2. Help and support with putting into practice the Three Ones and the recommendations of GTT to “make the money work”	Support for the organization of the national partners’ forum and of the regional fora	162 000
	Support for the joint review of the response at the national and regional levels including application of CHAT	60 000
	Support for the twice-yearly organization of the national council and of the regional councils	162 000
3. The response to HIV in the Niger is adapted to a better understanding of the situation among high-risk groups: MSM, migrants to the Maghreb and Europe and injectable drug users	Support for analysis of the situation of the highest-risk groups: MSM, migrants to the Maghreb and to Europe and injectable drug users	50 000
	Visit to a model project in the subregion	15 000
	Definition of actions on behalf of these groups if appropriate	50 000
4. Dissemination of the law on HIV throughout the country	Implementation of the law via enabling legislation	30 000
	Dissemination of information on the law on HIV	60 000
5. Each department has determined a package of measures in respect of HIV	Officials from the 21 departments have been trained on the response to HIV	63 000
	21 departments define a comprehensive package of measures in respect of HIV	105 000
Monitoring and evaluation of activities		43 000
Sub-Total		900 000
Programme support costs		63 000
TOTAL		963 000



PROPOSAL BY THE CENTRAL AFRICAN REPUBLIC



BACKGROUND DATA

Total population

4 216 664 in 2007 (RGPH⁷⁴ 2003)

Annual population growth rate

2.5% (RGPH 2003)

Life expectancy at birth

39.1 (DHD⁷⁵ CAR 2006)

Adult literacy rate (+ 15 years)

48.6% in 2004 (HDR,⁷⁶ UNDP 2006)

Gross per capita income

350 US\$ in 2005 (SOWC⁷⁷ 2007, UNICEF)

Public expenditure on health (% of GDP)

1.5% in 2003 (HDR, UNDP 2006)

Human development index

0.353 (172nd out of 177 in 2004) (HDR 2006)

Nationwide HIV prevalence (15-49 years)

10.7% in 2005 (UNAIDS 2006)

6.2% in 2006 (MICS III)

TWO-YEAR BUDGET

642 000 (US\$)

⁷⁴ General population and housing census.

⁷⁵ UNDP, national report on sustainable human development.

⁷⁶ UNDP, Human Development Report.

⁷⁷ The State of the World's Children, annual report by UNICEF.

1 Country situation analysis

The population of the Central African Republic, who live on a territory covering 623 000 km², is essentially rural (62.1% in 2006).

For more than ten years, the country was beset by recurrent political and military crises. Peace agreements between the Government and the two armed groups operating in the north of the country and the first steps towards a tentative dialogue hold out hope of the restoration of an environment conducive to development. In turn, the renewed dialogue with the international community has enabled the country to obtain a partial reduction of its debt (USA) and a commitment by partners to implement the poverty reduction strategy and the HIV control strategy.

The Central African republic is one of the countries with the lowest human development indices; in 2004 it was ranked 172nd out of 177 countries with an index of 0.353. Some 84% of the population live on less than US\$ 2 per day. The economic difficulties besetting the country have hampered the population's access to health, education and water.

Situation of the HIV epidemic and the national response

The Central African Republic is the west African country most affected by HIV, even though prevalence is declining (from 10.7% in 2005 according to UNAIDS(2006) to 6.3% in 2006 according to the MICS III survey).

According to the most recent of these surveys, women (7.8%) are far more vulnerable to the infection than men (4.3%) and prevalence is twice as high in urban (8,3%) than in rural areas (4.7%).

In 2005⁷⁸, 250 000 people were living with HIV; HIV was responsible for 24 000 deaths among children and adults; 140 000 children aged under 17 years were children made orphan by AIDS. Prevalence of HIV among pregnant women in Bangui (the capital) varied from 7% to 21% from one district to another, while between provinces it varied from 4% to 28%.

Since 2005, the Government of the Central African Republic has developed a new National Strategy Framework 2006-2010 (CSN) which takes its inspiration from the Poverty Reduction Strategy Paper (PRSP), the economic policy framework, national policy for the advancement of women and from the national policy for equity and equality between men and women. **The main strategic thrusts are the following:**

- ▶ Stepping up prevention to stabilize and then reduce prevalence of HIV infection;
- ▶ Improving comprehensive case management of infected persons living with HIV;
- ▶ Promoting an environment which fosters the multisectoral approach as well as better management, monitoring-evaluation and coordination of HIV response measures.

⁷⁸ UNAIDS report 2006.

However, the country is facing huge difficulties in effectively responding to the widespread HIV epidemic. The main reasons for this are the following:

- ▶ At the national level, problems of leadership of the programme and weak coordination of monitoring-evaluation;
- ▶ The persistence of stigmatization of and discrimination against people living with HIV;
- ▶ The plethora of actors from NGOs, civil society and communities with limited capacity for planning and management and scant coordination;
- ▶ The armed rebellion, which hampers the implementation of national plans to provide a response to HIV;
- ▶ Poor resource mobilization from financial partners to provide a response to HIV.

Financial resources

The National Strategy Framework for AIDS control has an estimated budget of CFAF 71.5 billion, i.e. US\$ 150 million. The Government of the Republic contributes some US\$ 7 million. In 2006, the financial resources mobilized amounted to almost US\$ 15 million, 4.25% of which came from the State, 1.8% from the private sector and 94% from international donors: United Nations agencies (UNDP, UNFPA, UNICEF, WHO, WFP, UNHCR) for institutional capacity-building, prevention, treatment and care, including support for case management of orphans and the country's displaced persons; the World bank, in support of coordination and testing facilities; the African Development Bank, through the subregional IFCOG project; the European Union; bilateral cooperation (AFD, KFW) and international NGOs (French Red Cross, PSI, ESTHER). The funding shortfall justified the submission of an application to the Round 7 of the Global Fund, which was approved for an amount of US\$ 44 999 000.

The following funding proposal describes the activities that will help remove the first three of the obstacles mentioned above.

2 Role and activities of UNAIDS in supporting national response

Actions, which are undertaken in accordance with the general role and functions of UNAIDS in the country, provide support for the implementation of the National Strategy Framework for control of HIV/AIDS 2006-2010, on the basis of the United Nations Development Assistance Framework (UNDAF).⁷⁹ They include the following:

- ▶ Coordination of harmonization and alignment within the context of the recommendations made by the Global Task Team (GTT);
- ▶ Technical advice for national agencies as part of the preparatory process for applications to Round 7 of the Global Fund;
- ▶ Technical advice on the implementation of the “Three Ones”, documentation on the implementation of the “Three Ones” together with a plan for strengthening actions to ensure compliance with these principles;
- ▶ Assistance with capacity-building for the technical secretariat of the National AIDS Control Committee (ST/CNLS) and for the Ministry of Health for monitoring-evaluation (training in the use of CRIS⁸⁰ software in 2005) and for the introduction of management methods, of the log frame and of the monitoring-evaluation tool;
- ▶ Mapping of actors/operators and of actions in response to HIV, to permit the development of a coordinated and coherent response;
- ▶ Assistance in carrying out a multiple indicator cluster survey (MICS III), which for the first time included HIV status.

⁷⁹ United Nations Development Assistance Framework.

⁸⁰ Country Response Information System.

3 Funding proposal

This proposal is a contribution to the implementation of the support from the Joint United Nations Programme for the national response to HIV. Its objective is to help reduce transmission and the impact of HIV and to ensure greater and sustained national ownership of the response to the epidemic.

3.1 ACTIVITIES TO BE FUNDED

The expected outcomes and the main activities planned are as follows:

1. Provision of support and assistance for the effective implementation of the “Three Ones” at the central and decentralized levels

- ▶ **Technical and financial support for the development and monitoring of budgeted operational plans for the implementation of the National Strategy Framework (NSF):**
Workshop to develop budgeted plans and supervisory rounds.
- ▶ **Development and monitoring of the national plan for monitoring-evaluation:**
Making CRIS operational; technical support to improve the performance of the decentralized monitoring and evaluation agencies; help in producing national reports; workshop to validate the national plan; training and supervision of the teams in the prefectures; half-yearly and annual reviews of the plan.
- ▶ **Support for national coordination and for capacity-building for the benefit of the decentralized coordination and monitoring-evaluation agencies:**
Training sessions on the use of the manuals/handbooks on coordination and on monitoring-evaluation.

2. Support for more robust partnerships with the public and private sectors and with civil society

- ▶ **Strengthening mechanisms to ensure consultation/coordination among these different groups:**
Quarterly national consultation/coordination meetings; contribution to the General Assembly of CNLS, contribution to World AIDS Day.
- ▶ **Support for the development of alliances to provide a response to HIV:**
Support for the activities of networks of civil society associations and organizations, of people living with HIV and of media and private-sector associations in respect of advocacy, awareness-raising, prevention and case-management (workshops to raise awareness).
- ▶ **Support for capacity-building for the benefit of NGOs working with people living with HIV and orphans and other vulnerable children:**
Training sessions for members of NGOs involved in these activities.

3. Provision of support for focusing, implementing and monitoring actions at the national level designed to ensure universal access

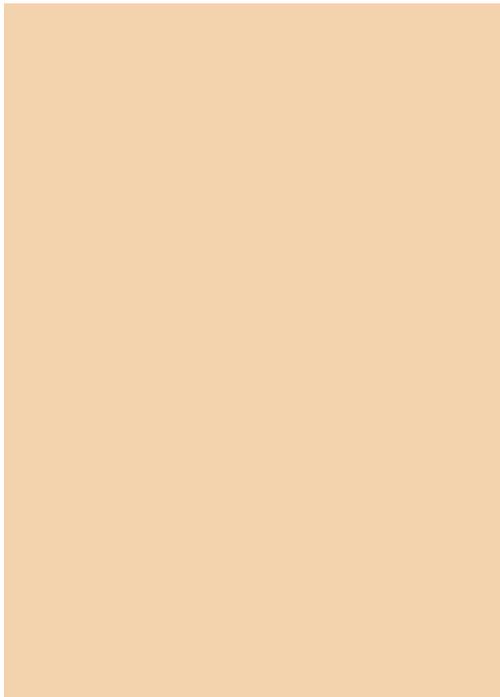
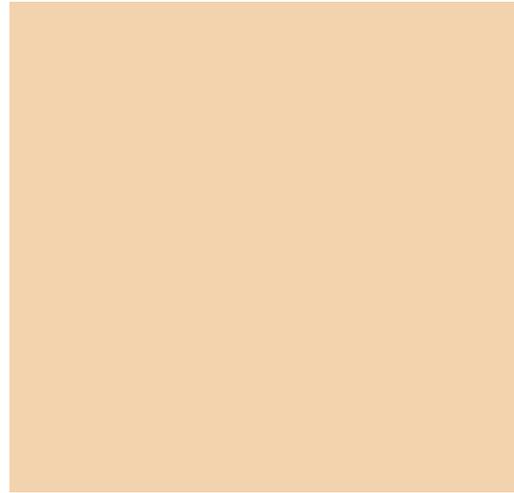
- ▶ **Helping to strengthen voluntary testing and counselling and screening (VCT) in health facilities and communities, including those attending refugees and internally displaced persons:**
Workshop to review guidelines on the integration of VCT; training for actors in communities of refugees and internally displaced persons to improve awareness among these populations.
- ▶ **Helping to improve national capacity for HIV surveillance through sentinel sites:**
Joint supervisory rounds of prefectural technical teams and district management teams by the Ministry of Health and Population⁸¹ and by the technical secretariat of the National AIDS Control Committee.⁸²
- ▶ **Technical and financial support for CNLS to disseminate the findings of the survey on HIV status:**
National workshop to disseminate the results.

⁸¹ Directorate-General for the Population and for control of STI and AIDS.

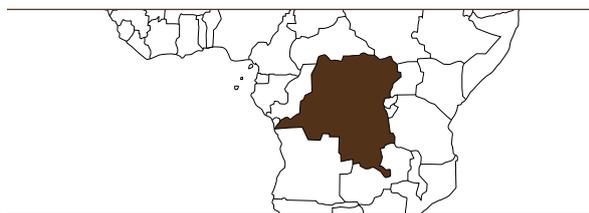
⁸² Epidemiology and public health unit.

3.2 TWO-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Provision of support and assistance for the effective implementation of the "Three Ones"	Technical and financial support for the development and monitoring of implementation of budgeted operational plans of the National Strategy Framework	60 000
	Development and monitoring of the national plan for monitoring-evaluation, including bringing CRIS into operation	85 000
	Support for national coordination and for capacity-building for the decentralized coordination and monitoring-evaluation agencies	90 000
2. Partnerships with the UN system, the public and private sectors and with civil society are encouraged and strengthened	Strengthening mechanisms to ensure consultation/coordination among the Government, the United Nations system and civil society	50 000
	Support for the development of alliances to provide a response to HIV	30 000
	Support for capacity-building for NGOs working with orphans and people living with HIV	60 000
3. Support for focusing, implementing and monitoring actions at the national level designed to ensure universal access.	Technical and financial support for the review and integration of targets for universal access into operational plans	30 000
	Helping to strengthen voluntary counselling and screening (VCT) in health facilities and communities, including those attending refugees and internally displaced persons	80 000
	Helping to improve national capacity for HIV surveillance	40 000
	Helping CNLS to disseminate the findings of the survey on HIV status	30 000
Monitoring-evaluation of activities		40 000
Sub-Total		600 000
Programme support costs		42 000
TOTAL		642 000



PROPOSAL BY THE DEMOCRATIC REPUBLIC OF THE CONGO



BACKGROUND DATA

Total population
61 567 476 (PEV⁸³ 2006)

Annual population growth rate
3% (2004-2015 forecast, HDR, UNDP 2006)

Life expectancy at birth
43.5 in 2004 (HDR, UNDP 2006)

Adult literacy rate (+ 15 years)
67.2% in 2004 (HDR, UNDP 2006)

Gross per capita income
155 US\$ (National Institute of Statistics, 2005)

Public expenditure on health (% of GDP)
0.7% in 2003 (HDR, UNDP 2006)

Human development index
0.391 (167th out of 177 in 2004) (UNDP 2006)

Nationwide HIV prevalence (15-49 years)
4.5% (from 1.7% to 7%) (PNMLS 2005)

THREE-YEAR BUDGET

1 798 000 (US\$)

⁸³ Expanded Programme on Immunization.

1 Country situation analysis

Its huge area (2 345 000 km²), enormous wealth (essentially mineral and agricultural) and large population (of more than 61 million inhabitants belonging to over 500 ethnic groups), make the Democratic Republic of the Congo (DRC) one of Africa's giants.

For more than 10 years, the Democratic Republic of the Congo has been beset by a series of armed conflicts that have plunged the country into an unprecedented humanitarian crisis in which more than 4 million people have died, life expectancy has fallen by ten years and some 1.6 million people have been displaced; the estimated number of recent returnees (refugees and displaced persons) is 1.7 million. The development effort has been reduced to nought.

From the political angle, democratic institutions were set up in 2006 after the organization of presidential, legislative and senatorial elections.

The country is beset by extreme poverty and deep social inequalities. For example, despite the resumption of economic growth which rose from 2.1% in 2001 to 6.8% in 2004, in the last five years, 70% of the population live below the poverty threshold. In combination with the harmful effects of the fighting and population displacement, the population's extreme poverty has transformed the country into a fertile breeding ground for the spread of the HIV epidemic.

This is aggravated by the fact that with the restoration of peace and the resumption of social and economic activity, the opening of the borders with neighbouring countries in which HIV prevalence is higher has paved the way for an explosion of the epidemic in the absence of a robust response to control the factors driving it.

Situation of the HIV epidemic and the national response

General HIV prevalence among the adult population estimated by sentinel surveillance as 4.1%, differs from the 1.3% estimate produced by the survey of population and health published in early 2008. As a result, prevalence will be revised downwards, all the more so because data on the trend from sentinel surveillance covering several years point to a stabilization of the epidemic.

According to the UNGASS 2007 report, HIV prevalence in the country is estimated to be 3.6% among 15-24 year olds (and 4.1% among adults). In rural areas, it was 4.4% in 2005. Among the highest-risk groups, it is estimated to be 12.2%. The main driving forces behind the epidemic are the widespread poverty, sexual violence in conflict zones, stigmatization and discrimination towards people living with HIV and a deterioration of technical resources together with poor access to information.

In order to address these challenges, the country has drawn up and adopted a growth and Poverty Reduction Strategy Paper, one of whose five pillars is HIV control. This strategy is backed by bi- and multilateral partners who are committed to supporting its harmonized implementation through the Country Assistance Framework (CAF). The response to HIV is an essential component of the Government's programme of priority actions for 2007-2008. The following targets have been identified:

- ▶ An 80% reduction in new HIV infections by 2010;
- ▶ Gradually to ensure by 2010 medical and community case-management of 69% of people living with HIV;
- ▶ To provide 70% of HIV-positive women and their children access to PMTCT services by 2010;
- ▶ By 2010, gradually to ensure protection, support and socioeconomic case-management for 40% of orphans, people living with HIV and affected persons identified.

Financial resources

Requirements for the implementation of the road map through the Country Assistance Framework have been estimated at over one billion United States dollars. The shortfall is currently some US\$ 750 million. The state of the resources available for the next three years is summarized United Nations system: US\$ 169 million, Global Fund: US\$ 151 million, MAP: US\$ 65 million and bilateral donors (DFID, Germany, Spain, Belgium, USA): US\$ 105 million. Making efficient use of these resources is one of the main challenges that have to be taken up.

2 Role and activities of UNAIDS in supporting national response

Those activities to which the office has assigned priority reflect the institutional priorities of UNAIDS, bearing in mind the specific post-conflict situation in the Democratic Republic of the Congo, characterized by the persistence of security concerns and humanitarian crises. Since January 2006, the support has been designed to speed up progress towards universal access. The main achievements are described below:

1. Support to speed up universal access

- ▶ Support for advocacy at the highest level, with the following results:
 - Helping to design the road map and the plan for its implementation
 - Launch of the children and HIV campaign, under the sponsorship of the First Lady
 - Declaration of commitment by the Head of State during the African campaign to speed up prevention
 - Adoption by parliament of a law offering protection for people living with HIV;
- ▶ Strengthening action in respect of HIV in humanitarian crisis situations:
 - Inventory of humanitarian actors and interventions in post-conflict areas
 - Introduction of coordination mechanisms and mechanisms for the integration of HIV into interventions in emergency situations
 - Adaptation of the module and training guide on interventions in respect of HIV in emergency situations
 - Training humanitarian operators in the field;
- ▶ Helping to achieve greater involvement of and assignment of responsibility to people living with HIV:
 - Establishment of a single national platform with a broad provincial basis and a democratically elected bureau
 - Development of a strategic plan to steer actions and resource mobilization
 - Organization of a fair and a march by people living with HIV (1st December);
- ▶ Dissemination of strategic international information to improve knowledge of the HIV epidemic
 - Dissemination of UNAIDS publications and of “Best Practices”.
 - Launch, on 1 December, of the nationwide campaign “Get to know your epidemic and the response to it”;
- ▶ Civil society capacity-building:
 - Assistance in organizing a workshop to strengthen coordination and review the road map
 - Promoting the establishment of partnerships with international civil society (AFRICASO, Alliance Internationale)
 - Lobbying partners (Global Fund, MAP, GTZ and the NGO CORDAID) on behalf of increased allocation of resources.

2. Helping to implement and monitor the recommendations of the Global Task Team on AIDS: “Make the money work”

- ▶ Strengthening national leadership and ownership by:
 - Revitalizing the National Multi-sector AIDS Control Committee (CNMLS) and adopting rules of procedure for it;
 - Setting up a partners’ forum, chaired by the Minister of health, the Chair of CNMLS;
- ▶ Alignment and harmonization:
 - Signature in 2006 and application of a memorandum of understanding between the Global Fund and MAP/World Bank
 - Appropriating and implementing the Country Harmonization and Alignment Tool (CHAT)
 - Development of a harmonized technical assistance tool;
- ▶ Multilateral reform: Establishment of the Joint United Nations Team on HIV/AIDS which has:
 - Produced an inventory of the resources available within the United Nations system to respond to AIDS;
 - Shared out tasks for the response to AIDS among the agencies;
 - Drawn up a joint programme in support of the national response together with several joint projects (transport sector, governance, integration of HIV into disarmament, demobilization and reintegration (DDR) projects);
- ▶ Accountability: enhancing the technical capacity for monitoring, through the introduction of tools, and in particular of:
 - A system for tracking HIV-related funding and expenditure
 - A national framework for monitoring-evaluation.

3 Funding proposal

3.1 ACTIVITIES TO BE FUNDED

The expected outcomes and the main activities planned are as follows:

1. Targets are selected, the tools made available and experience relating to universal access, and in particular prevention, set down

- ▶ Helping to select targets for speeding up progress towards universal access in the provinces:
 - Provincial consultative meetings in 11 provinces (50 people each at two-day consultative meeting).
- ▶ Making international preventive tools widely available in the provinces:
 - 11 workshops to provide actors with training on preventive tools (50 actors per province), and mainstreaming the gender dimension.

► **Documentation and dissemination of strategic national information/dissemination of strategic international information:**

Two-month international consultation, 11 national consultants per province for three months; training workshop for national consultants (refreshing knowledge of UNAIDS tools and guidelines, methodology for describing examples of best practices); during three years, an annual national conference of actors in preparation for the international conferences; dissemination of documents.

2. Civil society (including networks of associations of people living with HIV) is better armed for advocacy and resource mobilization and management to contribute to an enhanced national response

► **Training trainers and replication at the provincial level:**

National workshop for training trainers (30 participants from the 11 provinces): capacity-building for leaders on networking, resource mobilization, advocacy, strategic planning, management and report writing. These will be supplemented by accelerating progress towards universal access, the "Three Ones," the recommendations of the Global Task Team (GTT) and international tools and guidelines on prevention, treatment and care; 11 provincial workshops to replicate these skills at the decentralized level.

► **Support for AFRICASO⁸⁴ within the framework of the agreement between UNAIDS and AFRICASO (which is already in place and is yielding satisfactory results).**

Advisory support; technical support for professionalizing coordination on AIDS among NGOS.

3. Help and support with putting into practice the "Three Ones" and the recommendations of GTT to "make the money work"

► **Help in running the national partners' forum and the provincial forums;**

► **Support for the joint review of the response at the provincial and national levels, including application of CHAT;**

► **Helping to formulate provincial strategic plans;**

► **Helping to organize meetings of the National Council and of the provincial councils (one annual session).**

⁸⁴ African Council of AIDS Service Organizations: a network of NGOs, associations and groups of people living with HIV and of other local communities involved in HIV control in Africa.

3.2 THREE-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Targets are selected, the tools made available and experience relating to universal access, and in particular prevention, set down	Helping to select targets for speeding up progress towards universal access in the provinces	110 000
	Making international preventive tools widely available in the provinces	220 000
	Documentation and dissemination of strategic national information/dissemination of strategic international information, with the technical support of consultants	300 000
2. Civil society is better armed for advocacy and resource-mobilization and management	Training trainers and replication at the provincial level	160 000
	Support for AFRICASO with the technical support of consultants	40 000
3. Help and support with putting into practice the "Three Ones" and the recommendations of GTT to "make the money work"	Help in running the national partners' forum and the provincial fora	50 000
	Support for the joint review of the response at the provincial and national levels, including application of CHAT with technical support from consultants	100 000
	Helping to formulate provincial strategic plans with technical support from consultants	220 000
	Helping to organize meetings of the National Council and of the provincial councils (one annual session)	450 000
Monitoring-evaluation of activities		30 000
Sub-Total		1 680 000
Programme support costs		118 000
TOTAL		1 798 000



PROPOSAL BY CHAD



BACKGROUND DATA

Total population
9.8 million (DCAP⁸⁵, 2007)

Annual population growth rate
2.8% (HDR⁸⁶, UNDP 2007-2008)

Life expectancy at birth
50.4 (HDR, UNDP 2007-2008)

Adult literacy rate (+ 15 years)
25.7% in 2004 (HDR, UNDP 2007/2008)

Gross per capita income
1 427 US\$ (HDR, UNDP 2007/2008)

Public expenditure on health (% of GDP)
2.6% (HDR, UNDP 2007/2008)

Human development index
0.368; 170th out of 177 (HDR UNDP 2007/2008)

Nationwide HIV prevalence (15-49 years)
3.5% in 2007 (UNAIDS 2007)

TWO-YEAR BUDGET

802 000 (US\$)

⁸⁵ Forecast by the Directorate for Coordination of Population Activities (DCAP), Ministry for Economic Progress and Development.

⁸⁶ Human Development Report, UNDP, 2007/2008 (data for 2005, unless otherwise indicated).

1 Country situation analysis

Chad, a vast country of 1 284 000 km², which is home to 9.8 million people, has a strong tradition of both internal and external migration.

Despite the wealth of gold, uranium and oil in its subsoil, Chad is one of the world's poorest countries, and is handicapped in particular by its poor governance and unsuitable infrastructures. Its human development index of 0.368, puts it in 170th position out of 177 countries, while its poverty index is 56.9%. The GDP index too is low (0.444) although the development of oil resources holds the promise of fresh prospects for the country's development.

The country is in an extremely vulnerable situation. Access to basic services is already very limited in eastern Chad, and vital indicators are very low. The presence for more than four years of some 220 000 Sudanese refugees is an additional burden on the local resources and populations. In 2006, the humanitarian situation in the east worsened. At the beginning of 2007, fighting resumed between the rebels and government forces in border areas and led to incursions by the rebels into the capital in February 2008. These clashes, together with ethnic conflicts, have been responsible for repeated displacements of the civilian population. The number of persons seeking refuge in the vulnerable communities along the Sudanese border has increased twofold to more than 170 000.

Situation of the HIV epidemic and the national response

According to estimates by UNAIDS (2007), nationwide prevalence in Chad is approximately 3.5%; it is lower in rural areas (2.3%) but potentially explosive in towns (7%). Women are far more affected than men (4% and 2.6% respectively) within a given age group. In 2007, it was estimated that approximately 200 000⁸⁷ people were living with HIV, 14 000 of them under 15 years of age.

The epidemic is still spreading, especially through unprotected sexual relations and mother-to-child transmission.

The social and political unrest in the east and south, which is a major source of concern for the Government and aid organizations, has undermined the country's ability effectively to respond to the epidemic. Accordingly, the United Nations country team has stepped up coordination of its support, and has incorporated HIV into the humanitarian response, with a clear division of tasks between the agencies.

⁸⁷ Data from the national survey on HIV seroprevalence conducted in 2005.

In view of the circumstances, the response, which is organized through the National Strategy Plan 2007-2011, makes no provision for a reversal in the trend towards a worsening of the epidemic. The following targets have been set:

- ▶ Reduction of the level of seroprevalence among the population aged under 25 years, to below the present 5%;
- ▶ Reduction in mother-to-child transmission of HIV from 35% to under 20%;
- ▶ A 30% increase in life expectancy for people living with HIV;
- ▶ An increase from 1% to 10% in the proportion of children orphaned by AIDS (up to the age of 18 years). who are integrated into society.

Implementation of an effective response is hampered by numerous challenges and obstacles, among them:

- ▶ Persistent stigmatization and discrimination against people living with HIV;
- ▶ Unequal access for men and women to services and reluctance to seek treatment;
- ▶ The lack of a decentralized national response to HIV;
- ▶ The shortage of funding to attain the goals of universal access;
- ▶ Weak national capacity to monitor and evaluate the national response to HIV.

Financial resources

In Chad, in 2006-2007 the effort to control HIV was funded by the national budget (26%), the World Bank (33%), the United Nations system (16%), the Global Fund (14%), and bilateral partners (11%) (the European Union, France, GTZ and the United States).

Estimated funding requirements for the 2008-2011 three-year plan exceed CFAF 20 billion, i.e. some US\$ 40 million. The grant from the Global Fund, which covers approximately 80% of the budget, provides a fresh opportunity for a more comprehensive strategic response, with enhanced governmental and civil society capacity and continued support for private-sector initiatives. The budget shortfall has still to be made up by the State and its development partners.

2 Role and activities of UNAIDS in supporting national response

The main task of the UNAIDS country office is to foster joint action by the United Nations and to ensure it provides the best possible support to the national response effort; however, it is also responsible for strengthening links between the United Nations system (UNS), the Government, civil society, people living with HIV and the other development partners. **Activities already carried out include:**

- ▶ As part of its participation in the joint United Nations team: inter alia, contributing to the CCA/ UNDAF⁸⁸ process; development of the HIV component within the joint plan of the United Nations system; playing a leading role in ensuring the operation and coordination of the United Nations Theme Group on HIV/AIDS and of the joint United Nations Team on AIDS; playing a leading role in providing support for the implementation of the joint United Nations plan of action for refugees and the local population in eastern and southern Chad;
- ▶ Helping to implement the “Three Ones”, in which UNAIDS has played a key role. The National Strategy Framework 2006-2010 and the Multi-sector Plan 2006-2008 have been prepared and validated. There are HIV focal points in ten ministries, which have also developed, with the financial support of the World Bank, a plan of action;
- ▶ Helping to ensure progress towards universal access to HIV services;
- ▶ Supporting and strengthening the capacity of civil society networks, and in particular the Chadian National Network of Associations of People Living with HIV (RNTAP+) in order more deeply to involve them;
- ▶ Technical assistance in drawing up an application to the 7th Round of the Global Fund and in negotiating access to phase 2 of the 3rd Round;
- ▶ As part of the implementation of the multi-sector plan, various types of support have been provided: for example, technical support for the review of the National Strategy Frame and of the multi-sector plan for HIV control and for the drafting of the operational plan 2007-2011. This technical support centred on strengthening the strategic and operational planning system and on building up national planning and monitoring-evaluation capacity.

⁸⁸ Common Country Assessment/ United Nations Development Assistance Framework.

3 Funding proposal

This two-year proposal forms part of United Nations support for the National Strategy Framework 2006-2010. By developing efficacious and coordinated support for the national response, the United Nations system, through UNAIDS, seeks to help reduce the spread of HIV in Chad and to mitigate its impact.

3.1 ACTIVITIES TO BE FUNDED

The expected outcomes and the main activities planned are as follows:

1. Technical support: partners and civil society possess the necessary tools and skills for an enhanced response

- ▶ **Training and furthering the development of civil society organizations to develop their participation in the Global Fund and in other sources of funding for the national response:**

Organization of workshops at the national and district levels for community, women's and youth organizations and NGOs involved with people living with HIV: mobilization and management of HIV networks, challenges and potential solutions, collaboration and coordination, advocacy via networks, resource mobilization, implementation of joint projects and development of the role of civil society organizations in the national response. On completion of each workshop, the organizations will receive assistance in drawing up proposals for more suitable and effective projects for submission to the National AIDS Control Secretariat (SNLS) or to donors. Support will also be provided for annual general meetings and for exchange visits.

2. Development of and support for partnerships between the United Nations System, the public and private sectors and civil society

- ▶ **Establishment and development of a partners' forum including all stakeholders in the national response:**

Organization of two meetings between the main stakeholders to discuss the form and activities of the partners' forum; help in organizing twice-yearly meetings of the Forum (including an annual programme review). Any technical aspects addressed will be dealt with by the technical Theme Group on HIV.
- ▶ **Setting up an entrepreneurial council on HIV:**

Organization of meetings with directors-general and managers of the country's large and medium-sized firms to lobby on behalf of HIV. A steering committee will be established to draw up the article of association and guidelines of the entrepreneurial council and to organize its launch. Once it has been formed, the council will meet twice yearly to address questions concerning HIV in the Chadian private sector.

3. Monitoring-evaluation: better understanding, analysis and use of the activities carried out in the country

- ▶ **Setting up CRIS⁸⁹ nationwide and ensuring it is operational:**
Helping CNLS to train all staff responsible for monitoring-evaluation at the regional and district levels. The software will gradually be introduced and installed in all districts.
- ▶ **Identifying and documenting best practices to help scale up the national response:**
Provision of technical assistance to build up local capacity; training on how to identify and document best practices in existing projects.
- ▶ **Improving the capacity of focal points in Ministries to draw up budgeted work plans within the framework of CNLS: Training sessions.**

4. Integration of HIV into humanitarian activities

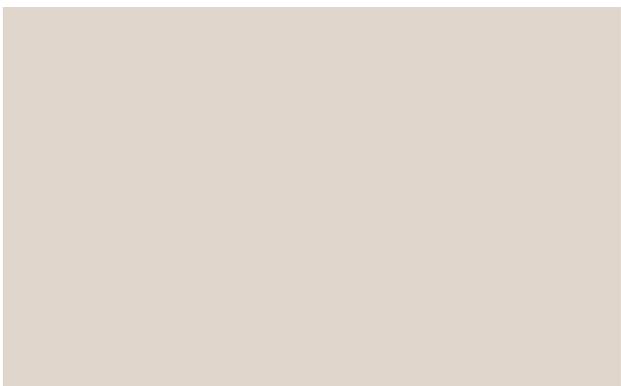
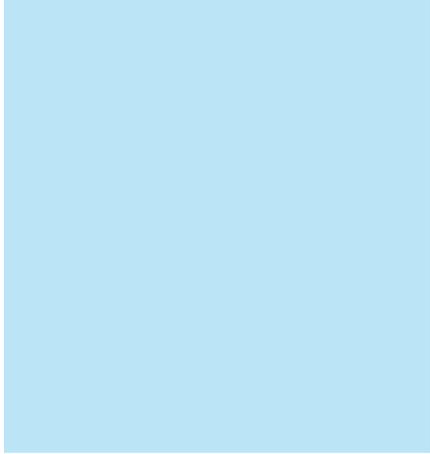
- **To enable the UNAIDS country office to provide the support necessary for these activities, a national programme manager and humanitarian adviser will be recruited:⁹⁰**
Improving the capacity of humanitarian actors and agencies to incorporate HIV within the humanitarian response and national development frameworks.

⁸⁹ Country Response Information System.

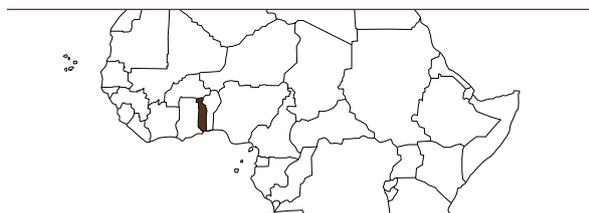
⁹⁰ All costs have been included in the activities in the budget shown below.

3.2 TWO-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Development of and support for partnerships between the United Nations System, the public and private sectors and civil society; better understanding, analysis and use of the activities carried out in the country	Improving the capacity of focal points in Ministries to draw up budgeted work plans within the framework of CNLS	80 000
	Setting up the country response information system (CRIS) nationwide and ensuring it is operational	50 000
	Identifying and documenting best practices	50 000
2. Partners and civil society possess the necessary tools and skills for an enhanced response	Training and furthering the development of civil society organizations to develop their participation in partnership, advocacy and dialogue for the national response	100 000
	Establishment and development of a partners' forum including all stakeholders in the national response	80 000
	Setting up an entrepreneurial council on HIV	40 000
3. Integration of HIV into the humanitarian response.	Improving the capacity of humanitarian actors and agencies to incorporate HIV within the humanitarian response and national development frameworks	300 000
Monitoring-evaluation of activities		50 000
Sub-Total		750 000
Programme support costs		52 000
TOTAL		802 000



PROPOSAL BY TOGO



BACKGROUND DATA⁹¹

Total population	6 200 000
Annual population growth rate	3.1%
Life expectancy at birth	49.8 years
Adult literacy rate (+ 15 years)	53.2%
Gross per capita income	350 US\$
Public expenditure on health (% of GDP)	1.1%
Human development index	0.512
Nationwide HIV prevalence (15-49 years)	3.2%

THREE-YEAR BUDGET

1 500 000 (US\$)

⁹¹ Source for the data in the table: HDR 2007 (UNDP).

1 Country situation analysis

Togo, which covers an area of 56 785 km², is made up of five regions. The drawn-out social and political crises, which led to the withdrawal of all international cooperation for over 15 years, further handicapped an already weak national economy, and had heavy consequences for the population: the results of the Questionnaire on Basic Wellbeing Indicators (QUIBB) produced a poverty index of 62% in 2006. The corollary of this impoverishment of the most vulnerable strata of the population especially women (51% of the population) and young people is a tendency to engage in sexual risk behaviour.

Since the crisis in Côte d'Ivoire the port of Lomé has become the preferred port for imports and exports of Burkina Faso, Niger and Mali. This has led to the development of 6 parking areas where small traders have set up shop, and the constant interaction between the lorry drivers and the local population encourages promiscuity.

Despite being relatively well organized, Togolese society lacks accounting, management and monitoring skills.

Situation of the HIV epidemic and the national response

On the basis of sentinel surveillance, UNAIDS estimated HIV prevalence in Togo to be 3.2% in 2005; it varies between Lomé Commune health region (8.3%) and Savanes (1.8%). From 2003 to 2006, prevalence remained fairly stable, from 4.8% to 4.2%.

At present, a total of 25 000 people living with HIV are theoretically eligible for treatment⁹² although only 14 000 of them are actually registered. A total of 7822 people living with HIV are receiving ARV treatment (covering 30% of actual treatment needs); however, almost 4 000 new patients are not receiving treatment.

Out of a total of 88 000,⁹³ orphans and vulnerable children in Togo, only 5 000 are receiving assistance.

In 2006, only 3.90% of the 871 health facilities able to provide prevention of mother-to-child transmission services actually did so, and some 1 200 seropositive pregnant women benefited from PMTCT Services. At present, just 50 voluntary testing centres are operational.

As no preventive programme has been developed for women, understanding of ways of preventing HIV infection has not changed very much:⁹⁴ 61% of women are aware of two methods of prevention; less than two thirds of women are capable of identifying false notions about HIV transmission; more than 46% of women said that they had had casual sexual relations during the 12 months before the survey, half of them without the use of a condom.

⁹² Estimated on the basis of the WHO method used to measure indicators for UNGASS 2008.

⁹³ The actual number of OVC is unknown, with the exception of the estimates made by UNAIDS in 2006.

⁹⁴ MICS 3 survey in 2006.

Since the Canadian Development Agency's (ACDI) AIDS 3 project came to a halt, there has been no specific intervention in Togo for sex workers, apart from the CBC activities (run jointly by Population Services International (PSI) and the Corridor project). Active case detection of STI and of HIV by a suitable service has yet to be introduced.

As international donors have been absent for almost 15 years from HIV control and from support for other development sectors, the Global Fund has become the principal donor. However, the grant from the second Round has been suspended, and as a result it has been impossible to provide drugs for almost 4 000 patients diagnosed since 2006, interventions in schools have slowed down, as have voluntary testing, treatment of STI and case management of orphans and vulnerable children and of people living with HIV.

Financial resources

Togo intends to submit an application to Round 8 of the Global Fund, mainly focused on supply of drugs and partial development of PMTCT, and which will also mainstream women and sex workers.

A total of US\$ 43 106 931 is required for the National Strategic Plan 2007-2010. The Head of State, who is also the Chairperson of CNLS, has announced funding amounting to US\$ 16 million. The amount the different development partners have said they will make available is US\$ 27 106 931, shared among the United Nations system (US\$ 29 451 170), bilateral partners (US\$ 419 677) and the Global Fund (US\$ 23 510 934).

2

Role and activities of UNAIDS in supporting national response

In the absence of robust national coordination (for lack of a formal management framework and because staff are poorly qualified and paid), the UNAIDS office and the partner agencies make a valuable contribution in the following areas:

- ▶ introduction and financing of PMTCT via UNICEF and WHO;
- ▶ drafting of policy papers on universal access to ARV and on treatment norms and procedures;
- ▶ the national consultation on universal access which gave rise to the National Strategic Plan 2007-2012;
- ▶ the introduction and operation of seven drop-in centres for young people;
- ▶ drafting the national strategy for monitoring-evaluation and the assignment of a senior national official;
- ▶ development of AIDS-control strategies by the Ministries of Technical Education and Vocational training and of Welfare and Protection of Women;
- ▶ development of the Catholic Church's AIDS-control strategy;

- ▶ Financing AIDS-control measures in schools;
- ▶ psychosocial case management by NGOs of people living with HIV;
- ▶ providing NGOs with training on CRIS;
- ▶ financing social case management of affected people and of their coordination and programming activities using PAF;
- ▶ implementation of the AIDS and Children campaign;
- ▶ organization in December 2007, of the 1st national NGO forum on universal access.

3 Funding proposal

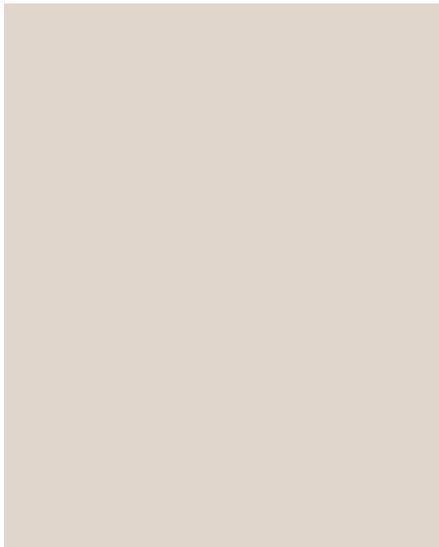
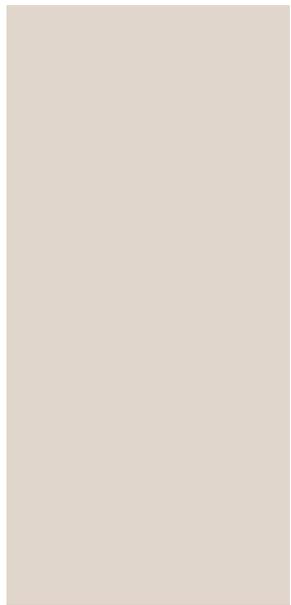
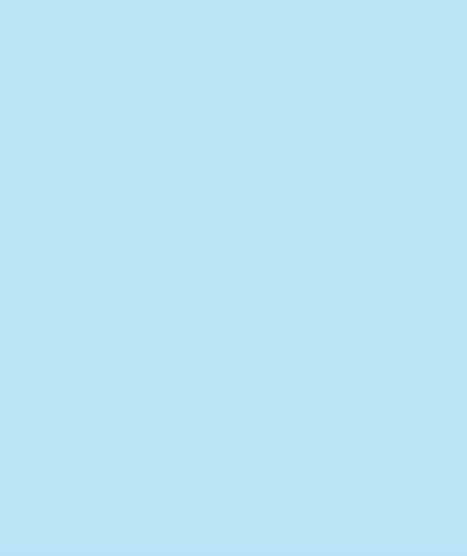
3.1 ACTIVITIES TO BE FUNDED

Despite the glaring lack of resources which hampers its implementation, the national AIDS and STI control strategy planned for the period 2007 to 2010 by the **National AIDS-control council** has identified the following priorities:

- a) Introduction of a three-year prevention programme for sex workers in Lomé and in Cinkassé in the north;
- b) Introduction of a three-year prevention programme for women;
- c) Managerial capacity-building for NGOs and other associations;
- d) Establishment of 20 sites providing voluntary testing;
- e) Enhancing the coordination capacity of civil society;
- f) Development of prevention strategies for members of the Muslim and protestant faiths;
- g) Strengthening national coordination (staff training, equipment); Assistance in organizing coordination meetings.

3.2 THREE-YEAR BUDGET

Expected outcomes	Activities	Budget (US\$)
1. Universal access to preventive services includes high-risk groups and to women, with the involvement of religious bodies and establishment of 20 new VCT sites	Introduction of a three-year prevention programme for 80 000 sex workers in Lomé and in Cinkassé in the north	200 000
	Introduction of a three-year prevention programme for 80 000 women	300 000
	Establishment of 20 VCT centres catering for 10 000 clients	150 000
	Development of prevention strategies for members of the Muslim and Christian faiths	60 000
2. Improved management and coordination by civil society pursuant to the "Three Ones"	Enhancing the coordination capacity of civil society	300 000
	Strengthening national coordination: staff training, equipment and coordination meetings	300 000
Monitoring-evaluation of activities		92 000
Sub-Total		1 402 000
Programme support costs		98 000
TOTAL		1 500 000



BUDGET SUMMARY OF THE FUNDING REQUIREMENTS OF THE PROPOSALS SUBMITTED

Beneficiary	Duration	Amount (US\$)
Regional support team (WCA)	2 years	1 878 000
Benin	2 years	1 026 000
Burundi	2 years	1 981 000
Cameroon	3 years	1 675 000
Côte d'Ivoire	3 years	2 536 000
Gabon	3 years	553 000
Gambia	2 years	726 000
Ghana	3 years	1 615 000
Guinea	2 years	2 748 000
Mali	3 years	1 386 000
Niger	3 years	963 000
Central African Republic	2 years	642 000
Democratic Republic of the Congo	3 years	1 798 000
Chad	2 years	802 000
Togo	3 years	1 500 000
TOTAL		21 829 000

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ANNEX 1: PRINCIPLES AND REFERENCE TOOLS⁹⁵

The United Nations General Assembly Special Session on HIV/AIDS (2001)

(UNGASS) *United Nations General Assembly Special Session on HIV/AIDS*

The United Nations general Assembly Special Session on HIV/AIDS (UNGASS) was a milestone in the history of AIDS.

Following his appeal at the United Nations Millennium Development Summit in 2000, the Secretary-General, Kofi Annan engaged in a personal campaign to form a global alliance capable of taking up the challenge of AIDS. Although countries were already committed at the local level to controlling AIDS, they had never jointly acknowledged that AIDS was a global crisis that also called for a global solution.

The General Assembly adopted (resolution S-26/2 of 27 June 2001) a Declaration of Commitment on HIV/AIDS. This irrevocable declaration was intended as a gateway to achieving the 6th Millennium Development Goal, with as its objective the halting of the spread of HIV and a reversal in the trend by 2015, with clear and firm deadlines.

The required measures at the national and international levels include, inter alia: efforts to confront stigma; addressing the gender and age dimensions of the epidemic; protection for human rights; an equal approach to prevention, care access to treatment and to support, and enhancement of the health, education and legal systems.

Monitoring is the most important part of the Declaration of Commitment. Governments adopted specific targets to be attained in 2003, 2005, 2008 and in 2010.

⁹⁵ Source: UNAIDS web site, September 2007.

The “Three Ones” principles (2004)

The “Three Ones”, which were first mentioned in September, were adopted at a high-level meeting in Washington DC on 25 April 2004. The leading donors, in reaffirming their commitment to strengthening the response to HIV by the countries concerned, adopted the following principles as a means of ensuring the most effective/efficient use of resources, of rapid action and results-based management:

One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work and funding of all partners. Such a framework calls for

- ▶ Clear priorities for resource-allocation and transparency;
- ▶ Regular joint reviews and consultations on the progress made;
- ▶ Incentives for civil society, the private sector and other non-governmental partners,
- ▶ Commitment on the part of external support agencies to coordinate their activities within the HIV/AIDS action framework;
- ▶ Links with poverty-reduction and development frameworks.

One National AIDS Coordinating Authority, with a broad-based multisectoral mandate. The legitimacy and efficacy of such a body depends on the following principles

- ▶ A legal status and official mandate that reflect national mobilization and a broad membership;
- ▶ A clearly defined role to coordinate the development, implementation and monitoring-evaluation of the national AIDS action framework with transparency, while leaving financial management and implementation to other entities;
- ▶ Democratic control by the legislative bodies;
- ▶ Commitment to a comprehensive national response to HIV, encouraging full participation by people living with HIV, civil society, religious groups, the private and other nongovernmental sectors;
- ▶ On the part of all partners, acceptance by and respect for the national action framework and for the steering role of the national AIDS coordinating authority, as a basis for cooperation;
- ▶ Establishment of a broad-based national partners’ forum.

One agreed country-level Monitoring and Evaluation System designed to strengthen national monitoring and evaluation systems, on the basis of the following principles:

- ▶ Global alignment of needs for monitoring-evaluation based on indicators linked to the United Nations Declaration of Commitment on HIV/AIDS and on other basic elements relating to management and accountability;
- ▶ A stakeholders' agreement on a basic national monitoring and evaluation system, providing high-quality data for analysis of country performance, in conformity with the national AIDS action framework;
- ▶ Domestic and foreign investment in the development of human skills and of essential infrastructure to respond to national needs for monitoring-evaluation.

On the basis of the lessons learnt during two decades, the “Three Ones” will enable donors and developing countries to work together more effectively, in a manner suited to each country, while avoiding redundancy and the dispersal of resources.

A study carried out in 2006 by UNAIDS in 18 countries in central and west Africa showed that 16 countries have national strategic plans, 14 of which have precise objectives.

Most countries have developed operational and budgeted national frameworks on HIV, (10/16). Six countries (out of 30) have a strategy for analysing data quality and only four countries (out of 20) have funds earmarked in the budget for implementing the monitoring-evaluation plan.

Less than half the countries have standardized indicators.

Only 7 countries have a national monitoring-evaluation plan that covers all sectors and which has been approved by the main partners; only 4 have a national database.

Universal access to Prevention, Treatment Care and Support for People living with HIV (2005)

A resolution of the United Nations General Assembly, adopted on 23 December 2005 (A/RES/60/224) requests UNAIDS and its co-sponsors to “assist in facilitating inclusive, country-driven processes (...) within existing national AIDS strategies, for scaling up HIV prevention, treatment, care and support with the aim of coming as close as possible to the goal of universal access to treatment by 2010 (...)”.

The same resolution also requests UNAIDS to submit for the consideration of the high-level meeting on AIDS in 2006 an assessment of these processes.

The recommendations include, inter alia, the need to strengthen country capacities in order to determine national priorities, to establish reliable and sustainable financing, to purchase inputs at affordable prices and to address the question of equality between the sexes.

Countries have thus begun the process of reviewing their HIV plans and targets, with a view to significantly expanding their response through Universal Access by the year 2010.

There are several facets to this effort:

- ▶ It is taking place within the framework of existing processes at the country level, and relies on them;
- ▶ Countries are leading the process, with the support of donors and of international and bilateral institutions, in conformity with the “Three Ones” and the recommendations of the Global Task Team;
- ▶ It covers scaling up a comprehensive and integrated response to HIV, including prevention, treatment, care and support;
- ▶ It focuses on practical solutions to the main obstacles hindering scaling up;
- ▶ Participation of a broad range of stakeholders – in particular civil society and people living with HIV – is vital to its development and success;
- ▶ It encourages countries to draw up their own road map in order to progress towards universal access and to attain the Millennium Development Goal for HIV/AIDS.

The Recommendations of the Global Task Team (2005)

GTT (*Global Task Team*)

The report of the Global Task Team, of 14 June 2005 made recommendations for improving coordination in the field of HIV between multilateral institutions and international donors. The Cosponsors of UNAIDS and the Global Fund made a commitment to put into practice the ideas of the Global Task Team by having its recommendations accepted by their respective governing bodies.

The recommendations concern four areas:

1. Empowering inclusive national leadership and ownership;
2. Alignment and harmonization;
3. Reform for a more effective multilateral response;
4. Accountability and oversight.

The Global Task Team underscored the need for UNAIDS to improve delivery of technical assistance to countries to “make the money work”. This includes, inter alia, support for countries in the areas of programming (strategic planning), support mechanisms including the Global Joint Problem Solving Team / *GIST*), technical assistance networks and the World Bank’s Strategic Plan of Action for AIDS.

Since then, there has been considerable progress in several fields, and in particular:

- ▶ The Global Joint Problem Solving Team is now established and operational;
- ▶ The UNAIDS technical support mechanisms are operational in four regions thanks to reinforcement of the WHO knowledge centres, of the international centre for technical cooperation (Brazil) and of other United Nations mechanisms;
- ▶ Decentralization and rationalization of the UNAIDS Programme Acceleration Funds;
- ▶ Major reforms have been made to United Nations operations at the country level, with in particular, the establishment of the Joint United Nations Teams on AIDS;
- ▶ Sharing out of tasks (completed in August 2005) for the technical support of the United Nations system and the introduction of accountability;
- ▶ Broad public debates have been organized by UNAIDS concerning the intensification of action to ensure universal access in more than 100 low or medium-income countries and in seven regions.

Globally, the “Three Ones” and the recommendations of the Global Task Team call for simplified support systems, lower transaction costs, significant participation by all key stakeholders and in particular civil society and people living with HIV, together with technical and financial support aligned with national priorities.

The Country Harmonization and Alignment Tool

CHAT (*Country Harmonization and Alignment Tool*)

In 2006, as a means of improving joint reviews of AIDS-control programmes and in response to a recommendation by the Global Task Team, the UNAIDS Secretariat and the World Bank developed the Country Harmonization and Alignment Tool.

Within the framework of a joint review, this tool:

- ▶ evaluates the involvement of national and international partners and observance of good practices for harmonization and alignment;
- ▶ improves transparency and acceptance of responsibility;
- ▶ helps to institute a national dialogue, and
- ▶ provides support for the right of people living with HIV to participate and their right to self-determination

CHAT, which serves as a “barometer” of the current national situation regarding harmonization and alignment of national and international partners in the response to AIDS, is intended to enhance their accountability at the national level. The tool throws light on the large number of actors on whom progress and mutual commitments depend.

The conclusions drawn from experience of using this tool for pilot projects in several countries have shown that the degree of compliance by international partners with the commitments made in the Paris Declaration⁹⁶ on the efficacy of assistance remains too low.

CHAT has shown that participation in planning is by no means a guarantee of participation in other vital areas such as discussions on resource allocation. It has also proved to be useful in “analysing who’s missing”, in other words identifying those relevant national partners who are active in the response to HIV but who have not been properly involved in the planning and coordination process.

⁹⁶ In 1994.

ANNEX 2: CROSS-BORDER INITIATIVES IN THE WCA REGION

In the WCA region, the following HIV-specific transnational programmes have been built around a specific social or geographical context:

- ▶ The multi-sector STD/HIV/AIDS prevention and treatment project in the Abidjan-Lagos migration corridor, initiated by UNAIDS and the World Bank, the only project to have obtained funding from the Global Fund.

This project is complementary to national AIDS programmes and is designed to improve access to STI/HIV preventive and care services for migrants and local populations in border areas;

- ▶ The ADB financed Congo, Oubangui et Chari River Initiative (IFCOC) signed in 2001. The overall objective is to reduce vulnerability and risks from STI/HIV/AIDS against a background of population mobility in a conflict and post-conflict situation in the Congo, the Central African Republic, the Democratic Republic of the Congo and Chad;
- ▶ The Lake Chad Basin Initiative on STI/HIV/AIDS, which is also financed by ADB and which covers the population of the lakeside countries (Cameroon, Niger, Nigeria, Central African republic and Chad);
- ▶ The Great Lakes Initiative Against AIDS (GLIA) signed in May 2003 and financed by MAP;
- ▶ The AIDS prevention project in Central Africa (PPSAC). The first phase of this programme is for three years (2006-2008) and covers the three CAEMC countries: Cameroon, the Central African Republic and Chad. During the second phase, starting in 2009 it is planned to extend the Programme to the other CAEMC countries;
- ▶ The purpose of the Mano River Union is to encourage regional dialogue, social development, multilateral cooperation and economic integration, and to share its ideals among its member countries (Sierra Leone, Guinea and Liberia). In respect of HIV, its ambition is to reduce vulnerability among displaced populations, refugees, returnees, internally displaced persons and their host communities.

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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