

The Global Strategy Framework on HIV/AIDS



Joint United Nations Programme on HIV/AIDS

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June 2001

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THE SECRETARY-GENERAL

FOREWORD

The Global Strategy Framework on HIV/AIDS

June 2001

AIDS is an unprecedented global crisis. It requires an unprecedented response from each and every one of us. Turning back the HIV/AIDS epidemic is a task beyond individual efforts, no matter how outstanding or heroic. It requires communities, nations and regions to come together in concerted, coordinated action.

The best of the global AIDS response to date has shown us the absolute necessity of both leadership and of teamwork. This Global Strategy Framework on HIV/AIDS provides guidance for the next phase. It draws on lessons from the past to map out the path for the future. Above all, it calls on all sectors of society to show leadership in galvanizing the response to HIV/AIDS — among towns and villages, young people and those not so young, companies and community organizations, countries and continents. Only when all these forces join in a common effort will we be able to expand our fight against the epidemic to decrease risk, vulnerability and impact.

Just as individuals must change their personal behaviour to halt the spread of HIV/AIDS, so does the Global Strategy Framework call for profound change in the conduct of community, national and international affairs. This challenge requires a new kind of commitment that goes beyond the ordinary. For the future of humanity, we must be willing to make that commitment.



Kofi Annan

Preface

The world has known about AIDS for twenty years. During that time the disease has spread to every continent. In the worst affected countries, it has set back human progress by decades. But over the past twenty years we have also learnt a great deal about how to tackle AIDS. The most important lesson has been that half-measures do not work against this epidemic.

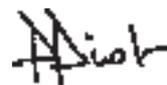
The only way the epidemic can be reversed is through a total social mobilization. Leadership from above needs to meet the creativity, energy, and leadership from below, joining together in a coordinated programme of sustained social action.

This Global Strategy Framework is guided by an understanding of the epidemic in its totality, driven by a vicious cycle of risk, vulnerability and increasing impact of the epidemic. To replace this dynamic with a virtuous cycle of risk reduction, vulnerability reduction and impact mitigation, requires society-wide action against AIDS. It needs to focus equally on preventing the further spread of the epidemic, supporting better care for those infected and affected by HIV, and building capacity and resilience to withstand the impact of AIDS.

The core of the Global Strategy Framework is a set of twelve leadership commitments. These set out the essential elements and priorities that are the building blocks of an effective and comprehensive AIDS response. They are addressed not only to national leaders and policy-makers, but also to leaders and activists in community, religious, private sector, and social movement settings.

The Global Strategy Framework is not a detailed blueprint, because that will vary depending on the local context of the epidemic. But it offers the distilled wisdom, based on experience, of essential elements of an effective AIDS response no matter what stage the epidemic is at. The leadership commitments provide a yardstick against which responses to the epidemic can be measured, and a tool for the continuous improvement and refinement of strategic responses to the epidemic.

AIDS is an emergency, but it is a long-term emergency. We are facing the most devastating epidemic humanity has ever known. Our response must therefore be equally unprecedented: the most concerted, sustained, coordinated, full-scale assault on a disease the world has ever known.



Peter Piot
Executive Director
UNAIDS

The Global Strategy Framework on HIV/AIDS

I. A New Global Strategy Framework	1
II. Lessons Learned	3
III. Reinforcing Strategies of Risk, Vulnerability and Impact Reduction: The Expanded Response to the Epidemic	8
A. Decreasing Risk	9
B. Decreasing Vulnerability	9
C. Decreasing Impact	11
IV. Strategy Development in Different Settings	12
V. Leadership Commitments and Core Actions	14
VI. The Way Forward	16

I. A New Global Strategy Framework

HIV continues to spread world wide. Its increasing impact has made it more important than ever before to halt the pandemic. At the 21st Special Session of the United Nations General Assembly in July 1999, Member States adopted the first specific global target against HIV. They committed themselves to achieving major reductions in HIV infection rates among young people in the most affected countries by 2005, and globally by 2010¹.

The Special Session on AIDS of the United Nations General Assembly in June 2001 expands upon this commitment by setting goals and targets addressing an expanded response to the epidemic.

The Global Strategy Framework provides a common strategic approach for achieving these global targets and encourages the many actors engaged in the response to formulate additional goals at national and local levels to bring the AIDS epidemic under control. Leadership is required from the many actors engaged in the fight against AIDS, in all spheres of life: community, political, religious, media, and the private sector.

The AIDS pandemic is diverse, but a common understanding of its causes and dynamics will help to promote a shared sense of the urgency and scale of the response needed.

The Global Strategy Framework puts forward a set of guiding principles and leadership commitments that together form the basis for a successful response to the epidemic. Global, national and community bodies will still need to formulate their own specific strategies concerning particular themes or regions. The Global Strategy Framework is designed to help in setting priorities and in achieving harmony and synergy between these various strategies.

¹ Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counseling and follow-up.

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

Aim of the Global Strategy Framework

- **To support communities and countries to reduce risk and vulnerability to infection,**
- **to save lives and alleviate human suffering, and**
- **to lessen the epidemic's overall impact on development.**

Guiding Principles

The Global Strategy Framework is founded on the respect, protection and fulfilment of human rights. It is guided by four fundamental principles:

- **It is the role of national governments, working with civil society, to provide the leadership, means and co-ordination for national and international efforts to respond to country and community needs.**
- **in communities around the world, support for the active engagement of people living with and affected by HIV/AIDS is central to the response.**
- **gender inequalities fuelling the epidemic must be explicitly addressed, and**
- **prevention methods, life saving treatments and the results of scientific breakthroughs need to be equitably and affordably available to all.**

Applying these guiding principles to the most urgent priorities in responding to the epidemic gives rise to a set of essential Leadership Commitments for the future, which constitute the core of the Global Strategy Framework.

II. Lessons Learned

The first Global AIDS Strategy was prepared by the World Health Organization in 1986. In 1991 the Global Strategy was expanded and updated in response to the epidemic's evolution and major scientific and policy advances. The updated Strategy was endorsed in January 1992 by the WHO Executive Board, and thereafter by the World Health Assembly and the Economic and Social Council of the United Nations.

A number of the basic principles and objectives of the first and updated Global Strategies remain valid today. However, a critical refocusing is needed, because in some areas the epidemic has become dramatically worse in scale and impact, in contrast to the equally significant success in addressing it in others.

The scale of the HIV/AIDS epidemic is now far greater than a decade ago, exceeding the worst-case projections made then.

By the end of the 1980s, HIV had infected an estimated 10 million people, and approximately 1.5 million had died. In the decade of the 1990s, over 40 million additional people were infected with HIV worldwide and there were over 15 million deaths due to HIV/AIDS.

The HIV/AIDS pandemic presently consists of multiple, concurrent epidemics. At the end of 2000, 36.1 million men, women and children around the world were living with HIV or AIDS, 25.3 million in sub-Saharan Africa alone. There are 11 countries in Latin America and the Caribbean where prevalence in the adult population is above 1%. In parts of Eastern Europe there were more infections in 2000 than in all previous years combined, while in parts of southern Africa, the number of people living with HIV/AIDS has increased by 50% in the last three years. In Asia, 5.8 million people are living with HIV/AIDS and the number of new infections is increasing.

In just 20 years, nearly 58 million people have been infected with HIV. Countless others have become more impoverished as a consequence: children have lost their parents; families have lost their property; communities have lost teachers, health workers, business and government leaders; nations have lost their investments in decades of human resource development; and societies have lost untold potential contributions to social, economic, political, cultural and spiritual life.

The major impact of the pandemic is yet to come.

HIV/AIDS has caused a development crisis in sub-Saharan Africa and made deep inroads into Asia, Latin America and the Caribbean, and Eastern Europe. Such is the destruction and destabilization caused by AIDS that it has been declared a global security issue.

The epidemic's future spread is difficult to predict, but the impact of existing infections on health and life expectancy is clear. Without access to effective treatment and care, an additional 15 million people currently infected with HIV will develop AIDS and die in the next five years.

In many countries, the AIDS epidemic has undermined the institutions and human resources on which a society's future health, security and progress depend. In the hardest hit countries, over one-quarter of the medical staff who are needed to help those living with HIV/AIDS are themselves infected with the virus. Experienced teachers are dying faster than new teachers can be trained. Heavy industry and the military suffer, because men who have to work away from their homes often have higher rates of infection than the general population.

Where high prevalence and poverty coincide, the impact is greatest. The burden on women is particularly great, as they are often the primary care givers within families. The rapidly increasing number of children orphaned by AIDS poses major challenges for their well-being, as well as for the development of the communities in which they live. The epidemic's expansion into rural settings has significant implications for the agricultural sector. Morbidity and mortality have already cut the production of many crops by more than 40% in households affected by AIDS.

Considerable success has been demonstrated in addressing the epidemic.

Collective experience with HIV/AIDS has evolved to the point where it is now possible to state with confidence that it is technically, politically and financially feasible to dramatically reduce the spread and impact of the epidemic. The first two decades of the pandemic have generated unprecedented learning and mobilization throughout the world. With the knowledge that a virus – HIV – causes AIDS, and the knowledge of how this virus is passed from person to person, it has been possible to intervene to slow its spread.

Success in curbing the epidemic has come from government and civil society working together, ensuring the epidemic is visible while at the same time decreasing the stigma associated with HIV/AIDS. In an increasing number of countries, partnerships bring together government and international resources with those of the community of interested activists: people living with HIV/AIDS, NGOs, community-based organizations, religious and academic institutions, and the commercial sector.

An even greater pandemic can be prevented in the future.

Vigorous measures taken now to reduce the rate of HIV infections will pay substantial dividends in years to come in countries with high and low prevalence alike. Prevention works. Large-scale prevention programmes in virtually all settings have clearly demonstrated that the spread of HIV can be reduced, especially among young people. In Asia, Australia, Europe, Latin America and the Caribbean, North America and sub-Saharan Africa, there is strong evidence of the decline of HIV incidence in populations with access to effective prevention programmes. The documentation and dissemination of these successful experiences has enabled new partners in the response to more rapidly adopt similar approaches.

Capacity and commitment to act has increased.

Over the past few years, increasing political mobilization focused on AIDS has resulted in broader responses. More money is being spent on AIDS by governments in the worst affected countries and by bilateral and multilateral development agencies, the commercial and foundation sectors, and through debt relief efforts. The Internet is enabling partners to interact and access information at a pace unimagined even a decade ago. HIV/AIDS has been prominent in subregional, regional and global political forums – including the United Nations Security Council – strengthening political commitment and solidarity among national leaders. Common ground is increasingly replacing the ideological divides that often hampered earlier efforts.

HIV/AIDS care and support have become more effective.

The most effective responses to the epidemic have integrated education, prevention and care strategies. Experience has shown communities are more active in mobilizing against the epidemic when they are motivated by concerns about prevention, care and support together. Care approaches which have voluntary counselling and testing as their entry point constitute effective prevention strategies in their own right.

Through advances in the management of opportunistic infections, and more recently through the development of more effective antiviral therapies, HIV/AIDS has become increasingly treatable, although not yet curable. Recent and anticipated breakthroughs to extend access to life-saving drugs have the potential to improve people's health and assist them in sustaining their normal lives within their communities. These, in turn, can further reduce the stigma associated with HIV/AIDS.

Successful responses to the epidemic have their roots in communities.

It is at the community level that the outcome of the battle against AIDS will be decided. Containing and reversing the HIV/AIDS epidemic within this decade requires dramatically increased efforts in communities with increasing and/or high HIV prevalence, and in low prevalence areas where the preconditions exist for a rapid rise in HIV transmission. Local capacity for prevention, care and support efforts need to be recognized, affirmed and strengthened.

Effective community-centered efforts have generally been both *empowering*, strengthening the capacities of communities to make decisions, and *enabling*, assisting them to mobilize the resources required to act on those decisions. Community leaders who are properly informed are able to assess the reality of HIV/AIDS within their particular community and to analyse the determining factors of risk and of vulnerability affecting them. On this basis, local actors can determine their priorities for action.

Partnerships of key social groups, government service providers, nongovernmental organizations, people living with HIV/AIDS, community-based groups and religious organizations are the basis of successful strategies addressing HIV/AIDS at the community level.

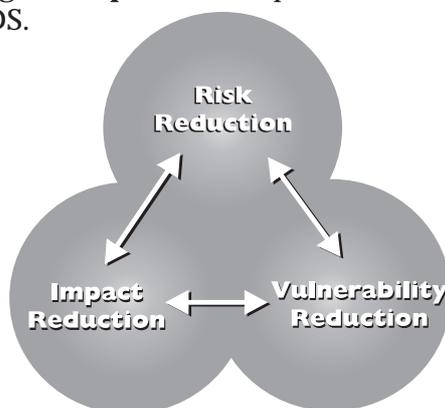
People living with HIV/AIDS are central to the response.

At every level, from community to national to international, the benefits of a greater involvement of people living with HIV/AIDS have been shown. Stigma and discrimination towards people living with HIV/AIDS has been reduced by their visibility and involvement in local, national and international organizations. Their participation in policy, programme design and implementation has been instrumental in reorienting priorities, ensuring relevance and effectiveness, and increasing accountability. As advocates for intensified prevention efforts, people living with HIV/AIDS have been successful in bringing a human face and voice to the epidemic, challenging complacency and denial, strengthening the call for urgency in the response, and moving governments and their leaders to action.

III. Reinforcing Strategies of Risk, Vulnerability and Impact Reduction: The Expanded Response to the Epidemic

Though the complexity of addressing HIV/AIDS has far exceeded all expectations, we have come to recognize the interrelationship of the basic dynamics of the epidemic:

- decreasing the **risk** of infection slows the epidemic,
- decreasing **vulnerability** decreases the risk of infection and the impact of the epidemic, and
- decreasing the **impact** of the epidemic decreases vulnerability to HIV/AIDS.



An “expanded response” to the epidemic is one that simultaneously acts on reducing risk, vulnerability and impact. These reinforcing strategies enable programmes to address both *what* places individuals at risk and *why* they are at risk.

An expanded response creates major synergies by placing prevention strategies alongside care and support strategies. At the same time, an expanded response also aims to shift social norms, lessen stigma and increase political commitment to address the deep-seated gender and economic disparities which fuel the epidemic.

Impact, vulnerability and risk act on one another to shape the dynamics of the epidemic. Where the HIV/AIDS epidemic is worsening, a negative spiral is established: the impact of the epidemic causes increasing vulnerability – which increases the risk of HIV infection – which in turn increases impact. An expanded response reverses this dynamic: if the impact of the epidemic is reduced this enables vulnerability to be reduced, and in turn the risk of infection falls.

A. Decreasing the Risk of Infection Slows the Epidemic

HIV infection is associated with specific **risks**², including:

- **behaviours** where there is a risk of HIV infection, most commonly unprotected sexual intercourse, and, in some parts of the world, the use of infected injecting equipment,
- **situations** where there is a risk of HIV infection, such as needing a blood transfusion in a setting where blood safety precautions are not implemented, or being forced to have sex.

Risk reduction interventions have been the mainstay of HIV/AIDS prevention programmes to date. They include the provision of information, the development of relevant skills and the promotion of supportive values and attitudes. As well many specific prevention methods focus on changing risk-taking behaviours and decreasing the occurrence of risk situations.

What outcomes are needed to reduce risk, vulnerability and impact?

Ways of reducing the risk of HIV infection:

- postponing first sexual intercourse;
- safer sexual practices such as consistent condom use;
- reducing the number of sexual partners;
- preventing and treating sexually transmitted infections;
- the avoidance of traumatic sexual intercourse;
- preventing transmission from HIV infected mothers to their infants;
- reducing the harm associated with drug use, especially among young people;
- the avoidance of unsafe injections;
- preventing HIV transmission through blood and blood products;
- preventing HIV transmission within the health care setting.

What outcomes are needed to reduce risk, vulnerability and impact?

Reducing vulnerability with a focus on protecting youth:

- positive relations with trusted adults;
- peer relations that model safer behaviours;
- participation in family, religious and community activities;
- positive orientation to education and health;
- the development of schools as more inclusive, protective and gender sensitive community-based organizations.

B. Decreasing Vulnerability Decreases Risk of Infection and the Impact of the Epidemic

Poverty, underdevelopment, the lack of choices and the inability to determine one's own destiny fuel the epidemic. **Vulnerability to HIV is a measure of an individual's or community's inability to control their risk of infection.** Different patterns of infection are accounted for by personal factors, access to relevant information and services, and societal factors.

²UNAIDS Best Practice reference: *Expanding the Global Response to HIV/AIDS through focused action: Reducing risk and vulnerability: definitions, rationale and pathways.*

In many settings, women — and in particular young women — are especially vulnerable to HIV infection. They may be less able than men to avoid non-consensual or coercive sexual relations. Some cultural practices and stereotypes may dictate that women should not appear to influence the sexual behaviour of male partners. In contrast, many cultural norms promote responsible behaviour and ethical values.

Rural communities may be vulnerable because of lower levels of literacy and less access to information and services. When people become refugees or are internally displaced because of war, conflict or emergency situations, their vulnerability to HIV infection can increase because social support mechanisms are disrupted, services become inaccessible, and non-consensual or coercive sexual relations may increase.

Vulnerability is the result of dynamic social processes. To counter vulnerability, individuals and communities can be supported to take greater control over their own lives and the risks they face. Social exclusion undermines this sense of control.

Vulnerability reduction strategies seek to replace social exclusion with inclusion.

Programme and policy interventions can reduce vulnerability at individual, community and societal levels. Protecting and supporting individuals promotes social inclusion, particularly for young people. Access to essential community services enables individuals to act on decisions to reduce their risk to HIV and to access care and support. Supportive legal and social norms decrease vulnerability by enhancing realization of human rights – civil, political, economic, social and cultural. Social inclusion strategies help to reduce both the risk of infection and its negative consequences.

What outcomes are needed to reduce risk, vulnerability and impact?

Reducing vulnerability through access to services:

- sexual health information, education and services including information and access to male and female condoms;
- schools and other organized education programmes through secondary level;
- life-skills based HIV/AIDS education to develop the knowledge, attitudes and values needed to respond to the epidemic;
- voluntary counselling and testing services;
- antenatal care that includes treatment to reduce mother-to-child transmission;
- clean needles, syringes and drug abuse treatment in communities;
- rehabilitation and legal services, and
- essential protection, prevention and care services for populations in complex emergencies, especially women and girls at greatest risk.

What outcomes are needed to reduce risk, vulnerability and impact?

Supportive legal and social norms:

- the reduction of gender and economic disparities that fuel the epidemic;
- greater equity in educational, vocational training and employment opportunities;
- increased participation in community, religious and political activity;
- the reduction of stigma associated with sex, sexuality, sex work and drug use;
- attention to policies or programmes which have the effect of perpetuating HIV within particular communities;
- the promotion and protection of human rights.

Reducing the impact on individuals and families:

- direct support to reduce the catastrophic financial impact of HIV/AIDS on families;
- early support to children, especially those orphaned by AIDS, focusing on their health, nutrition and education;
- vocational training opportunities for young people;
- improved access to quality care for people living with HIV including peer group support, voluntary counselling and testing, essential drugs and commodities, antiretrovirals, and to social support services, including appropriate supportive roles for traditional practitioners;
- improved access to legal services, and human rights protection.

The same things that cause HIV vulnerability also lie behind many other diseases and social problems, including discrimination, gender inequality, violence, substance use, unwanted pregnancies and many communicable and noncommunicable diseases. Consequently, vulnerability reduction strategies have positive benefits on health and development far beyond HIV/AIDS.

C. Decreasing Impact Decreases Vulnerability

The AIDS epidemic has a negative impact on the physical, mental, and social well-being of individuals, and on the social, economic, cultural and political life of communities. The greater the impact of the epidemic on individuals, families and communities, the less they are able to respond effectively. Impact mitigation strategies help those who are most affected by the epidemic to become stronger.

Prolonging the productive lives of individuals infected with HIV increases their ability to contribute to the well-being of their families, also helping to decrease the discrimination and pauperization which can make surviving family members more vulnerable to HIV. Similarly, increasing investments in education, care, social support and general development efforts within affected communities strengthens their capacity to respond to the epidemic.

These strategies contribute to creating an environment where human rights are realized, stigma is reduced, and the frank discussions required to address AIDS can take place. A more supportive and open environment helps to reduce the vulnerability of community members to HIV infection.

<p>National action to reduce impact:</p> <ul style="list-style-type: none"> ● sound economic development programmes in communities most affected by the epidemic; ● strengthened national AIDS programmes and improved co-ordination of HIV/AIDS policy and programme responsibilities across all sectors of government; ● appropriate allocation of national resources to cover prevention, care and impact reduction activities matched with increased international financial and technical support; ● agreements to focus part of debt relief proceeds on high prevalence communities and impact reduction activities; ● preferential access to essential commodities through price or trade concessions. 	<p><i>What outcomes are needed to reduce risk, vulnerability and impact?</i></p>	<p>Community action to reduce impact:</p> <ul style="list-style-type: none"> ● empowering communities to respond to issues at local level; ● improving the capacity of community organizations to carry out their activities, including outreach, and the provision of care and social support to affected families; ● enhancing the role of schools as centres for family and community service; ● assurance that community consultation occurs in HIV/AIDS policy and programme design and implementation; ● increased community and external investments in essential infrastructure in key sectors including health, education, social services and agriculture.
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IV. Strategy Development in Different Settings

The global pandemic is composed of multiple epidemics, each with its own particular dynamic. The optimal response will therefore need to reflect the particular opportunities and constraints of different settings.

National strategic planning has stimulated central and local governments, NGOs, communities, and international partners in many countries to define strategies that are tailored to the different contexts within which HIV/AIDS evolves. Strategic responses to the epidemic are most urgent in settings with low but increasing HIV incidence, and those with high prevalence. Regional and subregional strategies further complement and add value to national responses.

In both low and high endemic settings, reducing the vulnerability of young people to HIV infection is the principal defence against the epidemics of the future. Vulnerability reduction strategies take a long-term view of the epidemic but nevertheless require near-term investments to achieve their outcomes, such as increasing primary school enrolments and extending schooling for adolescents. Increasing political support for HIV/AIDS efforts, reducing stigma, and maintaining awareness among the general public must also be addressed in all settings. Because the epidemic can seem less urgent

where prevalence is low, these essential elements for programme sustainability can present major challenges, and so require ongoing investment in advocacy and public information.

In low endemic settings, populations with the highest risks for infection can include: those with high STD rates; sex workers and their clients; injecting drug users and their sexual partners; men who have sex with men; and men and women in occupations that separate them from their communities, such as transit and migrant workers and the military. Strategies addressing the needs of these populations should receive the highest priority. In communities with relatively few people infected by HIV/AIDS, care and support strategies require less financial investment and merit high priority from policy-makers. Care and support strategies create incentives for early detection and reducing the stigma of HIV infection, thus reinforcing prevention efforts.

In high endemic settings, strategies focused on particular populations with higher risks for infection continue to be relevant, but are of more limited value. When the epidemic has become generalized, impact reduction becomes more important. Communities with highest HIV prevalence, and within them, individuals and families affected by HIV, demand particular priority. In especially hard-hit communities, strategies must take into consideration that existing services have been crushed under the burden of AIDS. The education, health, social welfare, and judicial sectors are most directly involved in slowing the spread or mitigating the impact of HIV/AIDS and require urgent investment to reinforce their human resources and institutional capacities, and support their frontline workers.

In virtually every community, institution, sector, country and region affected by AIDS, there is a profound and widening gap between what is needed to contain the epidemic and what is being done. If this gap is to be closed and the epidemic is to be contained, there must be a concerted shift from pilot and demonstration projects to a full-scale expanded response.

Leadership in responding to the epidemic is the most essential ingredient for success. Within governments and civil society, legislators and community, religious, media, youth and private sector leaders have an opportunity and responsibility to assure success by creating an environment of:

- **understanding**, based on reasoned public dialogue and supportive public policy;
- **accountability**, where responses to the epidemic are underpinned by learning from experience through periodic situation assessments, analysis and performance monitoring; and
- **commitment**, by substantially increasing those efforts within their mandates and areas of influence which have the most direct impact on the course of the epidemic.

V. Leadership Commitments and Core Actions

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

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

gender-based inequalities in access to information and services and to improve access for women to male and female condoms and voluntary counselling and testing within family planning clinics and other reproductive health settings, and to assure equitable access for HIV infected women to care and social support.

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

VI. The Way Forward

The guiding principles, expanded response approach and leadership commitments, and essential actions of the Global Strategy Framework on HIV/AIDS are designed to be universally applicable. There is a universal need for local, national and international leadership to guide the response to the epidemic. However, the specific form and content of this leadership will depend on the particular context of the epidemic in different parts of the world.

The Global Strategy Framework should help to guide the development of particular strategies needed across diverse fields and institutions in different settings and at different levels – community, national and regional. Adapting and incorporating the guiding principles and leadership commitments within these many strategies will enable greater synergies, and increase their success.

Within the United Nations system, the Global Strategy Framework will guide a more proactive response to the epidemic through the development of the United Nations System Strategic Plan on HIV/AIDS and the institutional strategies for the various Funds, Programmes and Specialized Agencies.

It is envisaged that Member States will build on their commitment to achieve major reductions in HIV infection rates among young people with additional commitments at the highest levels to achieve agreed goals. The Global Strategy Framework on HIV/AIDS will guide and support the development of these additional goals and commitments.

This Framework therefore represents a starting-point and a set of guiding principles rather than the last word in strategic response to HIV/AIDS. Government, political, religious and community leaders, policy makers, people living with HIV/AIDS, and community activists – wherever they are located – are encouraged to take the Global Strategy Framework and use it as a guide in the development and re-evaluation of their own strategies for action.



Joint United Nations Programme on HIV/AIDS

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