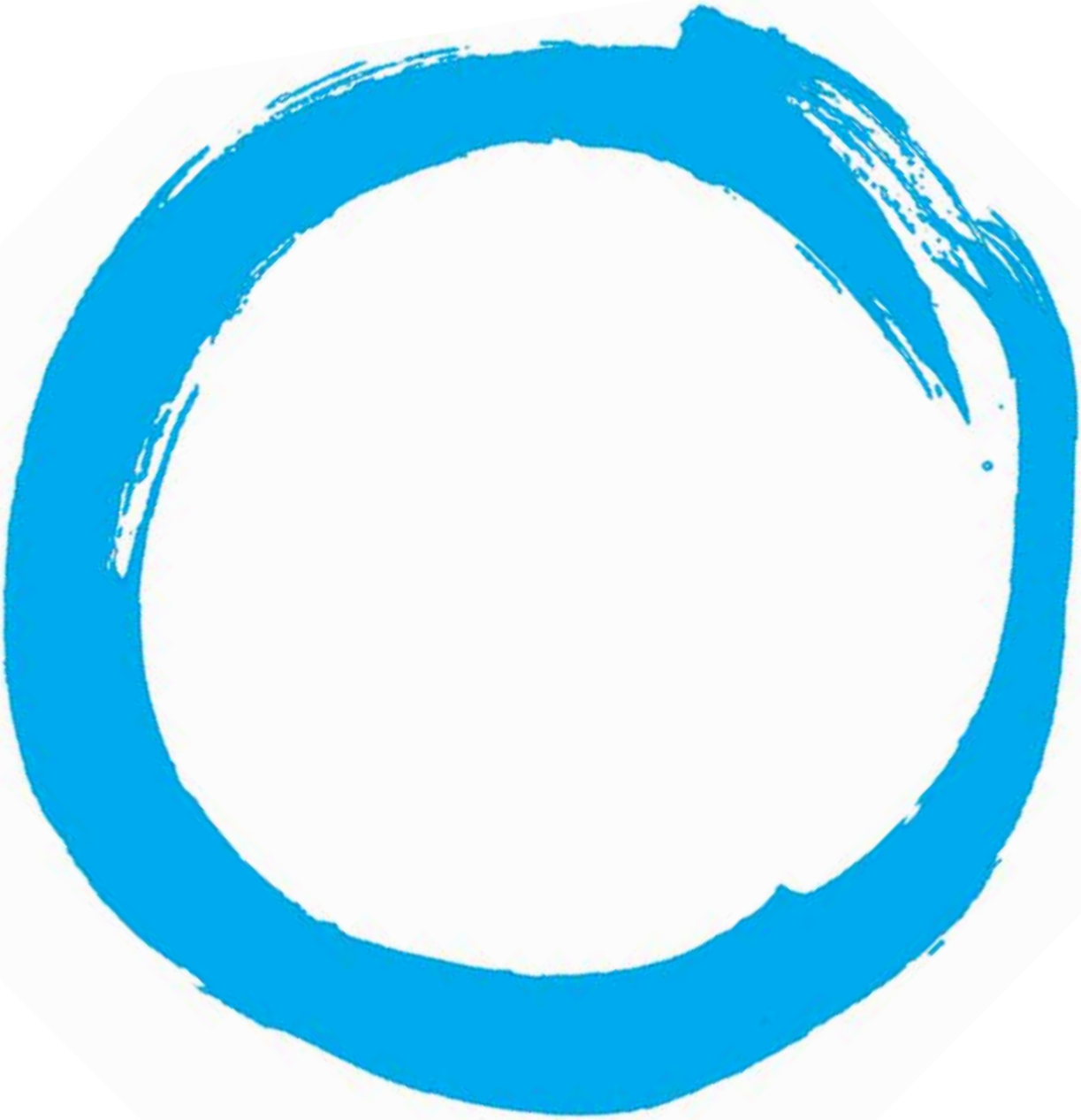
UNAIDS | 2011–2015 STRATEGY

GETTING TO ZERO



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GETTING TO ZERO

2011–2015 Strategy

Joint United Nations Programme on HIV/AIDS (UNAIDS)

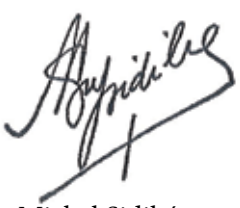
Contents

Foreword

Since the early days of the HIV epidemic, people, inspired with conviction and courage, have struggled against the odds and faced significant risks in pursuit of a more equitable world. Whether they are gay activists in New York, women's groups in African communities, sex workers in India, transgender people in Brazil or people around the globe living with HIV, people with purpose and vision have led the HIV response. Their struggle has evolved into unprecedented national commitment and serves as a beacon of global solidarity.

At this pivotal moment in the global response, we must courageously face up to the challenges presented by a new context and embrace wholeheartedly the opportunities to break the trajectory of the epidemic. Guided by a new vision, this Strategy presents a transformative agenda for the global HIV response. It aims to serve in developing our partners' strategies to ensure more focused, aligned and country-owned responses and to guide investments to deliver innovation and maximum returns for people most in need. Building on the principles and priorities of the UNAIDS Outcome Framework, this Strategy will also serve as the platform to define United Nations' operational activities and resource allocation for HIV.

This Strategy has been developed through wide consultation, informed by the best evidence and driven by a moral imperative to achieve universal access to HIV prevention, treatment, care and support and the Millennium Development Goals. UNAIDS is committed to leveraging existing and novel partnerships with people, communities, governments and country and global champions to support the implementation of this Strategy. In pursuit of social justice and human dignity, we must move decisively from slogan to action. Let us unite our efforts to ensure success.



Michel Sidibé
UNAIDS Executive Director

Photo UNAIDS / S. Montanari

Strategy – At a glance

Global commitments

Achieve universal access to HIV prevention, treatment, care and support

Halt and reverse the spread of HIV and contribute to the achievement of the Millenium Development Goals

Strategic directions

Revolutionize HIV prevention

More than 7000 people are newly infected with HIV every day. A revolution in prevention politics, policies and practices is critically needed. This can be achieved by fostering political incentives for commitment and catalysing transformative social movements regarding sexuality, drug use and HIV education for all, led by people living with HIV and affected communities, women and young people. It is also critical to target epidemic hot spots, particularly in megacities, and to ensure equitable access to high-quality, cost-effective HIV prevention programmes that include rapid adoption of scientific breakthroughs.

Catalyse the next phase of treatment, care and support

A total of 1.8 million people died from AIDS-related causes in 2009. Access to treatment for all who need it can come about through simpler, more affordable and more effective drug regimens and delivery systems. Greater links between antiretroviral therapy services and primary health, maternal and child health, TB and sexual and reproductive health services will further reduce costs and contribute to greater efficiencies. Enhanced capacity for rapid registration will increase access to medicines, as will countries' abilities to make use of TRIPS flexibilities. Nutritional support and social protection services must be strengthened for people living with and affected by HIV, including orphans and vulnerable children, through the use of social and cash transfers and the expansion of social insurance schemes.

Advance human rights and gender equality for the HIV response

Social and legal environments that fail to protect against stigma and discrimination or to facilitate access to HIV programmes continue to block universal access. Countries must make greater efforts: to realize and protect HIV-related human rights, including the rights of women and girls; to implement protective legal environments for people living with HIV and populations at higher risk of HIV infection; and to ensure HIV coverage for the most underserved and vulnerable communities. People living with and at higher risk of HIV should know their HIV-related rights and be supported to mobilize around them. Much greater investment should be made to address the intersections between HIV vulnerability, gender inequality and violence against women and girls.

Vision and goals

Vision: To get to Zero New Infections

Goals for 2015:

Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work

Vertical transmission of HIV eliminated and AIDS-related maternal mortality reduced by half

All new HIV infections prevented among people who use drugs

Vision: To get to Zero AIDS-related Deaths

Goals for 2015:

Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment

TB deaths among people living with HIV reduced by half

People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

Vision: To get to Zero Discrimination

Goals for 2015:

Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half

HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions

HIV-specific needs of women and girls are addressed in at least half of all national HIV responses

Zero tolerance for gender-based violence

Core Themes

People

Inclusive responses reach the most vulnerable, communities mobilized, human rights protected

Countries

Nationally owned sustainable responses, financing diversified, systems strengthened

Synergies

Movements united, services integrated, efficiencies secured across Millenium Development Goal

Executive summary

Positioning the HIV response in the new global environment

The world has changed fundamentally since the historic commitments to the Millennium Development Goals and the 2001 Declaration of Commitment on HIV/AIDS were made. Prevailing political and economic orthodoxies have given way in the wake of the economic crisis. Emerging economic countries are challenging and setting global agendas. Autocracy and economic mismanagement have been replaced with significant and sustained growth and improved governance across much of Africa.

In this rapidly changing context, the global HIV response finds itself at a pivotal juncture, where the gains of the past are at risk and current approaches are reaching their limits. In 2009, an estimated 2.6 million people were newly infected with HIV, and 1.8 million people died. Only one third of the 15 million people living with HIV in need of lifelong treatment are receiving it. New infections continue to outpace the number of people starting treatment, while the upward trend in resources flat-lined in 2009.

Despite widespread commitment to aid effectiveness principles for HIV, true national ownership and downward accountability are still far from assured. The interests of the global South, including those of civil society and people living with and affected by HIV, exercise too little influence in the architecture governing the global AIDS response.

The future costs that HIV imposes on people, families, communities and countries will be determined by how national and global partners reposition the HIV response to leverage the shifts in the macro context. Bold measures are called for, and the present trends provide much-needed momentum for change.

A global agenda to break the trajectory

It is paramount that new HIV infections be stopped. We need to achieve a transition that will see fewer people newly infected than are newly placed on treatment. Doing so will require decisive action guided by a groundbreaking vision: zero new HIV infections, zero discrimination, zero AIDS-related deaths.

Although this vision may be aspirational, the journey towards its attainment is laid with concrete milestones: 10 goals for 2015. In pursuit of this vision and these goals, UNAIDS will leverage its collective assets to set a strategic agenda for the global HIV response and will maximize its resources to deliver results.

We believe that by taking the right decisions now, we can achieve universal access to HIV prevention, treatment, care and support and contribute to the achievement of the Millennium Development Goals.

Three strategic directions for a renewed global HIV response

Significantly reducing new HIV infections will require us to radically reshape the global response. Recognizing financial constraints, the need to generate greater efficiency is paramount to success and can be achieved if we approach service delivery differently. Success also depends on intensifying what we know works and focusing efforts where they are most needed. Analysing the severity, scale, scope and impact of the epidemic will guide us in delivering maximum results.

We also must recognize that, beyond its health impact, HIV acts as a lens that magnifies the ills of society and the weaknesses in our social systems. The HIV response gives us an opportunity to strengthen the social fabric, improve social justice and reinforce the systems that deliver critical services for the most vulnerable members of our communities. We must achieve a balance between intensifying work in the hardest-hit countries and identifying other settings, such as cities, where the impact of HIV is affecting specific communities—particularly men who have sex with men, sex workers and their clients and people who use drugs.

Revolutionizing HIV prevention

Revolutionizing HIV prevention politics, policies and practices will shift the debate from HIV prevalence to incidence, enabling us to identify transmission hot spots, empower people, particularly young people, to demand and own the response and incentivize political leaders to focus on populations and programmes that will make a difference in reducing new infections. Recent developments make both possible and necessary a revolution in the way HIV prevention is conducted and the impact of HIV prevention programmes. We must join our efforts to achieve these goals:

- sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work;
- vertical transmission of HIV eliminated and AIDS-related maternal deaths reduced by half; and
- all new HIV infections prevented among people who use drugs.

UNAIDS will support the attainment of these goals, including by: (1) generating commitment to prevention throughout society by improving its political palatability; (2) ensuring that strategic information on epidemics, socioeconomic drivers and responses serves to focus prevention efforts where they will deliver the greatest returns to investment; (3) incorporating new technologies and approaches as they are developed; and (4) facilitating mass mobilization for transforming social norms to empower people to overcome stigma and discrimination and their risk of HIV infection, including through comprehensive sexuality education and the engagement of networks of people living with HIV and other key populations.

Catalysing the next generation of treatment, care and support

Catalysing the next generation of treatment, care and support will deliver a radically simplified treatment platform that is good for people living with HIV and will also cut new infections by scaling up treatment access. The next phase of treatment, based on new drug regimens, will adopt innovative delivery models that both reduce unit costs and recognize and empower communities to demand and deliver better and more equitable treatment, care and support services that maximize links with other health and community services. We must join our efforts to achieve these goals:

- universal access to antiretroviral therapy for people living with HIV who are eligible for treatment;
- TB deaths among people living with HIV reduced by half; and
- people living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support.

UNAIDS will support the attainment of these goals, including by: (1) catalysing the development of simpler, more affordable and effective treatment regimens and tools; (2) strengthening national and community systems to deliver decentralized and integrated services, such as by reducing factors that put people at risk of HIV-related TB and promoting the sexual and reproductive health and rights of people living with HIV; and (3) working with partners to scale up access to tailored care and support for people living with and affected by HIV, including through national social protection programmes.

Advancing human rights and gender equality for the HIV response

Advancing human rights and gender equality for the HIV response means ending the HIV-related stigma, discrimination, gender inequality and violence against women and girls that drive the risk of, and vulnerability to, HIV infection by keeping people from accessing prevention, treatment, care and support services. It means putting laws, policies and programmes in place to create legal environments that protect people from infection and support access to justice. At the core of these efforts is protecting human rights in the context of HIV—including the rights of people living with HIV, women, young people, men who have sex with men, people who use drugs and sex workers and their clients. We must join our efforts to achieve these goals:

- Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half;
- HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions;
- HIV-specific needs of women and girls are addressed in at least half of all national HIV responses; and
- zero tolerance for gender-based violence.

UNAIDS will support the attainment of these goals, including by: (1) intensifying work with people living with HIV and at higher risk of HIV infection to know and claim their rights and work with governments to realize and protect these rights, including by implementing evidence-informed, actionable and human rights–based recommendations of the Global Commission on HIV and the Law; (2) advancing county capacity to reduce stigma and discrimination and ensure equitable access to services, including by working with civil society networks to affect policy change informed by the People Living with HIV Stigma Index; and (3) supporting countries and partners in fully implementing the UNAIDS Agenda for Accelerated Action for Women, Girls, Gender Equality and HIV.

Accountability through ownership: people, countries and synergies

People living with HIV and affected by the AIDS epidemic must lead and own effective HIV responses

Accountability through shared ownership is a guiding principle that must train our collective focus on three themes across all responses: people, the primacy of countries and the pursuit of synergies.

People living with HIV and affected by the AIDS epidemic must lead and own effective HIV responses to ensure a rights-based, sustainable response and to hold national and global partners accountable. The remarkable gains to date are largely the result of their activism, mobilization and building alliances with other stakeholders.

Sustaining people-centred responses requires shifting our mindsets and approaches in relation to the primacy of country ownership. Thirty years into the epidemic, progress at the country level remains the key to success. Nevertheless, the way countries are supported must be transformed to enable them to lead, manage and establish accountability systems for their responses.

Ensuring synergies between HIV-related and broader health and human development efforts represents a major opportunity for the response. By uniting movements—such as joining forces with the women's health movement to implement the United Nations Secretary-General's Joint Action Plan to Improve the Health of Women and Children—we can strengthen shared political commitment and action. Investing more strategically to achieve multiplier effects across Millennium Development Goals responds to people's needs and is one of the most promising approaches to making resources go further, promoting equity and securing better human development results. Major opportunities beckon in relation to TB/HIV integration and in leveraging services to eliminate vertical HIV transmission as a platform to deliver a continuum of care and a package of antenatal, child health and reproductive health services for both parents.

Partnership in a new world

Effective partnerships remain fundamental to successful and sustainable HIV responses. Partnerships give voice to the people who are infected and affected, act as a catalytic force for change and provide accountability for political commitments.

However, the changing environment and its demands for new and innovative ways of working signal the need for different kinds of partnerships—those that enable nationally owned responses, foster South–South cooperation and those that move beyond the traditional HIV and health sectors to broader development areas. These partnerships must include political alliances that link HIV movements with movements seeking justice through social change.

Strengthening how UNAIDS delivers results

UNAIDS aims to lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support. As an innovative collaboration, the strength of the Joint Programme is derived from the diverse expertise, experience and mandate of its 10 Cosponsors and the added value of the UNAIDS Secretariat in delivering political leadership and advocacy, coordination and joint accountability.

This Strategy responds to the Second Independent Evaluation of UNAIDS, which emphasized the Joint Programme's successful leadership and mobilization of broad-based political and social commitment at the global and country levels while recommending that UNAIDS be more focused, strategic, flexible and responsive, efficient and accountable. This Strategy takes forward the UNAIDS Outcome Framework 2009–2011 and is closely aligned with and will guide the HIV strategies of the UNAIDS Cosponsors. These strategies include those that are sector- or population-specific, such as HIV strategies on health and education and those relating to HIV and refugees, internally displaced people, nutrition, children, women, young people and drugs and crime. Other Cosponsor strategies refer to multisectoral aspects of the HIV response, such as those that cover the governance of the response, development planning, social protection and financing.

In aspiring to zero duplication, zero incoherence and zero waste, UNAIDS will strengthen several mechanisms that cover the breadth of the Joint Programme, from its governance through to the specifics of country delivery. Value-for-money in the delivery of effective and efficient business practices will be critical to ensure that scarce resources are targeted for results and transaction costs are kept to a minimum.

A fundamental shift will also be implemented in the Joint Programme's approach to partnership. This shift will be marked by increased selectivity, leveraging the Joint Programme's resources through involvement in new partnerships and networks, advocacy for a global solidarity compact and strengthening mutual accountability mechanisms.

The specific contributions of UNAIDS to achieving each of the goals will be articulated in the operational plan of the Joint Programme, will drive the allocation of resources and will represent the measure by which UNAIDS will be held accountable for achieving the medium-term goals. In developing the operational plan, key results and products along with targets and indicators to measure progress will be identified.

Overview of the document

The Strategy is presented in three parts that are preceded by a discussion of the changing context. Part 1 of the Strategy outlines a transformative agenda for the global HIV response. This agenda emphasizes reaping efficiency and generating focus to ensure that resources are deployed optimally to significantly reduce new infections. Part 1 also introduces 10 goals for 2015 that present milestones for the global response in its progress towards the long-term vision. These goals will also guide the work of the Joint Programme.

Part 2 sets out in greater detail the Three strategic directions of the global agenda. For each Strategic direction, objectives are presented that respond to a discussion of both the gaps and the opportunities in the response. Each of the Three strategic directions concludes with an overview of the distinctive value added of the Joint Programme in achieving the global goals, including illustrative examples of strategic partnerships and joint working.

Part 3 presents the mechanisms through which the Joint Programme will strengthen how it works to deliver results. Overviews of the renewed division of labour and the Unified Budget and Accountability Framework—the operational plan—are provided. Approaches for enhancing the role of UNAIDS field offices in the United Nations Resident Coordinator system and leveraging technical support to build country ownership and sustained capacity are also discussed. Further changes to the Joint Programme's approach to resource mobilization, human resource deployment and working with people living with and affected by HIV are presented.

Introduction: Positioning the HIV response in the new global environment

Promising but fragile progress

During the past decade, political and financial commitment to address HIV has increased, while the HIV movement has consistently demonstrated its ability to transform resources into concrete results for people.

. . . the HIV movement has consistently demonstrated its ability to transform resources into concrete results for people.

Countries committed to achieving universal access to HIV prevention, treatment, care and support for all in need by 2010. Significant progress has been made. Globally, new HIV infections declined by 17% between 2001 and 2008 (*1*). By the end of 2009, an estimated 5.25 million people in low- and middle-income countries were receiving life-prolonging antiretroviral therapy, compared with 0.4 million in 2003. Between 2004 and 2008, annual AIDS-related deaths decreased from 2.2 million to 2.0 million. Without treatment, 600 000 more people would have died in 2008 (*2*).

These remarkable gains are at risk. In 2009, an estimated 2.6 million people were newly infected with HIV (*1*). Only one third of the 15 million people living with HIV who need lifelong HIV treatment are receiving it. New infections continue to outpace the number of people starting treatment (*3*).

In 2008, four of five low- and middle-income countries were not on track to meet their universal access targets.

The power of the HIV movement

In many places, the silence surrounding HIV has been shattered, driven by people living with HIV and the communities most affected by the epidemic: gay men in the Americas, Europe and Australia; activists in South Africa and Uganda; groups of sex workers, such as the Sonagachi collective and the Global Network of Sex Work Projects; and networks of people who use drugs in Eastern Europe.

The international community has responded with unprecedented commitment and a massive mobilizsation of resources—and transformed the HIV response.

The urgency of the pandemic demanded and resulted in exceptional global solidarity, as exemplified by the principle of the Greater Involvement of People Living with HIV (GIPA).

The HIV movement has pioneered results-based approaches; established ambitious targets; forged a novel consensus about the need to address social, political and economic determinants of HIV risk and vulnerability; and strengthened health and social welfare systems to respond to the needs of not only people affected by HIV but other vulnerable population groups as well.

Diverse and evolving epidemics

If the global response is to accelerate progress towards universal access, we must constantly increase our knowledge about the dynamics of diverse and evolving HIV epidemics.

Epidemics vary from region to region, from country to country and within countries. Countries are striving to better set priorities among national HIV prevention responses by putting into practice the principle of "Know your epidemic, know your response",(*4*) which is based on understanding and responding to the local specifics of an epidemic. It requires strong political commitment to evidence-informed responses and up-to-date strategic information on how and why people are contracting HIV—including the influence of social, political, economic and legal environments.

Heterosexual exposure is the primary mode of transmission in sub-Saharan Africa and accounts for 80% of new infections globally. Where epidemics have matured, new infections among people in steady, long-term partnerships are often high. Nevertheless, programmes that focus on women, married couples or people in long-term relationships are rare, as are programmes that provide services for serodiscordant couples. Too often, the mutual responsibilities of both men and women in reducing the risks of HIV transmission cannot be realized, in part because women are excluded from sexual decision-making, have not had access to comprehensive sexuality education and have unequal access to prevention methods. The advent of UN Women (*5*) provides an opportunity to put the HIV-related needs of women and girls, in Africa and elsewhere, more firmly on the agenda.

Epidemics among men who have sex with men, (*6*) people who use drugs (*7*) and sex workers (*8*) can be found around the world, but particularly in Asia and the Pacific, Latin America and the Caribbean and Eastern and Central Europe. These epidemics are fuelled by homophobia, stigma and discrimination and lack of legal protection. The efforts of the Global Commission on HIV and the Law can galvanize action to make the law work for an effective and human rights–based response to HIV.

Around the world, millions of people living with HIV are living longer and more productive lives—a marked success that must be maintained and expanded. The HIV response must ensure sustainable and decentralized treatment, care and support in the context of epidemic shifts from rural to increasingly urban settings, including in the growing informal settlements of sub-Saharan Africa and other parts of the world.

Facing and leveraging economic and political trends

Changes in the wider environment—most notably the global economic crisis—have serious implications for sustaining and strengthening the HIV response. The upward trend in resources flat-lined in 2009 and, in many countries, treatment programmes were unable to accept new clients and, in the worst cases, were cut back. Funding constraints could jeopardize what has been achieved and impede future efforts to achieve universal access.

Inefficiency plagues the HIV response at every level and can be traced to poor governance, corruption, weak institutional capacity and unsound or inappropriate policies and incentives. Poorly coordinated and transaction-heavy responses from national stakeholders, the United Nations family and the donor community impede progress, leading to duplicative, poorly managed and weak technical support for HIV and fragmented and inefficient health systems.

Income inequality within countries and the polarization of population groups at opposite ends of the economic spectrum have become increasingly pronounced (*9*). These trends also imply greater internal and cross-border movements of people and the associated potential for HIV risk and vulnerability. Developmental efforts, including the HIV response, must more rigorously engage the low-income and vulnerable people within countries rather than low-income countries per se.

The response must also contend with continued shifts in the development cooperation architecture. Even as the HIV response has begun to successfully reposition itself as being integral to wider development and human rights efforts, funding flows for HIV remain fragmented, reflecting the continued proliferation of initiatives and implementers. Despite widespread recommitment to the principles of aid effectiveness, true national ownership is still far from assured, and the interests of the global South, including those of civil society and people living with and affected by HIV, exercise too little influence in the global AIDS governance architecture.

Middle-income countries must assume greater responsibility for domestic funding of their responses, address internal inequity and engage in South–South partnerships grounded in principles of human rights and aid effectiveness. Emerging economies are wielding more clout in global negotiations on trade, development, human rights, intellectual property rights and other issues. This will have profound implications for many drivers of HIV and the response. The historical role of the BRICS countries (Brazil, Russian Federation, India, China and South Africa) in relation to the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and essential medicines is a potential advantage for the HIV response.

AIDS and the Millennium Development Goals: working together for greater impact

The Millennium Development Goals are interlinked: progress on one goal supports progress in others. There are many opportunities to simultaneously advance the response to HIV and to achieve other Millennium Development Goals, lowering overall costs and increasing the impact of investments.

AIDS-related illnesses are a leading killer of women of reproductive age, and almost one in five maternal deaths worldwide in 2008 was linked to HIV (*10*). In six hyperendemic countries, AIDS is responsible for over 40% of child mortality (*11*). People with latent tuberculosis (TB) are increasingly becoming infected with HIV and developing active TB. Of the estimated 1.8 million people who died from TB in 2008, more than 25% were living with HIV.

HIV has dramatic consequences for entire communities. Most people who die from AIDS-related illnesses are young adults—among the most economically productive members of society. Across the world, an estimated 17.5 million children have lost at least one parent to HIV. Treatment, hospitalization and loss of income, as well as providing care for family members living with HIV and for orphans, results in a high economic burden for households (*12, 13*).

Seizing scientific breakthroughs

Science acts as a transformative force. Novel biomedical interventions and their application have the potential to vastly reshape HIV prevention approaches if informed by further research, local knowledge and human rights. The Bill & Melinda Gates Foundation has set and financed an innovative agenda to end new HIV infections.

Clinical trials have confirmed the prevention benefits of voluntary male circumcision (*14,15*). Evidence also shows that antiretroviral drugs can substantially reduce the risk of vertical, sexual and bloodborne HIV transmission (*16*), while drug dependence treatment can significantly reduce the risk of HIV infection among people who use drugs (*17*). Other novel interventions include microbicides, pre- and post-HIV exposure prophylaxis, prevention of herpes simplex virus-2 infection and the eventual discovery of a preventive HIV vaccine. One of even modest efficacy would dramatically affect the trajectory of the epidemic.

Innovation depends on convening consortia of universities, think-tanks and implementers to find solutions to specific obstacles that hold back progress. More strategic partnerships with the private sector are needed to ensure that it continues to serve as an engine of scientific innovation—in delivering new tools ranging from treatment advances to logistics and applications of new social media.

Key challenges for the global HIV response

In moving forward, the global HIV response is confronted by a number of challenges that call for the engagement of creative minds, including those from affected communities, to identify breakthrough solutions for the achievement of universal access.

HIV as a pathfinder and investment opportunity. A wider recognition that the HIV response has been a pathfinder must confront and replace the myth that the HIV response undermines progress on other global priorities. Getting to zero requires a global response that sees power in solidarity and rejects the trap of destructive competition for finite resources. As such, it is imperative that investment in the response through long-term and sustainable financing continue to be made and be scaled up.

Priority-setting, alignment and harmonization. The present economic and development climate makes it absolutely essential that resources be put to optimal use. This demands far greater efforts to focus resources where they deliver the greatest returns through more disciplined approaches to priority-setting and resource allocation. Fragmented and externally inspired solutions to local epidemics continue to hold back progress. Development partners must improve their adherence to internationally agreed frameworks for alignment to country-determined priorities and harmonization of procedures that are fundamental to country ownership, mutual accountability and improved use of resources.

Access to affordable medicines and commodities. Gaps in access to HIV treatment within and between countries are an affront to humanity that can and must be closed by ensuring access to affordable medicines and commodities for all. These gaps, driven by grievous social inequity, can only be filled through relentless political pressure and novel approaches to developing, pricing and delivering treatments for HIV, TB, malaria and other health issues.

Strengthening systems. Although 30 years have passed since communities began leading and demanding HIV responses, national programmes and global partners are just beginning to actively support, deepen and strengthen community engagement. We must insist on and institutionalize the principles and practices of strengthening community systems in the global HIV response and resist short-sighted notions that doing this is too costly, too complicated or too indirect. On the contrary—the HIV response requires smarter and more sustained multisectoral support for the community systems that shape people's lives and complement human resources for health. A harmonized approach to strengthening HIV responses and community and health systems is essential.

Social justice. Stigma and discrimination, homophobia, gender inequality, violence against women and girls and other HIV-related abuses of human rights remain widespread. These injustices discourage people from seeking the information and services that will protect them from HIV infection, from adopting safe behaviour and from accessing HIV treatment and care. Where HIV-related stigma, discrimination, inequality and violence persist, the global response will forever fall short of the transformations required to reach our shared vision.

Part 1. Strategic agenda for transformation

Strategic directions to end new infections

The world has changed fundamentally since the historic commitments to the Millennium Development Goals and the 2001 Declaration of Commitment on HIV/AIDS were made. Prevailing political and economic orthodoxies have given way in the wake of the economic crisis. Emerging economic countries are challenging and setting global agendas. Autocracy and economic mismanagement have been replaced with significant and sustained growth and improved governance across much of Africa.

The future costs that HIV imposes on people, families, communities and countries will be determined by how national and global partners reposition the HIV response to leverage the shifts in the macro context. Choices will be shaped by scarce resources, shifting global priorities and the kinds of new alliances forged. Success or failure will be determined by how prevention programmes are focused, how the next phase of treatment is delivered and the strength of our collective commitment to human rights and gender equality.

We need to achieve a transition that will see fewer people infected than are newly placed on treatment.

In this context, the global HIV response finds itself at a pivotal juncture in which the gains of the past are at risk and current approaches are reaching their limits.

It is paramount that new infections be stopped. We need to achieve an AIDS transition—where fewer people are newly infected than are newly placed on treatment. This calls for bold action that must be guided by a groundbreaking vision: zero new HIV infections, zero discrimination, zero AIDS-related deaths. Although this vision may be aspirational, the journey towards its attainment is laid with concrete milestones: 10 goals for 2015.

Zero babies born with HIV and zero transmission due to injecting drug use takes us towards zero new infections. Halving the number of people living with HIV who die from TB brings us closer to zero AIDS-related deaths. Eliminating stigma and discrimination related to HIV transmission, gender, sex work, drug use and homosexuality mark key steps to realizing zero discrimination in the context of HIV.

Achieving the AIDS transition can prevent immense suffering and save countless lives as well as tens of billions of dollars. Three strategic directions will guide us to breaking the trajectory of the epidemic and pursuing our vision.

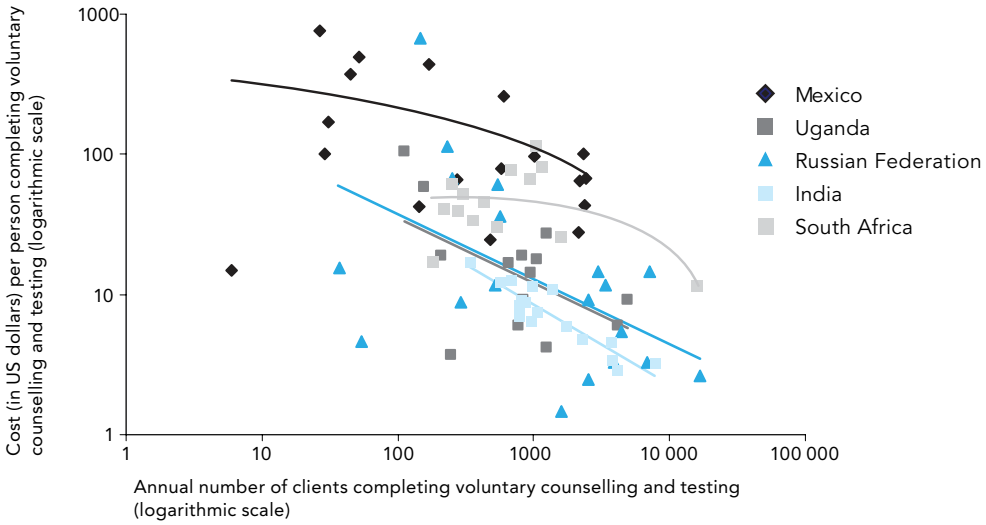
One, revolutionizing prevention will shift the debate from HIV prevalence to incidence, enabling us to identify transmission hot spots, empower people, particularly young people, to demand and own the response and incentivize political leaders to focus on population groups and programmes that will make a difference in reducing new infections. Recent developments enable and require a revolution in how HIV prevention is conducted and the impact of HIV prevention programmes.

Two, catalysing the next phase of treatment, care and support requires a radically simplified treatment platform that is good for people living with HIV and will cut new infections by scaling up treatment access. The next phase of treatment, based on new

drug regimens, will adopt innovative delivery models that both reduce unit costs and recognize and empower communities to demand and deliver better treatment, care and support services that maximize the links with other health and community services. This will be essential to improving equity, cutting costs and sustaining the response over the long term.

Three, advancing human rights and gender equality for the HIV response means ending the HIV-related stigma, discrimination, gender inequality and violence against women and girls that drive the risk of, and vulnerability to, HIV infection by keeping people from accessing prevention, treatment, care and support services. It means putting laws, policies and programmes in place to create legal environments that protect people from infection and support access to justice. At the core of these efforts is protecting human rights in the context of HIV—including the rights of people living with HIV, women, young people, men who have sex with men, people who use drugs and sex workers and their clients.

Fig 1.1 Focusing on: higher efficiency in large-scale voluntary counselling and testing programmes



Source: Marseille et al. (*18*)

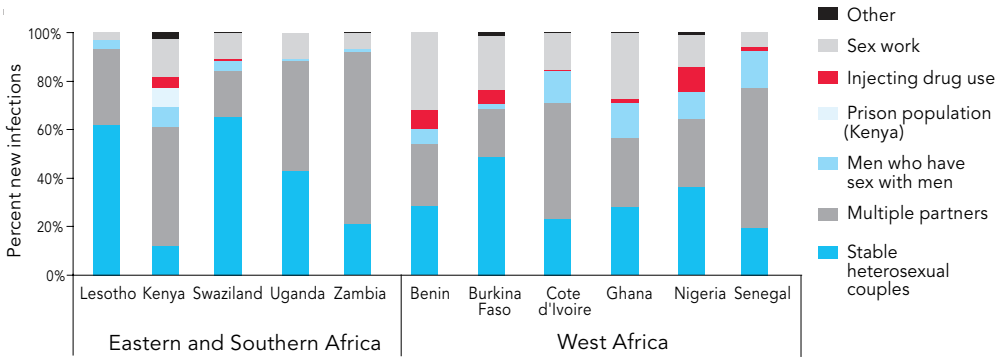
An agenda for transformation: efficiency and focus

Dramatically reducing the number of people newly infected with HIV requires radically reshaping the response. Success depends on intensifying what we know works and focusing efforts where they are most needed. Analysing the severity, scale, scope and impact of the epidemic can guide us to the settings in which we can deliver maximum results.

The current financial environment is in a state of flux. Greater efficiency can be generated if country programmes approach delivery differently. Evidence suggests, for example, that the cost of delivering voluntary counselling and testing services varies enormously across countries (Fig. 1.1). Selecting and scaling up efficient approaches that meet local needs improves uptake and reduces unit costs (*18*).

Studies of other services, including sex worker programmes, risk reduction among people who use drugs and services for interrupting vertical transmission, also show that efficiency can be increased dramatically.

Fig 1.2 Focusing on: modes of HIV transmission in sub-Saharan Africa



Source: UNAIDS

We can generate further efficiency by seeking all opportunities to integrate the HIV response with other health and development efforts. Integrating services to end vertical HIV transmission (*19*) with sexual and reproductive health services provides one of many opportunities to do more with less—while serving people better.

Task-shifting to community health workers also shows great promise for reducing costs while maintaining results. Community conversations can democratize problem-solving and result in more locally appropriate, better owned and more sustainable solutions that maximize value for money.

Using the most current epidemiological data on modes of transmission, the latest information on social context and a fuller understanding of the strengths and weaknesses of the existing response, countries can focus and intensify efforts where they will produce the greatest impact (Fig. 1.2) (*20,21*). Improved national HIV strategic planning based on such analyses can increase the efficiency and effectiveness of the response by ensuring that efforts are directed to meet the country's real and current needs in order to stop new infections.

Fig 1.3. Focusing on: countries with a high burden of HIV among people who inject drugs*

Azerbaijan	Indonesia	Malaysia	Thailand
Brazil	Iran (Islamic Republic of)	Pakistan	Ukraine
China	Kazakhstan	Russian Federation	Viet Nam
India	Kenya	South Africa	

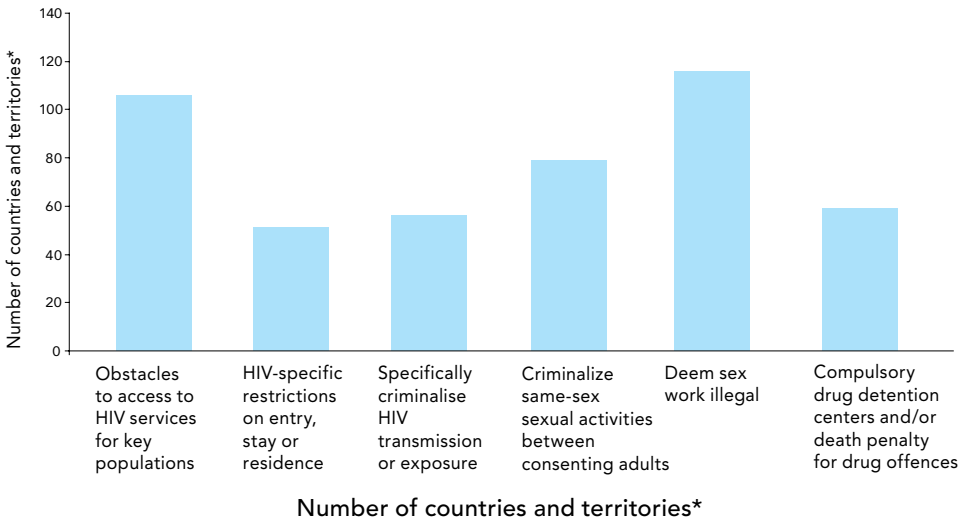
*Low- and middle-income countries estimated to have more than 100 000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%

Source: adapted from Mathers et al. (*22*).

HIV remains a dominant health threat in most of sub-Saharan Africa, whereas it represents a minor part of the overall national health agenda in other parts of the world. Nevertheless, many countries with low HIV prevalence have raging epidemics concentrated among men who have sex with men, transgender people, sex workers and their clients and/or people who use drugs. For example, Fig. 1.3 presents 15 countries that have a large number of people who inject drugs (more than 100 000) coupled with a high prevalence of HIV among this population (exceeding 10%) (*22*). Similar groupings of countries can be constructed for other population groups across epidemics, including men who have sex with men and sex workers and their clients.

As a global community, we must recognize that, beyond its health impact, HIV acts as a lens that magnifies the ills of society and the weaknesses in our social systems (such as our community, health, education, justice and social security systems). The United Nations has a duty to promote human rights and to stand with vulnerable people, to open political space where their voices can be heard and to advocate and build capacity to empower the people who are most affected to exercise leadership and fully access HIV prevention, treatment, care and support services.

Fig 1.4 Focusing on: laws that impact HIV responses



* Number of countries and territories with selected types of laws that impact HIV responses. The data were compiled on 209 countries and territories, and not all reported on each type of law.

Source: GNP+ et al. (*23*).

The HIV response gives us an opportunity to strengthen the social fabric, to combat inequality that undermines human rights and economic stability, to improve social justice and to reinforce the systems that deliver critical services for the most vulnerable members of our communities. In focusing our efforts, we must account for and address social and legal environments that fail to protect people in the context of HIV and/or block effective HIV responses. Fig. 1.4 presents the scope of this challenge (*23*).

International partners often emphasize a cost-benefit approach that focuses their resources on the global disease burden. One approach to focusing on disease burden

Fig 1.5 Focusing on: achieving greater impact

Brazil
Cambodia
Cameroon
China
Democratic Republic of the Congo
Ethiopia
India
Kenya
Malawi
Mozambique
Myanmar
Nigeria
Russian Federation
South Africa
Thailand
Uganda
Ukraine
United Republic of Tanzania
Zambia
Zimbabwe

Intensified joint action in these 20 countries*

Would address

- Over 70% of new global HIV infections
- Over 80% of the global gap in ART for eligible adults
- Over 75% of the global gap in prevention of vertical transmission
- Over 95% of the global burden of HIV-associated TB
- Major HIV epidemics driven by injecting drug use (over half of the 20 countries also listed in Fig. 1.3)
- Laws that affect the HIV response, including laws that restrict travel for people living with HIV (14 of these countries have 3 or more such laws (Fig. 1.4))

Would boost aid effectiveness

- Enhance the implementation of more than US$ 5.1 billion in active HIV grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Leverage funding from the United States President's Emergency Plan for AIDS Relief (more than US$ 7.4 billion for 2007–2009)

Would engage

- All five BRICS countries (Brazil, Russian Federation, India, China, South Africa)

* These countries meet three of the following five criteria according to independent data sources: (1) >1% of the people newly infected with HIV globally; (2) >1% of the global gap in antiretroviral therapy for adults (CD4 count >350/ml); (3) >1% of the global burden of HIV-associated TB; (4) estimated to have more than 100 000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%; and (5) the presence of laws that impede universal access for marginalized groups, including sex workers; men who have sex with men; transgender people; and people who inject drugs.

Source: UNAIDS

suggests that intensified efforts in the illustrative group of countries in Fig. 1.5 could change the trajectory of the global HIV epidemic. Bringing greater efficiency and focus to national responses and global support in these 20 countries could tackle: 74% of new HIV infections globally; over 80% of the gap between need and actual coverage of antiretroviral therapy among adults; nearly 80% of the gap between need and coverage of services to prevent vertical transmission; and nearly all HIV-related TB, while gaining momentum in building the social and legal environments that promote inclusiveness and human rights (Fig. 1.5). With any approach to focusing resources through country selectivity, the criteria for inclusion must be flexible, transparent and applied in a dynamic manner.

The HIV epidemic has also reached catastrophic proportions in some smaller countries such as Botswana, Lesotho, Namibia and Swaziland and countries in the Caribbean. Due to their small population size, such countries contribute little to the global burden of disease, but investing in strengthened HIV responses is critical to their very survival, and they too must be given priority for support.

An additional approach to effectively directing resources is to focus on the countries with the greatest gaps in service delivery coverage. For example, intensifying efforts in just 25 countries could reach about 91% of the global number of women who need antiretroviral drugs to prevent vertical transmission.

Focus must also be placed on the very specific epidemics spreading in various megacities around the world and on humanitarian emergencies. Likewise, the global response should not neglect the countries that may have the opportunity to maintain currently low HIV prevalence at modest cost but lack the means to respond.

Accountability through ownership: people, countries and synergies

Accountability through shared ownership is a guiding principle that will train our focus on people, the primacy of countries and the pursuit of synergies.

People living with HIV and those affected by the epidemic must own effective HIV responses to ensure a rights-based, sustainable response and to hold national and global partners accountable. The remarkable gains to date are largely the result of their activism, mobilization and building alliances with other stakeholders.

HIV responses must create space to involve marginalized and disempowered people, including people living with HIV, sex workers, people who use drugs, men who have sex with men, transgender people, prisoners and migrants. They have the expertise and experience and a major stake in informing the best response. We must democratize problem-solving, open channels to local knowledge and strengthen sustainable community systems and action to enable people to own their solutions. More equitable power relationships at the country level must be sought to ensure that the voices of the people most severely affected are heard, are valued and drive the response. Inclusiveness is the only route to ensuring the downward accountability that delivers results for people.

Sustaining people-centred responses requires shifting our mindsets and approaches in relation to the primacy of country ownership. Thirty years into the epidemic, the country level remains the key to success. However, the way countries are supported must be transformed to enable them to lead, manage and establish accountability systems for their responses. Creating space for national debate and dialogue on the governance of the response, including its financing, can improve public accountability and foster more widespread ownership.

Refocusing our approach to technical support on building and strengthening lasting local institutional capacity can reinforce country ownership. Experts from within countries, and the people living with and affected by HIV, represent the key to nationally owned and sustainable technical support. The market for technical support must be improved: increased transparency will foster ownership through accountability.

Stronger and more diversified funding sources must be pursued to enable the delivery of results. Nevertheless, financing must be linked to robust plans for the transition to financial sustainability, and external funding must be harmonized and aligned to support domestic financing mechanisms.

We must better incentivize political leaders to take bold decisions in addressing the epidemics of their countries and dismantle incentives that perpetuate short-term fixes. These incentives must be shaped by people-centred approaches, guided by evidence and the protection of human rights and reinforced through enhanced systems of accountability.

Generating synergies between HIV-related and broader health and human development efforts represents a major opportunity for the response. A successful HIV response is essential to achieving the Millennium Development Goals in many countries. At the same time, progress towards other Millennium Development Goals is critical for the HIV response.

By uniting movements, we can generate renewed political commitment and action for the response. Joining forces with the women's health movement to implement the United Nations Secretary-General's Joint Action Plan to Improve the Health of Women and Children presents a vehicle for synergistic action. The HIV movement can also team up with the women's movement to end violence against women and girls and to align efforts to tackle cervical cancer with those to eliminate vertical transmission. Recent evidence shows that bringing an equity focus to the hardest-to-reach children is the most practical and cost-effective way of meeting the health-related Millennium Development Goals (*24, 25*).

Synergies enable the delivery of holistic services that respond to people's needs. The time has come to dismantle the silos and use HIV as an entry point to more integrated delivery systems from the community upwards. We can deliver quick

wins by integrating HIV and TB services and by integrating both with primary health care. The elimination of vertical transmission provides a platform to deliver a continuum of care and a package of antenatal, maternal, child health and reproductive health services. This would ensure that pregnant women are not only offered HIV screening but that they and their partners are also offered services to prevent HIV and other sexually transmitted infections, unwanted pregnancies and sexual violence.

Investing more strategically to capture synergies and achieve multiplier effects across the Millennium Development Goals is one of the most promising approaches to making resources go further, promoting equity and securing better results in human development.

New paradigm for partnership

Effective partnerships are fundamental to a successful and sustainable HIV response. Building bridges between stakeholders and movements requires transforming how the HIV response approaches partnerships. Partnerships give voice to the people infected and affected by HIV, act as a catalytic force for change and provide accountability for political commitments. However, the changing environment and its demands for new and innovative ways of working signal the need for different kinds of partnerships—those that enable nationally owned responses, foster South–South cooperation and those that move beyond the traditional HIV and health sectors to broader development areas. These partnerships must include political alliances that link HIV movements with movements seeking justice through social change.

The global HIV movement's partnership agenda must place renewed emphasis on ensuring the full involvement of people living with and affected by HIV, support young people in exercising increasing leadership, catalyse governments in using strategic information to develop evidence-informed and rights-based responses that generate the highest returns on investment, engage the private sector to promote innovation and leverage contributions from other sectors for the HIV response.

The HIV response demands a new global compact of solidarity and shared responsibility. A renewed advocacy effort must be launched to encourage the continued commitment of the global North to support development efforts in the global South, with a focus on long-term predictable financing, particularly through multilateral mechanisms. In return, working through mechanisms such as the G20 group of countries, emerging economies need to be encouraged to shoulder an increasing share of domestic HIV financing and to contribute funding to international efforts.

Within this compact, we must ensure that the global community continues to provide the least-developed countries with technical and financial support that builds and strengthens national institutions to mount evidence-informed and rights-based responses that will drastically reduce the number of people newly infected. This global compact can serve as a trailblazer in the pursuit of solidarity, equity and human dignity beyond the AIDS response.

Vision and goals for the HIV response and the contribution of the Joint Programme

These goals emerged from the UNAIDS Outcome Framework, which has been guiding and focusing UNAIDS work

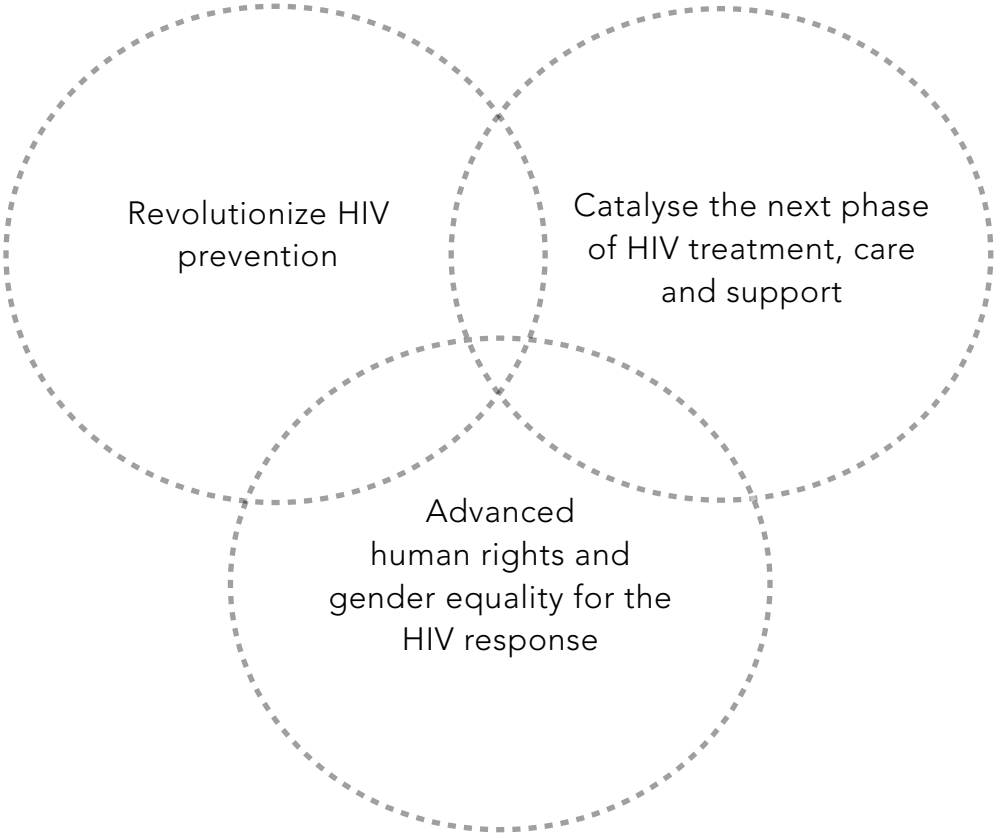
This strategy presents the UNAIDS vision for the long-term future of HIV, with a corresponding medium-term agenda for the global response. The medium-term agenda is presented as a series of ambitious yet feasible goals for the global response over the next five years. These goals emerged from the UNAIDS Outcome Framework, which has been guiding and focusing UNAIDS work since 2009 by identifying critical gaps in the HIV response, describing the social, political and structural constraints that limit results and highlighting opportunities in which countries and global partners could make a significant difference.

These goals will also serve to orient the work and engagement of the Joint Programme in the global HIV response over the next five years. The Joint Programme's operational plan and budget will articulate the specific contributions of UNAIDS to achieving each of the goals, driving the allocation of the resources of the Joint Programme, and will represent the measure by which UNAIDS will be held accountable for achieving the medium-term goals. In developing the operational plan, key results, indicators and baselines for the goals of this Strategy will be identified.

Through this Strategy, UNAIDS will galvanise global commitment to the following actions in support of the outcomes of the United Nations Summit on the Millenium Development Goals (*26*):

- Redouble efforts to achieve universal access to HIV prevention, treatment, care and support
- Significantly intensify efforts to reduce new infections within more equitable, efficient, evidence-informed and rights-based national responses
- Address HIV from a developmental perspective which requires the strengthening of national networks of sound and workable institutions and systems to mount multisectoral responses
- Build new strategic partnerships to strengthen and leverage the linkages between HIV and other health- and development-related initiatives in support of the AIDS plus MDGs agenda
- Plan for long-term sustainability and accountability through nationally-owned HIV responses

Part 2. Leadership Agenda: Three strategic directions



Strategic direction 1: Revolutionize HIV prevention

Goals for 2015

- Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work
- Vertical transmission of HIV eliminated and AIDS-related maternal deaths reduced by half
- All new HIV infections prevented among people who use drugs

Objectives

- To generate political commitment to address how and why people are getting infected
- To mobilize communities to effectively demand transformative social and legal change
- To direct resources to epidemic hotspots through the right interventions

Background

The past 10 years have brought some remarkable successes in HIV prevention (*27*). Incidence rates fell more than 25% in 33 countries, including 22 countries in sub-Saharan Africa that carry the highest burden. Although the studies may not be definitive, such results suggest that HIV prevention can work—when young people are empowered to act on information and access services, when men and women have access to and choose to use condoms and when countries and communities are mobilized to invest in effective and comprehensive evidence-informed programmes around sex work and drug use.

"Know your epidemic, know your response"

However, during the past decade, the number of people newly infected with HIV has increased by more than 25% in seven countries. Further, despite reductions, in 2008, 1.9 million more people became infected with HIV in sub-Saharan Africa alone. Halting all HIV epidemics will require nothing short of revolutionizing the prevention of HIV transmission

Gaps in prevention

Combination prevention (*28*) approaches based on sound evidence of effectiveness and efficacy—"Know your epidemic, know your response"—have not been widely applied. As a result, national prevention efforts are often inadequate and poorly focused.

Heterosexual exposure is the primary mode of transmission in sub-Saharan Africa. As epidemics have matured, the number of people in "low-risk" partnerships who are newly infected is often high. Nevertheless, programmes rarely focus on adults, married couples or people in long-term relationships or provide prevention services for serodiscordant couples.

Most young people still have inadequate access to high-quality health services, including sexual and reproductive health and rights programmes, HIV testing and condom provision. Effective school-based sexuality education is still not available in most countries (*29, 30*). In many societies, attitudes and laws stifle public discussion of sexuality—for example, in relation to condom use, abortion and sexual diversity. Yet whether the HIV epidemic is generalized or concentrated, the most severely affected population groups include young people. Because their youth compounds other vulnerabilities, young women and men need additional information, services and social support.

Although easily preventable at low cost, the vertical transmission of HIV in low- and middle-income countries remains unacceptably high. An estimated 53% of pregnant women living with HIV received antiretroviral drugs to reduce the risk of transmitting HIV to their infants in 2009 (*31*). In the same year, 379 000 babies acquired HIV (*31*). Progress is too slow, and programmes often offer far from an adequate standard of care—for example, the continued use of single-dose nevirapine instead of recommended combination therapy.

The ability of young women to protect themselves from HIV is frequently compromised by a combination of biological, social, cultural, legal and economic

factors. As a result, adolescent women in sub-Saharan Africa are as much as eight times more likely to be infected with HIV than men of the same age (*32*).

Food insecurity can make people more susceptible to HIV, as it may lead to behaviour with negative effects to obtain food, such as selling assets, migrating in search of work, taking children out of school or engaging in commercial sex. Although many people engage in behaviour that increases the risk of HIV transmission regardless of food security status, food insecurity can increase the likelihood of such risky behaviour (*33–35*).

Prevention programming also remains unacceptably low for people at higher risk of infection, such as people who inject drugs, men who have sex with men, transgender people (*36*) and female, male and transgender sex workers and their clients. Further, although use of non-injecting drugs, such as stimulants, has been linked to increased risky behaviour and HIV infection (*37*), few programmes address this association. Many countries with concentrated HIV epidemics still fail to scale up necessary, evidence-informed interventions, such as harm reduction (*38*), peer-led prevention outreach and male and female condom programming.

What is needed to revolutionize prevention?

A significant renewal is required in HIV prevention. Reductions in new HIV infections have not been sufficient to contain the epidemic, and in many cases HIV prevention responses have not focused on where they will have maximum impact.

. . . a revolution in the way HIV prevention is conducted and the impact of HIV prevention programmes.

The prevention landscape has altered over the past decade, with significantly more promise in combining biomedical prevention programmes with behaviour change. The body of data available concerning the nature and determinants of HIV risk in particular settings has increased markedly. New programme options are being added to the range of prevention activities, which can increase impact by orders of magnitude. For example, testing and counselling couples together has far more significant impact on sexual practice than individual testing programmes, and focusing efforts on discordant couples can open up a range of new options to directly affect a significant fraction of the risk of HIV exposure. These developments both enable and require a revolution in how HIV prevention is conducted and the impact of HIV prevention programmes.

Revolutionizing the way we think about prevention

Individual	➤ ➤ ➤	Network
Leaflet	➤ ➤ ➤	Social media
Victim	➤ ➤ ➤	Actor
Institution	➤ ➤ ➤	Movement
"We know what works"	➤ ➤ ➤	"You know what works"
Prevalence	➤ ➤ ➤	Incidence
Treatment vs. prevention	➤ ➤ ➤	Treatment and prevention
AIDS is exceptional	➤ ➤ ➤	AIDS leads the way

Countries need better information about the determinants, dynamics and impact of their epidemic to develop cost-effective responses engaging people in need, including people at higher risk and vulnerable to HIV.

Evidence is mounting that comprehensive sexuality education empowers young people to make informed decisions regarding their sexual health and behaviour while playing a part in combating damaging beliefs and misconceptions about HIV and sexual health. Family-centred approaches recognize that social norms are set at the family and community level and that parents, other kin and community leaders can have a defining impact on the aspirations and choices of young people. Efforts to make health services "youth friendly" by breaking down barriers to use are providing access to sexual and reproductive health services and commodities. Enabling young people to act as change agents, and focusing social and political movements around specific initiatives, will energize the revolution from the bottom up and the top down.

Services delivered in health care settings are important but are unlikely on their own to overcome the structural barriers that block effective responses to HIV. Communities must also mobilize to demand the social and legal changes necessary to remove barriers to access, uptake and sustained use of high-quality HIV prevention services and programmes.

People living with HIV have always been powerful advocates for HIV prevention, but relatively few programmes have directly engaged them in prevention initiatives. Yet effective prevention depends on such engagement and in involving the groups at higher risk in designing and delivering programmes. Innovative approaches that involve people living with HIV, such as "Positive Health, Dignity and Prevention"(*39*), are urgently needed. Political and programmatic commitment to involving affected communities must be ensured.

When social support and other programmes for people with disabilities are delivered in an HIV-sensitive manner, they contribute to overcoming the historic neglect of HIV prevention and support for people with disabilities (*40*). The significantly underreported rates of HIV infection and related disease and death among people with disabilities also need to be tackled directly through AIDS programming efforts.

There must be no more denial of the harmful social, sexual and gender norms that drive vulnerability: the social exclusion of particular groups; the refusal to admit the existence of men who have sex with men; the marginalization of people who use drugs; and gender inequality, violence and other forms of abuse directed towards women. Leaders must be enlisted to support a prevention revolution by giving them greater recognition for their efforts when they do the right thing in responding to HIV, even if it does not serve short-term populist goals.

The best HIV responses have been transformative in their impact. Such transformative prevention efforts include: South Africa, where mass mobilizations have been implemented using the whole apparatus of democracy to bring together HIV services, knowledge of status and health-changing behaviour; Kenya's scaling up of voluntary male circumcision in the context of HIV education and behaviour change; and the significant scaling up of access to methadone, needle and syringe programmes and ART for people who use drugs in Malaysia, despite remaining challenges.

A global transformation will put HIV prevention efforts at the forefront of the most effective development practice by supporting a renewal of HIV prevention in synergy with expanding treatment access, focus and rigour in programme implementation and country ownership that enables HIV responses to set the pace in creating resilient, equitable and inclusive societies.

UNAIDS focus and added value

Impact areas for transformation

To generate political commitment to address how and why people are getting infected, we will create positive incentives for leaders to do the right things in responding to HIV by better recognizing these critical efforts. We will ensure mapping of vulnerability and risk—as well as programmatic gaps in the response—and political, legal and cultural barriers and opportunities, which will influence leaders and empower civil society to undertake more effective advocacy.

To mobilize communities to effectively demand transformative social and legal change, movements will be fostered that create shared social commitment to health, overcome stigma and discrimination and support people in changing their behaviour. It is critical that we empower and facilitate young people as change agents in activating their communities to redress harmful social norms governing sexuality, gender roles and other behaviour. The potential of peer-led approaches involving men who have sex with men, people who use drugs and sex workers as well as people living with HIV through the "Positive Health, Dignity and Prevention" approach, should be maximized.

To direct resources to epidemic hot spots through the right interventions, countries will be challenged to develop national AIDS strategies that emphasize priority prevention programmes and include bold prevention targets based on "know your epidemic, know your response". Countries will be supported to ensure that strategies account for an understanding of both the economic and social returns on investment and define optimal levels of programme scale-up. More focused programmes will be encouraged that saturate HIV hot spots—the geographical locations and social networks where HIV is most persistent or rapidly increasing—to deliver concerted action in the context of proven combination prevention approaches. Implementing and scaling up innovative and promising new interventions such as microbicides and other female-initiated prevention methods, male circumcision and vaccines (when available) will be critical to reshaping the response.

Strategic partnerships to deliver results

- Partner with networks of people living with HIV and other key populations (*41*) in the context of peer-led, rights-based initiatives, to increase voluntary HIV testing and counselling, treatment adherence and HIV and human rights literacy and protection.
- Build synergies by working with sexual and reproductive health communities and leveraging the maternal, newborn and child health initiative of the H4+ (WHO, UNICEF, UNFPA, World Bank and UNAIDS). Make efforts to eliminate vertical HIV transmission as an entry point to increasing maternal survival by providing antiretroviral therapy to pregnant women; to promote links to antenatal care, including antenatal syphilis screening and treatment; and to provide full

access to contraception through sexual and reproductive health services, including for adolescents.

- Work with funding entities, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, to promote adherence to normative guidance, harmonized reporting and scaling up of priority areas, including preventing vertical and heterosexual transmission; preventing transmission among men who have sex with men, people who inject drugs and in the context of sex work; and preventing TB among people living with HIV.
- Engage with networks of young people to disseminate prevention messages and support education programmes that allow young people to understand and exercise their rights to information and to services.
- Engage with academic and professional societies in the global North and South to build capacity at the country level and support the generation of operational research and data collection on the structural and social drivers of the epidemics.
- Engage in lesson-learning partnerships that have the potential to facilitate major breakthroughs. For example, engage with the leadership of megacities and the Healthy Cities Initiative to drastically cut new infections in growing conurbations, or engage with entities such the Millennium Villages Project to understand how to scale up HIV prevention, treatment, care and support in the context of integrated rural development.

Leveraging the full potential of the Joint Programme: illustrative examples of joint working to support revolutionizing prevention

UNAIDS will expand support to countries to implement the learning objectives contained in the groundbreaking International Technical Guidance on Sexuality Education, published by UNICEF, UNFPA, UNESCO, WHO and the UNAIDS Secretariat.(*26*) The voluntary Guidance provides age-specific benchmarks that can be used to ensure that young people receive the good-quality education they need in order to make responsible choices about their sexual and social relationships in a world affected by HIV.

Together with the UNAIDS Secretariat, other Cosponsors and national partners, the World Bank conducts analytical work on HIV transmission dynamics, which provides countries with insights on the diversity of their epidemic, to improve the planning and costing of prevention policies for maximum efficiency and effectiveness. UNDP advances these efforts by supporting countries in understanding the socioeconomic drivers of HIV and in responding with appropriate structural interventions, within broader plans and actions related to the Millenium Development Goals and development. UNFPA and the World Bank will conduct a major new synthesis analysis of the global epidemics of HIV among sex workers. This will review epidemiological evidence, intervention efficacy and costs and will model the costs and impact of addressing the needs of these populations at scale in various epidemic contexts.

Strategic direction 2: Catalyse the next phase of treatment, care and support

Goals for 2015

- Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment
- TB deaths among people living with HIV reduced by half
- People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support

Objectives

- To ensure that people living with HIV can access effective treatment when they need it
- To strengthen national and community systems to deliver treatment, care and support
- To significantly scale up access to care, support and social protection by people living with and affected by HIV

Background

In 2010, an estimated 10 million people living with HIV need treatment but do not have access to it (*31*). Millions of people who could live healthy and productive lives will die unless the treatment gap is closed. Even after treatment is available to everyone who needs it, people living with and affected by HIV will continue to require care and support services.

Gaps in treatment, care and support

Fewer than 40% of people living with HIV are aware of their status (*3, 42*). Stigma and discrimination act as major barriers to HIV testing and counselling. Serious, even life-threatening exposure to violence, stigma, loss of family, employment and property can and often do result when people are revealed as living with HIV.

The overall costs of providing HIV treatment will increase as countries scale up treatment, adopt recommendations on earlier initiation of antiretroviral therapy, provide safer but more expensive regimens and respond to the growing need for second- and third-line treatment. (*43*). Further, the non-drug costs of delivering antiretroviral therapy remain high, accounting for up to 60% of the overall costs of treatment (*44*).

Between 2000 and 2010, robust competition among generic medicine producers was primarily responsible for price drops. Nevertheless, restrictions on generic competition create major barriers to developing and manufacturing products well adapted for use in resource-poor settings, including fixed-dose combinations and formulations for children.

Although HIV among children has been virtually eliminated in industrialized countries, children still account for close to one in six people newly infected in

sub-Saharan Africa. Global commitment to treatment for children remains inadequate, with only 28% of all children younger than 15 years of age who are in need having access to treatment in low- and middle-income countries (*31*).

Increasing numbers of people on antiretroviral therapy mean growing needs for lifelong support to fight opportunistic infections and provide palliative (*45*) and home-based care. The treatment, care and support needs of young people aged 15–24 years are underestimated and unmet in most countries. Social norms around drug use and sexual behaviour can often lead service providers to overlook or actively discourage HIV help-seeking by young people.

Treatment service delivery in the past has largely depended on specialist doctors, thus limiting access to treatment in countries with insufficient trained medical staff and for people who live far from specialized facilities. Although there is task-shifting to other health care workers in some settings, regulatory, professional, financial and attitudinal impediments remain.

The demand side of treatment—the factors that make people enrol for treatment and adhere to treatment—has not received enough attention. Poor-quality services, stigma, discrimination and homophobia hinder treatment uptake and adherence. The costs of accessing services, including visit fees and transport costs, can also be an important barrier, especially among food-insecure people. Further, the global economic crisis is having a substantial negative effect on HIV programmes and people's ability to seek and adhere to treatment (*46*). Low treatment adherence may result in HIV drug resistance, leading to the need for expensive second-line and third-line regimens.

Integration of treatment programmes with food and nutritional support remains inadequate. Weight loss or malnutrition may affect the effectiveness of antiretroviral therapy. The risk of death among malnourished people who start antiretroviral therapy is 2–6 times higher than among non-malnourished people, independent of CD4 count (*47*). Similarly, although evidence demonstrates that treatment of drug dependence increases antiretroviral therapy adherence, antiretroviral therapy is still rarely integrated with the treatment of drug dependence and rehabilitation programmes.

TB is the leading cause of death among people living with HIV. In 2007, cases of HIV and TB coinfection accounted for more than 26% of all TB deaths and 23% of all deaths among people living with HIV (*48*). Most of these deaths (83%) occurred in sub-Saharan Africa, where the mortality rate from HIV-related TB is more than 20 times higher than elsewhere in the world. For those who survive TB, the disease can take an enormous toll physically and financially. Further, the rapid growth of multidrug-resistant TB poses an even greater threat to people living with HIV due to alarmingly high mortality rates.

Delivering treatment, care and support

Treatment 2.0 is a new approach to simplifying how HIV treatment is currently provided and to scale up access to life-saving medicines (*44*). Using a combination of efforts, it could reduce treatment costs, make treatment regimens simpler and smarter, reduce the burden on health systems and improve the quality of life for people living with HIV and their families. Modelling suggests that, compared with current treatment approaches, Treatment 2.0 could avert an additional 10 million deaths by 2025.

By maximizing the dramatic impact of treatment on preventing new infections, Treatment 2.0 could reduce the number of people newly infected with HIV by up to 1 million annually if countries provide antiretroviral therapy to everyone who needs it, following the revised WHO treatment guidelines. Antiretroviral therapy has been shown to reduce HIV transmission by 92% among discordant couples and has a significant positive impact on rates of TB and maternal and child deaths.

More countries should be encouraged to initiate public sector production of generics through new and strengthened South–South cooperation and public-private partnerships. The bulk purchasing of HIV medicines by the Global Fund, UNITAID, the United States President's Emergency Plan for AIDS Relief and others and work on forecasting led by the Clinton Health Access Initiative and WHO should continue to support treatment scale-up. New methods of service delivery, including integrating HIV treatment with maternal and child health services, sexual and reproductive health services and nutritional support, drug dependence treatment services, along with community-based and workplace (*49*) delivery of antiretroviral therapy should be given priority to scale up access and bring treatment closer to where people live.

Treatment 2.0: achieving the full benefits of treatment requires progress across five areas

Optimize drug regimens. UNAIDS calls for the development of new pharmaceutical compounds that will lead to a "smarter, better pill" that will be less toxic, longer-acting and easier to use. Combined with dose optimization and improved sequencing of first- and second-line regimens, this will simplify treatment protocols and improve efficacy. Optimizing HIV treatment will also result in other health benefits, including much lower rates of TB and malaria among people living with HIV.

Provide access to point-of-care diagnostics. Monitoring treatment requires complex equipment and specialized laboratory technicians. Simplifying diagnostic tools to provide viral load and CD4 cell counts at the point of care could help to reduce the burden on health systems. Such a simplified treatment platform could defray costs and increase people's access to treatment.

Reduce costs. Despite drastic reductios in drug prices during the past decade, the costs of antiretroviral therapy programmes continue to rise. Although drugs must continue to be made more affordable—including first- and second-line regimens—potential gains are highest in reducing the non-drug-related costs of providing treatment, such as diagnostics, hospitalization, monitoring treatment and out-of-pocket expenses. These costs are currently twice the cost of the drugs themselves.

Adapt delivery systems. Simpler diagnostics and treatment regimens will also enable service delivery systems to be further decentralized and integrated, thereby reducing redundancy and complexity and facilitating a more effective continuum of treatment, care and support. Task-shifting and strengthening procurement and supply systems will be important elements of this change.

Mobilize communities. Treatment access and adherence can be improved by involving the community in managing treatment programmes and by promoting the scaling up of voluntary testing and confidentiality and reducing stigma and discrimination in health care settings and communities. Strengthening the demand and uptake for testing and treatment will both improve treatment coverage and help to reduce costs for extensive outreach. Greater involvement of community-based organizations in treatment maintenance, adherence support and monitoring will reduce the burden on health systems.

Strategic use of AIDS funds and other resources will be critical in strengthening key components of the health care system. More analysis is needed in various epidemic contexts of the barriers to access and how to overcome them by combining health and social protection and community systems strengthening.

Sharing of best practices in controlling TB, HIV, malaria, hepatitis B and C, congenital syphilis and other diseases, as well as integrating the prevention and treatment services for these diseases, is critical to improve the coverage, quality and cost–effectiveness of services.

Economic strengthening of low-income HIV-affected households, providing comprehensive social care, overcoming stigma and discrimination and ensuring affordable HIV-related services are important components of a multisectoral approach to HIV. HIV care and support require a comprehensive set of services, including psychosocial, physical, socioeconomic, nutritional and legal care and support. These services are given insufficient priority and are crucial to the well-being and survival of people living with HIV and their caregivers as well as orphans and vulnerable children. People need care and support services from the time of diagnosis throughout the course of HIV-related illness, regardless of their ability to access antiretroviral therapy.

The bulk of care and support is provided by families—specifically women—and communities, including community-based and faith-based organizations. Greater efforts are required to ensure men's involvement in care and support. Grandparents often provide care for vulnerable children affected by AIDS; however, the contributions of older people, and their own needs for care and support, must be adequately recognized and supported through cash transfers and other forms of social protection.

The acceleration of HIV-specific and HIV-sensitive social protection programming can help to scale up comprehensive and predictable protection, care and support for vulnerable families and children affected by HIV, most of whom currently receive little or no external support (*50-52*).

For universal access to become a reality, international and domestic funding must be scaled up and available. HIV funds must be used more efficiently. Closing the inefficiency gap and making better use of existing funding is fundamental to producing better overall results in HIV treatment and care.

UNAIDS focus and added value

Impact areas for transformation

To ensure that people living with HIV can access effective treatment when they need it, UNAIDS will catalyse a coordinated global effort to achieve the goal of simpler, more affordable, more effective drugs and point-of-care diagnostic and patient monitoring tools. Major cost savings are to be gained by reducing the non-drug-related costs of providing treatment—currently the major part of treatment costs.

To strengthen national and community systems to deliver treatment, care and support, community system capacity needs major expansion in order to deliver

decentralized, integrated services. Successful models of partnership between health service providers and community-level providers need to be scaled up. Country capacity to advance treatment access requires scaled-up systems that provide for faster registration of high-quality HIV-related medicines. Ensuring access to affordable medicines will also require concerted action to support national governments in making use of TRIPS Agreement flexibility, advocating for excluding legal provisions that could negatively affect access to essential medicines.

To significantly scale up the access to care and support among people living with and affected by HIV, relevant services need to be tailored to individual, household and community needs, and HIV-sensitive social transfers must be embedded into national social protection systems. We will generate national and international consensus on HIV-sensitive social protection policy to accelerate the establishment of effective and transformative programmes.

Many of the great victories in the HIV response have been human rights victories . . .

Strategic partnerships to deliver results

- Collaborate with public-private partnerships, such as Stop TB, to improve the early detection and treatment of HIV, to improve chronic disease management and to integrate the prevention and treatment of coinfection.
- Partner with the pharmaceutical industry to implement tiered pricing for antiretroviral drugs and other HIV commodities in low- and middle-income countries to increase access to affordable medicines and speed up access to the next generation of treatment.
- Broker relationships with companies, business associations and employers' federations to promote HIV programmes in the workplace and in the communities where they operate to increase the access of workers and their families to HIV prevention, treatment, care and support services.
- Work with families, communities and faith-based organizations and strengthen community and social welfare systems to ensure continuous access to treatment and supplies for vulnerable and socially excluded populations—and to recognize and support caregivers.
- Work with networks of people who use drugs and service providers to ensure continuity in education, HIV treatment, harm reduction (*38*) and treatment of drug dependence in the context of HIV, the prevention of sexual transmission and care and support services for people who use drugs.
- Engage coalitions of health providers and professional and paraprofessional societies across disciplines (clinical, nursing, public health, etc.) to expand outreach and anchor prevention and treatment, care and support among a variety of health fields.

Leveraging the full potential of the Joint Programme: illustrative examples of joint working to support catalysing the next phase of treatment, care and support

WHO, with WFP, UNODC, ILO, the UNAIDS Secretariat and other Cosponsors, works towards reducing many factors that put individuals at risk of HIV-related TB—such as poor housing and work conditions, drug use and malnutrition. Together with other partners, WHO will work towards universal access to timely, comprehensive and integrated HIV and TB services. Universal access to integrated

HIV and TB prevention, treatment and care services will prevent people from being newly infected with TB and HIV, will reduce the number of HIV-associated TB cases and deaths and will positively affect most other UNAIDS priorities.

Advancing the sexual and reproductive health and human rights of people living with HIV: a guidance package (53) is the outcome of a two-year process led by the Global Network of People Living with HIV (GNP+), the International Community of Women with HIV/AIDS and Young Positives in collaboration with EngenderHealth, International Planned Parenthood Federation, UNFPA, WHO and the UNAIDS Secretariat. This package presents the essential steps to support the sexual and reproductive health and rights of people living with HIV. Sexual and reproductive health and rights are fundamental to the well-being of people living with HIV, enabling longer, healthier, more satisfying and productive lives while playing a critical role in preventing people from becoming infected with HIV. The Joint Programme will work with networks of people living with HIV and key populations to document the realities of individual lived experiences by examining the context in which sexual and reproductive health and rights are enabled or denied.

Strategic direction 3: Advance human rights and gender equality for the HIV response

Goals for 2015

- Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half
- HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions
- HIV-specific needs of women and girls are addressed by at least half of all national HIV responses
- Zero tolerance for gender-based violence

Objectives

- To support countries in protecting human rights in the context of HIV and create protective social and legal environments that enable access to HIV programmes
- To advance country capacity to reduce stigma and discrimination and to realize equitable service provision for those most affected by HIV
- To ensure that national HIV strategies address the needs and rights of women and girls in the context of HIV.

Background

Social division, inequality and exclusion drive the HIV epidemic. These forces deprive individuals and communities of opportunities and the incentives to protect themselves and to create healthy and secure futures for themselves and their children. Paramount among these disabling forces are gender inequality, the stigmatization of people living with and affected by HIV and legal environments that do not protect access to HIV programmes or actually pose obstacles to access.

Failure to realize and protect rights in the context of HIV, harmful gender norms and gender-based violence obstruct the social transformations that are needed to reduce HIV infections and the related sickness and deaths.

Protective social and legal environments are essential to reach universal access to HIV prevention, treatment, care and support.

Many of the great victories in the HIV response have been human rights victories, achieved through advocacy, activism and litigation. At this juncture, a new generation of activists is needed to understand and defend human rights in the context of HIV—led by young people, women and men, from affected communities and supported by a new generation of government leaders committed to protecting human rights for people living with HIV and at higher risk of HIV infection.

Gaps in achieving human rights and gender equality

Protective social and legal environments are essential to reach universal access to HIV prevention, treatment, care and support. Nevertheless, HIV-related stigma and discrimination remain high across the globe. In 2008, one in three countries still did not have laws prohibiting discrimination against people living with HIV. Nearly two thirds of countries reported policies or laws that impede access to HIV services by certain populations, including minors (*54*). Problematic laws—and law enforcement—include those that restrict women's equal access to education, employment, property, credit or divorce; law enforcement that drives sex workers, men who have sex with men and people who use drugs underground and away from HIV services; and overly broad laws on HIV transmission. Men who have sex with men, transgender people and sex workers are often the victims of hate crimes and gender-based violence. In many countries, sex workers, people who use drugs and sexual minorities experience illegal law enforcement in the form of violence, rape, harassment and arbitrary arrest. Few countries provide access to legal services or support legal literacy in the context of HIV.

In sub-Saharan Africa, 60% of the people living with HIV are women and girls (*42, 55*), but most funding dedicated to women provides antiretroviral therapy to prevent vertical transmission. It is essential to combine HIV-related funding with other resources to address the full range of women's vulnerabilities, such as programmes for discordant couples, young women and female sex workers and for changing harmful gender norms and economic disempowerment.

Prisoners, pretrial detainees and people in immigration detention are often at higher risk of HIV infection where closed settings fail to provide access to prevention, treatment, care and support. At any given point, 9.8 million people are in prison worldwide, facing high rates of sexual violence, drug use, TB, HIV and other sexually transmitted infections. An estimated 200 million people are affected by humanitarian emergencies annually, of which 2 million are people living with HIV. These groups face multiple interacting vulnerabilities and service needs, and their human rights must be protected.

Demanding action for human rights and gender equality

Putting human rights, equity and gender equality at the centre of the HIV response requires a major shift in coverage, content and resourcing of HIV programming. "Generic" HIV programmes that fail to address gender, sexuality, inequality, unprotective legal environments, mobility and drug dependence must be transformed to do so.

A true focus on women's rights in the context of HIV requires that all women and girls vulnerable to HIV benefit from a wide range of prevention, treatment, care and support programmes that are tailored to the particular realities of their lives. Integrating HIV and sexual and reproductive health programmes marks one such critical step.

Recent research and experience in programme implementation emphasizes the importance of actively engaging men in addressing negative male behaviour and changing harmful gender norms such as early marriage, male domination of decision-making, intergenerational sex and widow inheritance (*56,57*). Scaling up effective gender-sensitive and gender-transformative interventions that engage men is needed just as much as efforts to ensure that women have roles in decision-making from the household level to the parliament.

All forms of gender-based violence and discrimination—against women and girls, men who have sex with men, transgender people and sex workers—should be recognized as human rights violations and as elements that can increase vulnerability to HIV infection. Programmes to eliminate such violence and discrimination and to provide redress for them should be put in place.

Leaders must assess how laws and law enforcement affect the HIV response and ensure that the law works for HIV and not against it. In particular, leaders must implement protective laws and measures to ensure that all people benefit from HIV programmes and have access to justice, regardless of health status, gender, sexual orientation, drug use or sex work. The positive impact of supportive legal and policy environments can be seen across the response and around the world. A number of countries have repealed HIV-related restrictions on entry, stay and residence in the country. These restrictions are often a proxy indicator of high levels of discrimination against people living with HIV.

Support for governments in realizing and protecting rights must be accompanied by efforts to enable civil society to claim these rights. Programmes that empower civil society to know and demand their rights need to be expanded significantly. These include programmes to reduce HIV-related stigma and discrimination, provide legal aid and legal literacy, reform laws, train police on non-

discrimination, reach out to vulnerable populations, address violence against women and train health care workers on non-discrimination, informed consent and confidentiality. Such programmes are often part of national responses, but they remain small, isolated projects. For a new generation of HIV activists and for "Positive Health, Dignity and Prevention", these programmes should be an integral part of every response and taken to appropriate scale.

UNAIDS focus and added value

Impact areas for transformation

To support countries in protecting human rights in the context of HIV and to create protective social and legal environments that enable access to HIV programmes, we will intensify our work with people living with HIV and at higher risk of HIV infection to know and claim their rights and with governments to realize and protect these rights. This requires generating more complete, timely and transparent information on country-level rights and legal frameworks and how they affect HIV; providing support for expanding programmes on legal literacy, legal assistance and law reform; and providing support to leadership and programmes in government, parliament and the judiciary to strengthen systems of justice in the context of HIV.

To advance country capacity to reduce stigma and discrimination and to realize equitable service provision for those most affected by HIV, countries will be supported to eliminate stigma and discrimination in communities, in health systems and in allocating resources in national HIV responses. To do so, data collection on stigma and discrimination as well as on programme coverage and barriers to access for people at higher risk of infection will be enhanced. We will also ensure the greater participation of people living with HIV, women and vulnerable populations in decision-making forums and intensify support to people living with HIV to lead efforts to mobilize as forces for change, self-protection and empowerment. Discriminatory policies and practices that limit access to HIV services by vulnerable groups, including people affected by humanitarian emergencies, will be reviewed and countries will be supported to address them.

To ensure that national HIV programmes address the needs and rights of women and girls in the context of HIV, a much broader range of programmes are needed that address the HIV-related needs of girls and women across the span of their lives. These must include programmes to reduce harmful gender norms, to provide legal support for equality in property and inheritance rights and to enhance economic and social empowerment, including for caregivers. We will support countries in prohibiting gender-based violence and discrimination, including by actively engaging men and boys. We will do more to mobilize women leaders to inform the development and implementation of HIV strategies and to integrate these into the women's movement, including through the implementation of the principles and recommendations of the *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV* (*58*).

Summary table of UNAIDS focus and added value in three strategic directions

VISION	ZERO NEW HIV INFECTIONS			ZERO AIDS-RELATED DEATHS			ZERO DISCRIMINATION		
STRATEGIC DIRECTIONS	**Revolutionize HIV prevention**			**Catalyse the next phase of treatment, care and support**			**Advance human rights and gender equality for the HIV response**		
OBJECTIVES	To generate political commitment on how and why people are getting infected	To mobilize communities to demand transformative change	To direct resources to epidemic hotspots	To ensure that people living with HIV can access treatment	To strengthen national and community systems to deliver services	To scale up access to care, support and social protection services	To support countries in protecting human rights in the context of HIV	To advance country capacity to reduce stigma and discrimination	To ensure that national programmes address the needs of women and girls
IMPACT AREAS	Leaders positively incentivized to make the right decisions	Young people empowered to redress harmful social norms	Strategies emphasize priority prevention programmes	Better drugs and point-of-care tools developed	Capacity of community systems to deliver integrated services expanded	Care and support services adapted to diverse needs	Key populations empowered to claim their rights	People living with HIV mobilized as forces of change	Programmes that support women and girls across the full range of their lives are implemented
	Political and legal barriers are mapped and addressed	Positive Health, Dignity and Prevention approaches are scaled up	Innovative and effective prevention approaches introduced and scaled up	Major non-drug-related cost savings are identified and achieved	Country capacity for registering of medicines and using TRIPS scaled up	HIV-sensitive social transfers embedded into national programmes	Guidance on protective social and legal environments in HIV context disseminated	Data collection with people at higher risk of HIV infection strengthened and put to use	Programmes to counter gender-based violence are implemented
CORE THEMES	**Inclusive, country-owned sustainable responses** ■ Build and strengthen lasting local institutional capacity ■ Mobilize national leaders to allocate funding, including domestic, to those at the highest risk of infection with the most cost-effective interventions **People at the centre of the response** ■ Promote the leadership and capacity of peer-led organizations and networks of people living with and affected by HIV and at higher risk of HIV infection in designing, implementing and evaluating HIV responses at the global and national level **Synergies between the HIV response and broader Millennium Development Goals and human development efforts** ■ Generate collaboration between various networks and movements promoting health and development causes ■ Leverage resources for implementing appropriate, equitable and cost-effective approaches to integrating programmes and services								

Strategic partnerships to deliver results

- Support regional and country networks of people living with HIV, including young people, men who have sex with men, transgender people, sex workers and people who use drugs, to gather evidence about the social and legal barriers to accessing HIV programmes and to organize themselves to influence regional economic and political agendas.
- Work with civil society networks to conduct research, such as on the People Living with HIV Stigma Index, and disseminate research findings and messages to affect policy and funding changes.
- Partner with women's rights advocates to create demand for voluntary testing and counselling and to enable women and girls to learn and demand their rights to HIV prevention and treatment and to protection from coercion and violence. Build bridges with micro-finance and nutrition initiatives for maximum effect.
- Strengthen faith-based organizations in expanding their pivotal role in the community; in integrating HIV prevention, care and support; and in steadily addressing stigma and discrimination.

Leveraging the full potential of the Joint Programme: illustrative examples of joint working to support advancing human rights and gender equality

The Global Commission on HIV and the Law will assist in developing actionable, evidence-informed and human rights–based recommendations for effective HIV responses that promote and protect the human rights of people living with and most vulnerable to HIV. To this end, the Commission will focus on some of the most challenging legal and human rights issues in the context of HIV. UNDP is rolling out regional dialogues, which are critical for bringing local perspective and for creating national ownership for follow-up, with interagency collaboration among WHO, UNICEF, UNFPA and the UNAIDS Secretariat. Building on this, these Cosponsors, with UNHCR and UNODC, will work in partnership to develop strategic information on how the legal environment affects the HIV response with a view to supporting countries in making the law work for the HIV response and the people affected

UNAIDS will support countries in implementing the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV (58). The Framework is a collaborative effort between the UNAIDS Secretariat, UNDP, ILO, UNICEF, UNFPA, WHO, UNESCO, World Bank and UNIFEM/UN Women. The framework was developed in response to the pressing need to address gender inequality and human rights violations that affect women and girls in particular. It outlines specific actions to mitigate the particular effect of the HIV epidemic on women and girls and to translate political commitment into scaled-up action.

Part 3. How UNAIDS will deliver on its goals

Optimizing the comparative advantages of the Joint Programme

UNAIDS aims to lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support. As an innovative collaboration, the strength of the Joint Programme is derived from the diverse expertise, experience and mandate of its 10 Cosponsors and the added value of the UNAIDS Secretariat in political leadership and advocacy, coordination and fostering joint accountability.

This Strategy is closely aligned with and will guide the HIV strategies of the UNAIDS Cosponsors, as exemplified by the collaborative development of the WHO Global Health Sector Strategy for HIV/AIDS 2011–2015, which makes explicit the role and distinct contributions of WHO in achieving the goals of the UNAIDS Strategy. These strategies include those that are sector- or population-specific, such as HIV strategies on health and education and those relating to HIV and refugees, internally displaced people, nutrition, children, women, young people and drugs and crime. Others Cosponsor strategies refer to the multisectoral aspects of the HIV response, such as those that cover the governance of the response, development planning, social protection and financing.

UNAIDS' added value, vis-à-vis other actors in the development landscape, in achieving the vision of *zero new HIV infections, zero discrimination, zero AIDS-related deaths*, is articulated in its Mission Statement . Its core and unique strengths are leveraged in this Strategy. In particular:

- As a United Nations entity, UNAIDS exercises leadership in the global AIDS response by promulgating and promoting norms and standards, convening United Nations agencies, donors, governments, people living with HIV and affected communities, civil society organizations and the private sector in selective high-yielding partnerships and by mobilizing resources for an equitable global response.
- As a joint programme, UNAIDS optimizes the United Nations response by modelling United Nations reform and delivering as one through its unique coordination function that ensures policy coherence as well as operational coordination—as exemplified by the implementation of the UNAIDS Outcome Framework by United Nations Joint Country Teams on AIDS.
- As a programme of 10 Cosponsoring United Nations agencies, UNAIDS delivers value in supporting multisectoral responses, addressing social drivers and impacts of the epidemic and leveraging and influencing factors that affect the epidemic—often in indirect ways through, for example, education policy, food security, social protection, employment, etc.
- Based on its long-standing partnership approach with countries, UNAIDS is particularly well placed to serve as a valuable partner as the AIDS response moves to longer-term approaches with country ownership at the heart—including by supporting the involvement of people living with and affected by HIV as well as other vulnerable groups and their representatives in developing, implementing and evaluating HIV responses.
- With its presence in nearly every low- and middle-income country, UNAIDS generates and promotes the use of strategic information and evidence-informed policy to guide investment in targeted and quality responses and advocates for mutual accountability to ensure their implementation.
- With its human rights mandate, UNAIDS advocates for the human dignity, equality, rights, security and empowerment of all people vulnerable to and affected by HIV.

Implementation mechanisms	AREAS OF FOCUS FOR UNAIDS
Measuring progress and improving accountability	▪ Actively engage the UNAIDS Programme Coordinating Board in developing the Unified Budget and Accountability Framework ▪ Strengthen the links between the Unified Budget and Accountability Framework and the frameworks for Cosponsor corporate results ▪ Focus the Unified Budget and Accountability Framework on epidemic priorities and achieving results at the country level ▪ Allocate funds based on clear principles and criteria for performance to deliver key products and enhance the accountability for results
Division of labour	▪ Convene Cosponsors around Strategy goals based on their comparative advantage in countries ▪ Secretariat to assume overall leadership on political advocacy, strategic information and accountability to the Programme Coordinating Board for results
Partnership	▪ Exercise selectivity in partnership building to leverage and optimize resources, assess new and existing partnerships based on shared objectives and value added and hold partnerships to account through strengthened mutual accountability mechanisms
United Nations reform in action	▪ Participate effectively in the Resident Coordinator system and further pioneer our role in delivering as one by enhancing efficient and accountable joint work
Building country ownership and sustainable capacity	▪ Build lasting national capacity, systems and institutions with an increasing emphasis on South-South and regional technical support ▪ Step up the quality, efficiency and impact of technical support
Knowledge translation	▪ Influence research spending towards better strategic information, analysis of return on investment, programmatic gap analysis and mapping of risks, vulnerability and barriers ▪ Assume role as a global knowledge hub for operational research to provide guidance on directing resources to models and interventions that return the greatest value for money
Resource mobilization	▪ Diversify funding sources for the global HIV response through enhanced domestic role, micro-philanthropy, high-net -worth individuals and innovative financing mechanisms ▪ Link Joint Programme fundraising to key products that deliver on Strategy goals
Organizational strengthening	▪ Enhance staff competence in political analysis, human rights and gender and knowledge translation ▪ Use lessons learned about staffing deployment and patterns that are yielding information to collectively assist in addressing gaps and concerns at the country level ▪ Model the principles of inclusion, dignity and human rights by recognizing same-sex partnerships, supporting the work of UN Cares and UN+

Putting the Strategy into operation

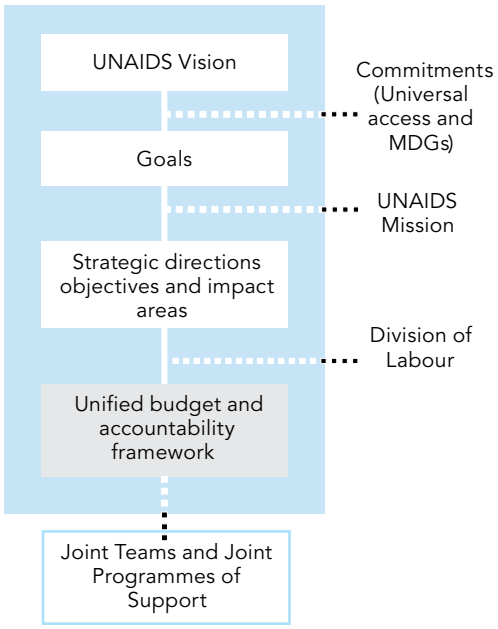
Putting the Strategy into operation will require changing the way we do business. We must aim for nothing less than zero duplication, zero incoherence and zero waste. In getting to zero, we need to strengthen several mechanisms that cover the breadth of the Programme, from its governance to the specifics of country delivery. Value for money in delivering effective and efficient business practices will be critical to ensure that scarce resources are targeted for results as transaction costs are minimized. Stakeholder ownership of a Unified Budget and Accountability Framework—the operational plan of the Joint Programme—will also be key to ensuring that priorities are set for activities around the *Strategic directions*, goals and key results and that the delivery of such results is implemented in the broader context of a harmonized and accountable United Nations.

Measuring progress and improving accountability

The Unified Budget and Accountability Framework will be developed to put the Strategy into operation, mobilize the necessary resources for implementation and measure progress and results. The Unified Budget and Accountability Framework is a governance instrument to enhance planning, management, monitoring and reporting on activities and resources of the Joint Programme. The Unified Budget and Accountability Framework will present the expected results of the Joint Programme's work on HIV and clearly show the measurable contributions of the various Cosponsors and the Secretariat.

Resources will be allocated against results and products and reflected in individual work plans for each Cosponsor and the Secretariat. At the country level, the work of the Joint United Nations Teams on AIDS and Joint Programmes of Support will be critical. United Nations efforts will be based on each country's epidemic, programmatic and capacity gaps as well as the specific niche and added value of the Cosponsors in any particular country.

Relationship between the Strategy and Unified Budget and Accountability Framework



The measurement of results and reporting by the Cosponsors and the Secretariat will be strengthened by linking the Unified Budget and Accountability Framework to Cosponsors' corporate results frameworks and by working with Joint United Nations Teams on AIDS to develop simpler and more streamlined country-level reporting. In particular, this will entail aligning results across the global, regional and country levels against the goals of the Strategy; more effective and harmonized use of existing indicators; and involving all stakeholders in planning, implementing and reviewing achievements as well as holding stakeholders to account for their contributions and progress against agreed goals through joint reviews involving national and international partners. Achievements against the Strategy will be further monitored using global AIDS and Millennium Development Goal indicators (*59, 60*).

The UNAIDS family is accountable to deliver on its goals and priorities through the revised division of labour. Existing interagency structures and accountability frameworks for reporting, monitoring and evaluating the Joint Programme will form the bedrock for the division of labour.

Strengthening joint working within the Joint Programme: the division of labour among the Cosponsors and the Secretariat

Guided by a set of core principles, the division of labour consolidates how the UNAIDS family collectively implements the Strategy by accentuating the comparative advantages of the Joint Programme as a whole—the Cosponsors and the Secretariat—and its constituent parts. By leveraging respective organizational mandates and resources, enhancing joint working and partnerships, major efficiency is gained and the transaction costs for countries are reduced.

To strengthen oversight and accountability, the division of labour identifies either one or two convening organizations from among Cosponsors for each of several thematic areas that have been identified to support the achievement of the Strategy's goals (Annex 1). Convenors will ensure that programme needs are identified and addressed through collective work with designated partners.

The UNAIDS Secretariat will exercise responsibility for ensuring the overall functioning and accountability of the division of labour, with focus on: (1) leadership and political advocacy based on analysing strategic information and generating it where there is a gap; (2) coordination, coherence and partnerships across all priority areas; and (3) mutual accountability of the Secretariat and Cosponsors, including compiling and synthesizing data on the epidemic and response that reflect the impact of the Joint Programme.

At the country level, UNAIDS emphasizes the importance of developing and implementing an effective joint programme that responds to national needs and leadership. The regional and global division of labour is intended to support country leadership and needs. The division of labour at the country level should be applied as a flexible framework to assign roles and responsibilities within the United Nations system, taking into account country priorities as well as the presence and relative strength of individual Cosponsors and the Secretariat on the ground.

Partnership

In leveraging a new partnership movement and advocating for and brokering a new compact of global solidarity to deliver a transformative HIV response, the Joint Programme must adopt a new approach to partnership. The approach will require selectivity that leverages and optimizes resources, assesses new and existingpartnerships based on shared objectives and value added and holds partnerships to account through strengthened mutual accountability mechanisms. Selectivity in partnership—and network building—will be implemented based on the following criteria: the partnership's niche in filling an essential gap; orientation towards results; the extent to which UNAIDS can add value based on comparative advantages; and the partnership's ability to deliver on the Strategic directions of the Strategy.

Through partnership approaches, the following key results will be achieved:

- Country partners in the global South will drive and implement human rights–based approaches to HIV prevention, treatment, care and support and give priority to effective interventions, with the engagement of parliamentarians and opinion-shapers such as faith-based organizations, youth networks and women's rights networks.
- Civil society, with particular emphasis on networks of people living with and affected by HIV, will join governments, donors and other stakeholders as partners in the leadership, advocacy, resource mobilization, implementation, monitoring and evaluation of national HIV responses.
- International donors together with funding partners such as the Global Fund and the United States President's Emergency Plan for AIDS Relief will provide robust, predictable funding for national responses, including community systems strengthening, health systems strengthening and effective utilization of dual-track financing mechanisms, all centred around national ownership.
- Collaboration with the pharmaceutical and diagnostic industries will increase access to more effective and affordable antiretroviral medicines and diagnostics, with attention to technology transfer, quality assurance in drug production and procurement, with particular effort to catalysing research in the global South.
- By providing normative leadership, the Joint Programme will strengthen the commitment of national responses to reach the Millennium Development Goals by 2015.

United Nations reform

From its beginnings, UNAIDS has been seen as an example of how the United Nations might be reformed—an experiment in interagency coordination. UNAIDS will remain at the forefront of United Nations reform by providing leadership, policy influence and advocacy on AIDS and the Millennium Development Goals. The changing development architecture and landscape underscores the imperative for United Nations system-wide coherence and the need for UNAIDS to maintain a pioneering role in delivering as one, taking measures to improve efficiency and accountability to enhance HIV responses.

A more effective positioning of UNAIDS field offices within the Resident Coordinator system will enhance the coordination and accountability of the United Nations response to HIV in countries. The directors of the UNAIDS Regional Support Teams will continue to be members of the Regional United Nations Development Group Teams, which provide oversight, leadership, strategic guidance, coherent technical support and performance management to Resident Coordinators and United Nations Country Teams for achieving country-level results–with government leadership.

Building country ownership and sustainable capacity

A proliferation of providers of support present new opportunities and pose the need for re-examining both the technical support market and the goals it is meant to serve. Emphasis will be increasingly placed on strengthening UNAIDS' role in developing capacity and on building lasting national and regional capacity, systems and institutions. UNAIDS stresses the importance of using experts from within the regions and countries and from within the key affected populations to provide technical support. More pronounced support for South–South cooperation on technical support and the increased involvement of emerging economies will be sought.

UNAIDS will increase the impact and sustainability of HIV country responses by influencing the provision of high-quality technical support. This goal will be achieved by:

- improving country partner capacity and systems to identify, plan, coordinate and lead technical support and to monitor the quality and outcomes of technical support;
- increasing the information available and the transparency of both the demand for and supply of technical support—in so doing, improving effectiveness, efficiency, impact and accountability in the technical support system; and
- developing and strengthening synergy and accountability between technical support mechanisms and providers—including providers from emerging economic countries and countries in the global South.

Enhancing knowledge translation and the generation and use of strategic information

The Joint Programme can meet the need for scientific and strategic input to policy formulation and programming at all levels with a priority focus on countries in its following roles:

- generating and facilitating state-of-the-art, timely, high-quality scientific information and strategic knowledge on the HIV epidemic;
- building capacity at the country level for defining, compiling, analysing and disseminating consistent, credible, high-quality scientific information and strategic knowledge, particularly in generating disaggregated data and returns on investment across different interventions;

- understanding the information needs of diverse stakeholders and brokering the use of appropriate channels (from community theatre to new social media) to translate relevant scientific advances into information for action;
- identifying barriers to effective programme performance and advocating and supporting the creation of knowledge that can be applied across all settings and contexts;
- expanding the knowledge base on the effective and efficient scaling up of the delivery of programmes and making informed choice; and
- addressing the implementation gap by supporting and building capacity to identify the political barriers and gaps in programmatic capacity.

Mobilizing financial resources for the HIV response and the Joint Programme

Meeting country-defined targets for universal access through 2015 will require significantly enhanced investment in the HIV response. At the global and regional levels, more compelling, evidence-informed narratives of the benefits and efficiency of investing in the HIV response are needed—including the concrete results that they deliver on HIV and across the Millennium Development Goals.

At the national level, efforts will be intensified to develop the evidence base for returns on HIV investment, emphasizing the prevention dividend. Support will be provided both to governments to develop and fully fund medium-term sustainability plans and to civil society to create the political incentives necessary to increase domestic funding and reduce reliance on external donors (particularly in emerging and middle-income economies).

The shifting environment presents considerable opportunities for the Joint Programme; it must diversify its funding sources and leverage more resources for the results identified in this Strategy, both for its own operations and for the broader response. Diversification will include outreach to emerging economies, the European Union, international financial institutions and foundations and philanthropists. The Joint Programme will further develop its partnership with pooled funding mechanisms, such as the Global Fund and UNITAID, to increase their implementation impact in return for direct funding.

Strategy goals are suited for developing specific joint fundraising efforts by the Secretariat and one or more Cosponsors. These will be developed and exploited in collaboration with innovative financing mechanisms as well as partnerships with micro-philanthropy ventures, engaging youth and leveraging new social media. The Cosponsors will redouble their efforts to raise and allot resources to HIV and related activities in addition to those raised directly by the Secretariat for the Joint Programme.

Organizational strengthening for a more effective Joint Programme

To ensure rational and cost-effective deployment of human resources, the Secretariat and Cosponsors have analysed the capacity requirements at the country and regional levels and will collectively define the key requirements for Joint Programme staffing. Investment will be made in the competencies among Joint Programme staff to ensure appropriate and sufficient capacity in all technical areas of the Joint Programme, human rights, partnership building, political advocacy and the translation of knowledge into better national policies and strategies.

With country delivery as the basis for staffing, the Secretariat has initiated measures to enhance the use of resources. Managerial efficiency will be improved and flexibility in providing the most cost-effective administration services will be ensured. New corporate strategies and policies have been developed in finance, human resources, administration and information management and technology.

UNAIDS will continue to exercise its commitment to working with people living with and affected by HIV—putting people first. The Joint Programme will maintain support for UN+, the United Nations system-wide advocacy group of staff living with HIV, and for UN Cares, which aims to unify HIV workplace programmes across the United Nations System. The UNAIDS family will also support and deliver as one a comprehensive range of HIV services to all United Nations personnel and their families.

These initiatives will help to ensure that UNAIDS' guiding principles and policies are put into practice within the Joint Programme. UNAIDS will thereby lead by example in advocating and contributing to a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

Annex 1. Division of Labour Matrix

Role of the UNAIDS Secretariat: overall coordination, coherence and accountability of the division of labour

The UNAIDS Secretariat will have overall responsibility for ensuring the functioning and accountability across all areas in the division of labour on the following matters.

Leadership & Advocacy: To influence the setting of a rights-based and gender-sensitive HIV political agenda for the Three strategic directions outlined in the UNAIDS Strategy, in order to reposition the Joint Programme within a changing (aid and development) environment, based on the analysis of strategic information, including data on the current drivers of the HIV epidemic. The Three strategic directions are:

- revolutionizing HIV prevention;
- catalysing the next phase of treatment, care and support; and
- advancing human rights and gender equality for the HIV response.

Coordination, coherence and partnerships: Across all the areas outlined in the division of labour matrix, to ensure delivery on the Three strategic directions

Mutual accountability: To support mutual accountability of the Secretariat and Cosponsors to enhance programme efficiency and effectiveness and to optimally deliver on the shared Joint Programme mission, vision and Strategy, with measurable results.

More specifically, the Secretariat will:

- lead in advocacy and facilitate the generation of strategic information for an evidence-informed, rights-based and gender-sensitive global HIV political agenda in accordance with collectively agreed agenda;
- assure overarching coherence, coordination and support for effective and flexible partnerships across all areas outlined in the division of labour, including with people living with HIV, in close collaboration with Cosponsors;
- capitalize on interagency mechanisms to ensure appropriate coordination and cohesion across the Three strategic directions in order to:
  - identify concrete deliverables and targets, taking into consideration the goals of the UNAIDS Strategy and results identified in the Unified Budget and Accountability Framework;
  - define how all division of labour areas will contribute to the Three strategic directions and the achievement of the Strategy goals;
  - facilitate coordination and collaboration across all areas of the division of labour to maximize potential synergy;
  - enhance the role that human rights and gender equality must play to improve the outcomes on prevention and treatment, care and support;
  - promote synergy between the efforts that focus on prevention, treatment, care and support, as part of the AIDS response, and the efforts that are being mainstreamed into broader areas of development; and
  - ensure mutual accountability mechanisms, including optimum use of the Unified Budget and Accountability Framework for the entire Joint Programme to the Executive Director and the Programme Coordinating Board;
- collect and synthesize key data on the epidemic, in accordance with newly emerging trends, patterns and typologies, including from a human rights and gender perspective, to monitor and evaluate progress towards universal access and achievement of the Millennium Development Goals;
- lead the development, coordination and implementation of a mutual accountability framework (in accordance with the above) for the entire Joint Programme (encouraging the use of the Cosponsor Evaluation Working Group and the Monitoring and Evaluation Reference Group);
- create space for and support Cosponsors to act as One UN, maximizing their joint comparative advantages at the country level in relation to development partners, in support of national efforts to achieve universal access and the Millennium Development Goals;
- facilitate in brokering and strengthening synergy, complementarity and accountability between technical support mechanisms and providers for appropriate national HIV responses; and
- lead in the resource mobilization for the core budget and collaborate, where appropriate, with the Cosponsors for mobilizing supplemental and any other funds.

Division of Labour Area	Convener(s)	Agency Partners			
Reduce sexual transmission of HIV	World Bank UNFPA	UNDP UNICEF WFP	WHO UNFPA	World Bank UNESCO	ILO UNHCR
Prevent mothers from dying and babies from becoming infected with HIV	WHO UNICEF	UNICEF WFP	UNFPA WHO		
Ensure that people living with HIV receive treatment	WHO	UNDP UNICEF	UNHCR WHO	UNHCR ILO	WFP
Prevent people living with HIV from dying of TB	WHO	UNICEF WFP	WHO ILO	UNODC	
Protect drugs users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings	UNODC	UNDP UNODC	WHO World Bank	UNESCO UNFPA	UNICEF
Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy	UNDP UNFPA	UNDP UNESCO	UNFPA	World Bank	WHO
Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS	UNDP	UNDP UNESCO UNICEF	UNFPA WHO	UNODC ILO	UNHCR
Meet the HIV needs of women and girls and stop sexual and gender-based violence	UNDP UNFPA	UNDP UNICEF UNODC	UNFPA WHO ILO	UNESCO UNHCR	WFP
Empower young people to protect themselves from HIV	UNICEF UNFPA	UNICEF UNESCO	WFP UNFPA	UNHCR ILO	WHO
Enhance social protection for people affected by HIV	UNICEF World Bank	ILO UNDP	WFP WHO	World Bank UNHCR	UNICEF
Address HIV in humanitarian emergencies	UNHCR WFP	UNDP UNICEF	WHO UNODC	UNFPA UNHCR	WFP
Integrate food and nutrition within the HIV response	WFP	UNICEF WFP	WHO UNHCR		
Scale up HIV workplace policies and programmes and mobilize the private sector	ILO	UNESCO	WHO	ILO	
Ensure good quality education for a more effective HIV response	UNESCO	UNESCO UNFPA	WHO ILO	UNICEF	
Support to strategic, prioritised and costed multisectoral national AIDS Plans	World Bank	ILO UNHCR WHO	UNDP World Bank UNODC	WFP UNICEF	UNFPA UNESCO

Abbreviations

BRICS	Brazil, Russia, India, China and South Africa
GNP+	Global Network of People living with HIV
GIPA	Greater Involvement of People living with HIV
ILO	International Labour Organization
TB	Tuberculosis
TRIPS	Trade Related Aspects of Intellectual Property Rights
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

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Introduction: Positioning the HIV response in the new global environment

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4. Knowing your epidemic requires that countries identify the key drivers of the epidemic focusing on the relationship between the epidemiology of HIV infection and the behaviour and social conditions that impede their ability to access and use HIV information and services. Knowing your epidemic is the basis for knowing your response, which provides countries with an opportunity to critically assess who is and who should be participating in HIV prevention.

   Practical guidelines for intensifying HIV prevention. Geneva, UNAIDS, 2007 (http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/OperationGuidelines/HIV_prev_operational_guidelines.asp, accessed 9 December 2010).
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6. Men who have sex with men are defined as men who have sex with other men, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being "gay" or "bisexual".

   UNAIDS action framework: universal access for men who have sex with men and transgender people. Geneva, UNAIDS, 2009 (http://data.unaids.org/pub/Report/2009/jc1720_action_framework_msm_en.pdf, accessed 9 December 2010).
7. People who use drugs include people who inject drugs, a population group of particular concern in relation to HIV given the use of contaminated injecting material as a route of transmission of HIV, as well as other drug users, who frequently have an elevated risk of HIV as a result of increased risky sexual behaviour and sex work associated with drug use.
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    WHO, UNODC and UNAIDS. *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. Geneva, World Health Organization, 2009 (http://www.who.int/hiv/pub/idu/targetsetting/en/index.html, accessed 17 October 2010).

39. The Positive Health, Dignity and Prevention objectives include:
    - increasing access to, and understanding of, evidence-informed, human rights-based public health policies and programmes that support individuals living with HIV in making choices that address their needs and allow them to live healthy lives;
    - scaling up and supporting existing HIV testing, care, support, treatment, and prevention programmes that are community-owned and led;
    - scaling up and supporting literacy programmes in health, treatment and prevention and ensuring that human rights and legal literacy are promoted and implemented;
    - ensuring that undiagnosed and diagnosed people living with HIV, along with their partners and communities, are included in HIV prevention programmes that highlight shared responsibility, regardless of known or perceived HIV status, and have options rather than restrictions to be empowered to protect themselves and their partner(s); and
    - scaling up and supporting social capital programmes that focus on community-driven, sustainable responses to HIV by investing in community development, networking, capacity-building and resources for organizations and networks of people living with HIV.
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Part 3. How UNAIDS will deliver on its goals

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