



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
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UNESCO
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“Investments in the AIDS response are producing results and saving lives. We must continue doing what works, but we must also do more, on an urgent basis, to uphold our commitment to reach universal access to HIV prevention, treatment, care and support by 2010. Let us use the AIDS response to generate progress towards the Millennium Development Goals. Most of all, let us act now.”

Ban Ki-moon, United Nations Secretary-General
Excerpts from World AIDS Day message, December 2009

THE FIRST WORD

Since my appointment as Executive Director in January 2009, I have been asking the question “Are we making a difference in the lives of the people we serve?” To do so, UNAIDS has identified 10 priority areas that are grounded in the principles of equity and solidarity. Focusing on the 10 priorities will not only maximize efficiency and accountability for the UNAIDS family but will accelerate the achievement of universal access to HIV prevention, treatment, care and support and of the UN Millennium Development Goals.

The reality today is that for every two people who start HIV treatment, five are newly infected. There is a clear need to revamp prevention efforts and to scale up services for those most vulnerable to HIV. For this reason, nine of the 10 priority areas focus on prevention.

At the UNAIDS Programme Coordinating Board meeting in December 2009, I called for a “prevention revolution” based on science, equality and human rights.

I have also called for the virtual elimination of mother-to-child HIV transmission by 2015, because it can be done. We have seen it happen in high-income countries and in places such as Botswana, Namibia and Swaziland. We must now convince countries that protecting babies from HIV is an attainable goal that will ultimately help to reverse the spread of HIV.

On the treatment front, we are exploring a new generation of treatment options known as Treatment 2.0. We have seen guidelines change, access increase and discussions on treatment as prevention, but there has not been much focus on what treatment should look like in the coming years. The challenge now is to develop a comprehensive and sustainable approach to treatment.

My hope is to position UNAIDS as a programme committed to delivering results in countries and to protecting the rights of the voiceless and of people living with HIV. This report showcases the results achieved in 2009 in the 10 priority areas. I am proud to say that we are on the right path to making a difference in the lives of people living with and affected by HIV.



Michel Sidibé
Executive Director



UNAIDS IN ACTION

The UNAIDS Secretariat and its 10 Cosponsors are committed to improving the lives of people living with and affected by HIV in developing countries. From protecting babies from HIV, to providing young people with the basic facts about HIV, to ensuring that people living with HIV have continued access to treatment, to negotiating price reductions of HIV drugs, to mobilizing capital for microcredit loans, the UNAIDS family is focused on action and results.

In 2009, UNAIDS played a key role in advocating for the rights of men who have sex with men and urged governments to repeal discriminatory and homophobic laws. In light of the economic crisis, UNAIDS worked closely with countries to avoid HIV treatment stock-outs and supported countries to 'be smart' on HIV prevention and to spend funds on those most vulnerable to HIV infection.

This Annual Report provides snapshots of how the UNAIDS Secretariat and its Cosponsors worked together to strengthen the HIV response in 2009. It focuses on concrete results in the 10 priority areas that form UNAIDS' new vision and strategy. Key achievements, statistics and country results are highlighted for each priority area. Feature stories have also been included to provide the reader with a broad overview of UNAIDS' work and its impact in countries.

The 10 priorities were chosen because they can help countries to meet their universal access targets and contribute towards the Millennium Development Goals. As UN Secretary-General Ban Ki-moon said, "we are here to act. We are here to deliver results. We are agents of change."

STATE OF THE AIDS EPIDEMIC

Global overview

The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million. The continuing rise in the population of people living with HIV reflects the combined effects of continued high rates of new HIV infections and the beneficial effects of antiretroviral therapy.

Globally, the spread of HIV appears to have peaked in 1996, when 3.5 million new HIV infections occurred. In 2008, the estimated number of new HIV infections was 2.7 million.

The epidemic appears to have stabilized in most regions, although prevalence continues to increase in eastern Europe and central Asia, due to a high rate of new HIV infections.

Sub-Saharan Africa remains the most heavily affected region, accounting for 71% of all new HIV infections in 2008.

The resurgence of the epidemic among men who have sex with men in high-income countries is increasingly well-documented. Differences are apparent in all regions, with some national epidemics continuing to expand even as the overall regional HIV incidence stabilizes.

AIDS-related deaths appear to have peaked in 2004 at 2.2 million. The estimated number of AIDS-related deaths in 2008 was 2 million.

An estimated 430 000 new HIV infections occurred among children under the age of 15 in 2008. Most of these new infections are believed to stem from transmission in utero, during delivery or post-partum as a result of breastfeeding.

For regional updates on the HIV epidemic, see the 2009 AIDS epidemic update, www.unaids.org.

Some key statistics for 2008:

NEW INFECTIONS PER DAY

Children	1200
Young people (15–24)	2500
Adults (25+)	3700

NEW HIV INFECTIONS

Children	430 000
Young people (15–24)	920 000
Adults (25+)	1 340 000

PEOPLE LIVING WITH HIV

Children	2 100 000
Young people (15–24)	5 000 000
Adults (25+)	26 300 000

QUICK FACTS



**NEW HIV INFECTIONS WORLDWIDE HAVE
DROPPED BY 17% SINCE 2001.**

**OF THE 33.4 MILLION PEOPLE LIVING
WITH HIV WORLDWIDE,
ALMOST HALF ARE WOMEN.**

**SINCE THE BEGINNING OF THE EPIDEMIC,
ALMOST 60 MILLION PEOPLE
HAVE BEEN INFECTED WITH HIV.**

**25 MILLION PEOPLE HAVE DIED OF
HIV-RELATED CAUSES.**

IN 2009, UNAIDS LAUNCHED AN ACTION AGENDA CONSISTING OF NINE PRIORITY AREAS AND CROSS-CUTTING STRATEGIES.

A TENTH PRIORITY AREA WAS ADDED FOLLOWING THE UNAIDS PROGRAMME COORDINATING BOARD MEETING IN DECEMBER 2009.

THE PRIORITY AREAS OUTLINED IN THE UNAIDS OUTCOME FRAMEWORK 2009–2011 AIM TO SHOW RESULTS AND HOLD UNAIDS AND ITS PARTNERS ACCOUNTABLE.

**UNAIDS OUTCOME FRAMEWORK:
10 PRIORITY AREAS**

- WE CAN** REDUCE SEXUAL TRANSMISSION OF HIV
- WE CAN** PREVENT MOTHERS FROM DYING AND BABIES FROM BECOMING INFECTED WITH HIV
- WE CAN** ENSURE THAT PEOPLE LIVING WITH HIV RECEIVE TREATMENT
- WE CAN** PREVENT PEOPLE LIVING WITH HIV FROM DYING OF TUBERCULOSIS
- WE CAN** PROTECT DRUG USERS FROM BECOMING INFECTED WITH HIV
- WE CAN** EMPOWER MEN WHO HAVE SEX WITH MEN, SEX WORKERS AND TRANSGENDER PEOPLE TO PROTECT THEMSELVES FROM HIV INFECTION AND TO FULLY ACCESS ANTIRETROVIRAL THERAPY
- WE CAN** REMOVE PUNITIVE LAWS, POLICIES, PRACTICES, STIGMA AND DISCRIMINATION THAT BLOCK EFFECTIVE RESPONSES TO AIDS
- WE CAN** MEET THE HIV NEEDS OF WOMEN AND GIRLS AND CAN STOP SEXUAL AND GENDER-BASED VIOLENCE
- WE CAN** EMPOWER YOUNG PEOPLE TO PROTECT THEMSELVES FROM HIV
- WE CAN** ENHANCE SOCIAL PROTECTION FOR PEOPLE AFFECTED BY HIV

Key achievements

Countries become smarter on HIV prevention

UNAIDS has urged countries to become smarter about HIV prevention and to get to know their epidemics better. The Secretariat supported HIV prevention reviews in more than 30 countries using modes of transmission studies or similar methodologies, helping countries analyse their prevention programmes to ensure that they meet the needs of those most vulnerable to HIV infection. Experience from countries indicates that HIV prevention programmes work when there is a better understanding of the populations at higher risk, high-burden areas are targeted and investments for HIV prevention are sustained over time. The UNAIDS Caribbean team supported Guyana in carrying out an HIV prevention mapping exercise that led to the development of the country's HIV prevention action plan.

Antiretroviral therapy for HIV prevention

In 2009, WHO held a consultation involving more than 100 leading experts to review the scientific data available on the use of antiretroviral therapy for HIV prevention, taking into consideration human rights and public health implications. The meeting resulted in recommendations for future research to evaluate its potential.

Combination HIV prevention

The UNAIDS framework for combination prevention was presented at the fourth meeting of the UNAIDS HIV Prevention Reference Group, which outlined the challenges in implementing combination prevention and in how it is monitored and evaluated. The group supported the framework and recommended that a social movement be created to promote combination prevention with clear goals and ownership at the country and community levels. The group also recommended that methods for estimating the costs of prevention approaches be developed.

International consultation on 'positive prevention' held in Tunisia

At the global consultation organized by the UNAIDS Secretariat on 'positive prevention', meeting participants adopted the term 'positive health, dignity and prevention' to link the issues of HIV treatment, prevention, care and support within a human rights framework. This approach calls for holistic efforts to involve people living with HIV in prevention programmes and to intensify action to protect and promote their human rights, tackle stigma and

Prevention must remain our first priority. We need to construct a compelling prevention narrative. One built upon equality and human rights. One that inspires countries to mount 'permanent prevention campaigns' that are socially inclusive, that combat public hypocrisy on sexual matters, that build AIDS competencies and that systematically promote sexual and reproductive health and rights.

Michel Sidibé

Speech to the Programme Coordinating Board, December 2009

discrimination, and link prevention efforts to stronger action to ensure access to treatment and care. A UNAIDS strategy to support the uptake of 'positive health, dignity and prevention' has been drafted, to be implemented in the next two years. As a result of the meeting, the US Government's prevention strategy for 2010–2011 incorporates 'positive health, dignity and prevention' values and principles.

Scaling up condom programming

With 80% of new infections transmitted sexually, correct and consistent condom use is a critical element in preventing HIV infections. The UNFPA-led Global Condom Initiative promotes a 10-step process to scale up comprehensive male and female condom programming for the prevention of HIV and unintended pregnancies. The programme has expanded to include over 70 countries worldwide. As a result, access to female condoms has dramatically increased and reached a record number of 50 million in 2009. Partnership with several agencies helped to maximize access to male and female condoms through the public, civil society, social marketing and private sectors. Efforts were made to reach populations in remote and rural areas with targeted distribution programmes for vulnerable and marginalized populations, including populations at higher risk.

HIV prevention among refugees

The UN High Commissioner for Refugees (UNHCR) has worked to ensure that all refugee operations have appropriate HIV information, education and communication materials. Refugees returning home through UNHCR's repatriation operations in areas with generalized HIV epidemics are properly informed about the transmission of HIV and sexually transmitted infections and about HIV prevention. Information and education materials and condoms have been incorporated into returnee packages. UNHCR has also developed and disseminated multilingual fact sheets in eastern Europe for refugees and asylum-seekers to know their rights with regard to HIV testing and to treatment and care services. UNHCR also implemented innovative HIV prevention projects and activities for populations at higher risk among refugee populations in Africa and Asia and in the Americas. With the United Nations Office on Drugs and Crime (UNODC), UNHCR strengthened the provision of HIV services for refugees in South Asia who use drugs.

Highlights

■ ZAMBIA

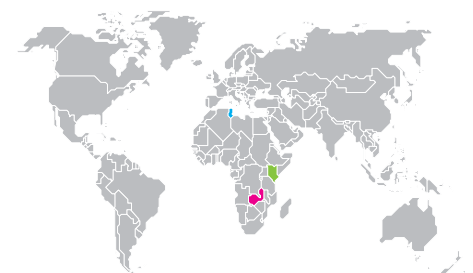
Zambia held its first ever national HIV prevention convention, which developed recommendations on how to respond to the key drivers of the epidemic.

■ TUNISIA

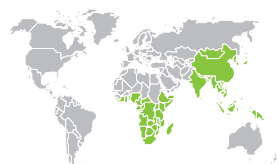
The term 'positive health, dignity and prevention' was adopted at a global consultation organized by the UNAIDS Secretariat and its partners.

■ KENYA

UNAIDS provided technical support for an HIV situational analysis study on sex workers and their clients for the United Nations Population Fund (UNFPA) in Kenya.



QUICK FACTS



MORE THAN 90% OF THE 1.7 MILLION WOMEN LIVING WITH HIV IN ASIA BECAME INFECTED BY THEIR HUSBANDS OR PARTNERS WHILE IN LONG-TERM RELATIONSHIPS.

BY 2008, WOMEN CONSTITUTED 35% OF ALL ADULT HIV INFECTIONS IN ASIA, UP FROM 17% IN 1990.

THE NUMBER OF NEW INFECTIONS IN SUB-SAHARAN AFRICA WAS 15% LOWER IN 2008 THAN 2001, TRANSLATING INTO ABOUT 400 000 FEWER INFECTIONS IN 2008.

Country results

'50 BY 15' PREVENTION MOVEMENT IN SOUTHERN AFRICA

In early 2009, civil society groups in southern Africa rallied behind the Millennium Development Goal of reducing the number of new HIV infections by 50% by 2015. With support from the UNAIDS Regional Support Team for Eastern and Southern Africa, a number of civil society organizations and the Southern Africa Development Community Parliamentary Forum joined together to mobilize leadership to support evidence-informed HIV prevention initiatives to achieve the '50 by 15' target. The first ever large-scale meeting on HIV prevention between parliamentarians and civil society was organized in Johannesburg, South Africa, resulting in the development of plans to build the capacity of parliaments to oversee and promote national HIV prevention efforts. The next step is to work with religious leaders, communities and the private sector to take forward similar mobilization efforts.

MITIGATING HIV IN THE TRANSPORT SECTOR

Mombasa Port in Kenya is one of the busiest in Africa and is a major logistics hub for commercial and humanitarian goods. In March 2009 the World Food Programme (WFP), with support from the UNAIDS Secretariat, teamed up with the Ministry of Health, National AIDS Control Council and North Star Alliance to open a drop-in wellness centre offering HIV prevention services, treatment for sexually transmitted infections and other basic health care for truckers and community members living near the port. The North Star Alliance works with more than 60 partners to operate 14 wellness centres in nine countries in eastern and southern Africa.

HIV TRANSMISSION AMONG INTIMATE PARTNERS IN ASIA

The UNAIDS Secretariat, the United Nations Development Programme (UNDP), UNFPA and civil society partners released a report entitled *HIV transmission in intimate partner relationships in Asia* during the 9th International Congress on AIDS in Asia and the Pacific, held in Bali, Indonesia, in 2009. The report underscored the need for countries to focus on the issue of intimate partner transmission of HIV and to ensure that gender and HIV is integrated into their national strategic plans for 2010–2011.

FINANCING PREVENTION

The World Bank provided US\$ 384 million in financing in 2008 and 2009, predominately focusing on prevention projects that use evidence to target populations at higher risk. One example is the HIV component of India's Punjab State Roads Project, developed in conjunction with local nongovernmental organizations. Although HIV prevalence in Punjab State is low, HIV incidence among sex workers has grown significantly. Studies have demonstrated a direct link between long-distance truck drivers and sex workers and increasing HIV incidence. As part of the project, Punjab State has entered into a contractual agreement with nongovernmental organizations to conduct HIV awareness campaigns along all six transport corridors in Punjab and in construction labour camps.

Country results

PROMOTING FEMALE CONDOMS IN AFRICA

UNFPA and Population Services International (PSI) have supported governments in Botswana, Lesotho, Malawi, Swaziland, Zambia and Zimbabwe to widely promote the female condom. In Zimbabwe, billboards, radio and TV spots were used to help to break taboos around talking about condoms. Zimbabwe increased female condom distribution from 2.2 million (2006) to 5.2 million (2008). Barbers and hairdressers have also been trained to promote female condoms in the region—in Malawi, some 2400 hairdressers promote and sell female condoms and a similar campaign is being held in Zambia. UNFPA in Malawi is providing training in condom programming to some 35 international and local nongovernmental organizations working on HIV prevention in the country. Over the past year the price of female condoms has dropped by 25% and an unprecedented 50 million female condoms were distributed in 2009 (36.2 million in sub-Saharan Africa), compared with 21.1 million in 2008.

PICKING TEA AND CONDOMS IN MALAWI

Satemwa is one of the oldest and biggest tea estates in the southern region of Malawi and has a workforce of 2900 men and women. Because multiple and unprotected sexual partnerships are common and HIV-related absenteeism is high, the company's management was keen to sensitize staff about HIV. In collaboration with the International Labour Organization (ILO), the company put in place an HIV workplace policy with a comprehensive peer education programme in partnership with neighbouring clinics. The peer educators found good opportunities to talk to fellow workers about HIV issues without interfering with production by utilizing mobile shades commonly used for tea breaks in tea estates. The mobile shade sessions proved to be popular and attendance increased from 26% to 74%. This resulted in a higher demand for HIV-related health services (an increase from 6% to 18%). Condom use increased, to the extent that the estate clinic ran short of supplies for the first time since it started a condom distribution programme.

FOOTBALLERS TEAM UP IN THE UNITING THE WORLD AGAINST AIDS CAMPAIGN

Football stars Emmanuel Adebayor and Michael Ballack teamed up to star in UNAIDS' successful AIDS awareness campaign Uniting the World against AIDS, in which the players feature in a public service announcement and print campaign to raise awareness about HIV among young people. In the week leading up to World AIDS Day, the lights were tuned off in Manchester City's stadium before Chelsea and Manchester City players entered the stadium as the Uniting the World against AIDS public service announcement played on the stadium's two large scoreboards. In New York City, the announcement was shown on one of the large billboard screens in Times Square ahead of New Year's Eve.

HIV PREVENTION CAMPAIGN LAUNCHED IN POSTAL SERVICES WORLDWIDE

The UNAIDS Secretariat and the Universal Postal Union (UPU) partnered with ILO and the UNI Global Union to launch an HIV prevention campaign in 660 000 post offices worldwide. The first phase was launched in July 2009, with a roll-out to postal customers in seven countries—Brazil, Burkina Faso, Cameroon, China, Estonia, Mali and Nigeria. During this phase, nearly 24 000 post offices display and distribute information material—more UPU member countries are expected to join.



WE CAN REDUCE SEXUAL TRANSMISSION OF HIV

QUICK FACTS



**IN SUB-SAHARAN AFRICA, 60% OF
PEOPLE LIVING WITH HIV ARE WOMEN.**

**ACCESS TO FEMALE CONDOMS
DRAMATICALLY INCREASED, REACHING A
RECORD NUMBER OF 50 MILLION IN 2009.**

**FOR EVERY 2 PEOPLE ON HIV TREATMENT,
5 ARE BECOMING NEWLY INFECTED.**



WE CAN PREVENT MOTHERS FROM DYING AND BABIES FROM BECOMING INFECTED WITH HIV

Highlights

■ GHANA

UNAIDS mobilized an additional US\$ 3 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to scale up prevention of mother-to-child HIV transmission services in Ghana. The funding will increase coverage of such services in Ghana from 40% to 80%.

■ EXPANDING SERVICES FOR WOMEN

As of March 2010, 19 countries had already achieved national universal access targets of at least 80% coverage for prevention of mother-to-child HIV transmission services.

■ MILLENNIUM VILLAGES

The UNAIDS Regional Support Team for West and Central Africa provided technical support to integrate mother-to-child HIV transmission services in the Millennium Villages in Ghana, Nigeria and Senegal.



Key achievements

New estimates on the number of HIV infant infections averted

In the 2009 *AIDS epidemic update*, the UNAIDS Secretariat introduced for the first time estimates on the global number of infant HIV infections averted through the provision of antiretroviral therapy to HIV-positive pregnant women. Over the past 12 years, UNAIDS estimates that 200,000 cumulative new HIV infections have been averted. However, most countries have not yet reached all pregnant women with these services, let alone significantly reduced HIV prevalence among people of reproductive age or reduced unwanted pregnancies among HIV-positive women.

Call for virtual elimination of mother-to-child HIV transmission

At the 19th Board Meeting of the Global Fund in May 2009, the UNAIDS Executive Director called for the virtual elimination of mother-to-child HIV transmission by 2015. Evidence shows that timely administration of antiretroviral drugs to HIV-positive pregnant women significantly reduces the risk of HIV transmission to their babies. Progress in this area can only be achieved by linking and integrating programmes and services for primary prevention among women and those that prevent the transmission of HIV from mothers to their children into the broader sexual and reproductive health agenda.

Global Fund grants to prevent HIV among newborns

As a result of UNAIDS' advocacy to eliminate mother-to-child HIV transmission, the Global Fund launched a reprogramming initiative to ensure that at least 80% of prevention of mother-to-child HIV transmission programmes supported by the Global Fund provide combination regimens by December 2010. The Global Fund is working closely with the UNAIDS Secretariat, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) to accelerate the scale-up of prevention of mother-to-child HIV transmission programmes and to extend coverage to at least 60% of women in need globally by December 2010. This initiative focuses on the 20 high-burden countries. UNAIDS assisted in the development and inclusion of prevention of mother-to-child HIV transmission initiatives in Global Fund proposals of countries such as Papua New Guinea and the Democratic Republic of the Congo.



We can prevent mothers from dying and babies from becoming infected with HIV. That is why I am calling for a virtual elimination of mother-to-child transmission of HIV by 2015. This is one of the main priority areas for UNAIDS, UNICEF, WHO and UNFPA to act on.

Michel Sidibé

Statement during the World Health Assembly

WE CAN PREVENT MOTHERS FROM DYING AND BABIES FROM BECOMING INFECTED WITH HIV

Country results

PREGNANCY, DRUG USE AND HIV IN EASTERN EUROPE AND CENTRAL ASIA

UNICEF, in collaboration with WHO, UNODC and the UNAIDS Secretariat, organized a meeting in Yalta, Ukraine, in July entitled Pregnancy, Drug Use and HIV: New Viewpoints on Service Delivery in Eastern Europe and Central Asia. It addressed the interconnected issues of HIV, drug use and pregnancy given the impact that HIV and drug use have on women and children's survival. Use of opiate substitution therapy could prevent thousands of new HIV infections among pregnant drug-using women and their newborns. As a result of the Yalta meeting, governments from seven countries in central and eastern Europe and the Commonwealth of Independent States region agreed to address issues faced by pregnant drug-using women and their children and to start to build up systems and services for this population. The governments of Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation and Ukraine have pledged to map out the magnitude and scope of injecting drug use and HIV among pregnant women in their countries, learn and share experiences and identify ways to strengthen services.

VIRTUALLY ELIMINATING MOTHER-TO-CHILD TRANSMISSION OF HIV AND SYPHILIS

Mother-to-child transmission of HIV and syphilis are significant public health problems in the Caribbean and Latin America. In 2009, the Pan American Health Organization (PAHO), in collaboration with WHO, UNICEF and other partners, agreed to the goal of dual elimination of mother-to-child transmission of HIV and congenital syphilis by 2015. The initiative aims to scale up services for the primary prevention of HIV and syphilis and to strengthen health systems for maternal and child health services, surveillance, monitoring and evaluation. PAHO has based the regional initiative on successful experiences at the country level. In Trinidad and Tobago, for example, the syphilis rate for infants declined from 31% in 2002 to 9% in 2005, following the scaling up of services.

UNAIDS PARTNERS WITH THE MILLENNIUM VILLAGES PROJECT

UNAIDS has partnered with the Millennium Villages project (www.millenniumvillages.org) to help local governments create mother-to-child transmission-free zones in 14 sites covering nearly 100 villages across 10 African countries.* In the Millennium Villages, prevention of mother-to-child HIV transmission services are integrated within the maternal, neonatal and child health package and a continuum of care is offered to the mother from the antenatal period through delivery and the postnatal period. The UNAIDS Secretariat, along with WHO, UNICEF and UNFPA, will advise on the technical content of prevention of mother-to-child HIV transmission programmes, will facilitate the procurement and disbursement of necessary supplies, including antiretroviral drugs, and will strengthen the implementation of family-centred HIV prevention activities.

* Ethiopia, Ghana, Kenya, Malawi, Mali, Nigeria, Rwanda, Senegal, Uganda and the United Republic of Tanzania. The villages, located in disadvantaged rural areas, are home to approximately 500 000 people.



WE CAN PREVENT MOTHERS FROM DYING AND BABIES FROM BECOMING INFECTED WITH HIV

QUICK FACTS



IN 2008, AN ESTIMATED 430 000 INFANTS WERE INFECTED WITH HIV THROUGH THEIR MOTHERS—90% OF THEM IN SUB-SAHARAN AFRICA.

MORE THAN 29% OF PREGNANT WOMEN ACCESSING PUBLIC HEALTH SERVICES TESTED HIV-POSITIVE IN SOUTH AFRICA.

45% OF HIV-POSITIVE PREGNANT WOMEN RECEIVED TREATMENT IN 2008, COMPARED WITH 33% IN 2007.

61 000 MATERNAL DEATHS WERE DUE TO HIV-RELATED ILLNESSES IN 2008.



Supporting the Global Fund

UNAIDS works closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen the global AIDS response. It provides the Global Fund with strategic analysis, policy advice and technical expertise on AIDS to make the money work in countries—and ultimately save lives. It supports countries within the Fund's full grant cycle—from the development of AIDS grant proposals via programme implementation to monitoring and evaluation.

By being the direct link to country operations, UNAIDS equally ensures that country needs are translated into global policy decisions. For example, UNAIDS has ensured that gender, HIV and tuberculosis combined activities and community system strengthening are an integral part of Global Fund proposals to maximize the return on investments.

In Viet Nam, UNAIDS, WHO, UNICEF and UNODC worked together to develop the first-dual track Global Fund HIV proposal, which included both government and civil society partners. The proposal was approved for Round 9. Over the next five years, needle exchange programmes will be scaled up, condom coverage will be expanded and methadone maintenance therapy will be implemented in 18 provinces.

With its strong presence and operational capacity at the country level, UNDP serves as the Principal Recipient for Global Fund programmes in 'high-risk' countries facing political and capacity constraints. During 2009, UNDP supported over 30 countries working with governments and civil society in the implementation of life-saving health programmes funded by the Global Fund.



*At least 3600 lives were saved each day in 2009—
a total of 4.9 million lives saved since the creation of
the Global Fund in 2002.*

Key achievements

More than 4 million HIV-positive people receiving life-saving treatment

More than 4 million people in low- and middle-income countries were receiving antiretroviral therapy at the end of 2008, representing a 36% increase in one year and a 10-fold increase over five years, according to the latest report by WHO, UNICEF and the UNAIDS Secretariat. The report highlights other gains, including expanded HIV testing and counselling and improved access to services to prevent HIV transmission from mother to child.

Call for the creation of an African drug agency

The UNAIDS Executive Director has called for the creation of a single African drug agency, similar to the European Medicines Agency, which regulates the pharmaceutical sector in Europe. Nearly 80% of the 4 million people on treatment globally live in Africa, but 80% of the drugs distributed in Africa come from abroad and are out of reach of most Africans because of their cost. Several African countries already produce HIV drugs, but an African drug agency would support them by enforcing the same regulations for all African countries—giving all a level playing field, with the possibility of competing and marketing their products across the whole of Africa and beyond. The pharmaceutical plan for Africa, as it is now being called, will help to attract private sector investments for the manufacture of medicines within Africa.

Making HIV treatment more affordable

In order to make HIV treatment more affordable, WHO has continued to support efforts to reduce the cost of HIV medicines and diagnostics. In 2009, WHO's Global Price Reporting Mechanism published a report entitled *Transaction prices for antiretroviral medicines and HIV diagnostics from 2004 to October 2009*, which has facilitated price reduction negotiations and access to cheaper products. During 2008 and 2009, WHO and UNDP assisted 75 countries to amend patent legislation to facilitate the greater use of generic antiretroviral drugs.

All indications point to the number of people needing treatment rising dramatically over the next few years. Ensuring equitable access will be one of our primary concerns and UNAIDS will continue to act as a voice for the voiceless, ensuring that marginalized groups and people most vulnerable to HIV infection have access to the services that are so vital to their well-being and to that of their families and communities.

Michel Sidibé

Statement on the launch of the new HIV treatment report

Making HIV treatment more effective

The provision of nutrition and food support is increasingly recognized as critical in enabling treatment uptake and adherence, nutritional recovery and treatment success. In collaboration with the Global Alliance for Improved Nutrition, UNAIDS supported analytical research to inform the integration of food and nutrition initiatives in HIV treatment programmes. A food-by-prescription landscape paper was launched in 2009 along with the first phase of programme reviews in Kenya and Rwanda. A programme evaluation in Zimbabwe found that nutritional support improves antiretroviral adherence and leads to marked weight gain among programme participants.

New recommendations on HIV treatment, prevention and infant feeding

In December, WHO released new recommendations on HIV treatment, prevention and infant feeding, based on the latest scientific evidence. WHO now recommends earlier initiation of antiretroviral therapy for adults and adolescents, the delivery of more patient-friendly antiretroviral drugs and the prolonged use of antiretroviral drugs to reduce the risk of mother-to-child transmission of HIV. For the first time, WHO recommends that HIV-positive mothers or their infants take antiretroviral drugs while breastfeeding in order to prevent HIV transmission.

Highlights

■ **CALL FOR CREATION OF AFRICAN DRUG AGENCY**

The UNAIDS Executive Director has called for the creation of a single African drug agency to make HIV medicines more accessible and affordable across Africa.

■ **MORE PEOPLE ON TREATMENT**

More than 4 million people living with HIV are on life-saving antiretroviral therapy—but an additional 10 million are in need of treatment. The number of children initiated on antiretroviral therapy reached 275 700 by the end of 2008, up from 198 000 in 2007 and 75 000 in 2005.

■ **NUTRITION AND HIV TREATMENT**

In about 30 countries, UNAIDS provided technical support for the development of monitoring and evaluation efforts for HIV-focused food and nutrition and for breast-feeding support.



WE CAN ENSURE THAT PEOPLE LIVING WITH HIV RECEIVE TREATMENT

HIV PATENT POOL CREATED

UNITAID, of which UNAIDS is a partner, established a patent pool for HIV medicines in December 2009. The pool, scheduled to start operating in mid-2010, aims to make newer medicines available in a patient-adapted form, at lower prices, for low- and middle-income countries. UNITAID has committed to provide start-up funds of up to US\$ 4 million over the next year. Expected savings exceed one billion dollars a year, which will make more medicines available for more people. The patent pool aims to diversify supply sources and to reduce the price of medicines by making intellectual property more widely available and by facilitating and accelerating the development of improved formulations. The focus of the pool is initially on antiretroviral drugs—but it can serve as a model for other diseases or can incorporate them in due course. The transfer of technology is essential to speeding access to newer, quality-assured essential drugs, including antiretroviral drugs.



QUICK FACTS



IN 2008, ONLY 42% OF THOSE IN NEED OF TREATMENT HAD ACCESS. ONLY 38% OF CHILDREN IN NEED HAD ACCESS.

SOUTH AFRICA HAS 1 MILLION PEOPLE LIVING WITH HIV ON TREATMENT, THE LARGEST NUMBER WORLDWIDE.

NEARLY 80% OF ALL PEOPLE WHO NEED HIV TREATMENT IN BOTSWANA, CAMBODIA, THE LAO PEOPLE'S DEMOCRATIC REPUBLIC, NAMIBIA, THE PHILIPPINES, THE RUSSIAN FEDERATION, THAILAND AND SWAZILAND ARE BEING PROVIDED WITH LIFE-SAVING MEDICINES.

Highlights

■ KNOWING YOUR STATUS

Access to HIV testing, prevention, treatment and care for tuberculosis patients is increasing—but globally only 22% of tuberculosis patients knew their HIV status in 2008.

■ INTEGRATING TUBERCULOSIS AND HIV

The UNAIDS Secretariat hosted a series of workshops in Dakar, Senegal, and Bali, Indonesia, to encourage countries to develop integrated tuberculosis/HIV plans.

■ TUBERCULOSIS/HIV TRAINING CURRICULUM

The UNAIDS Regional Support Team for West and Central Africa is developing a training curriculum on tuberculosis/HIV co-infection, in collaboration with WHO.



Key achievements

Integrating tuberculosis and HIV services

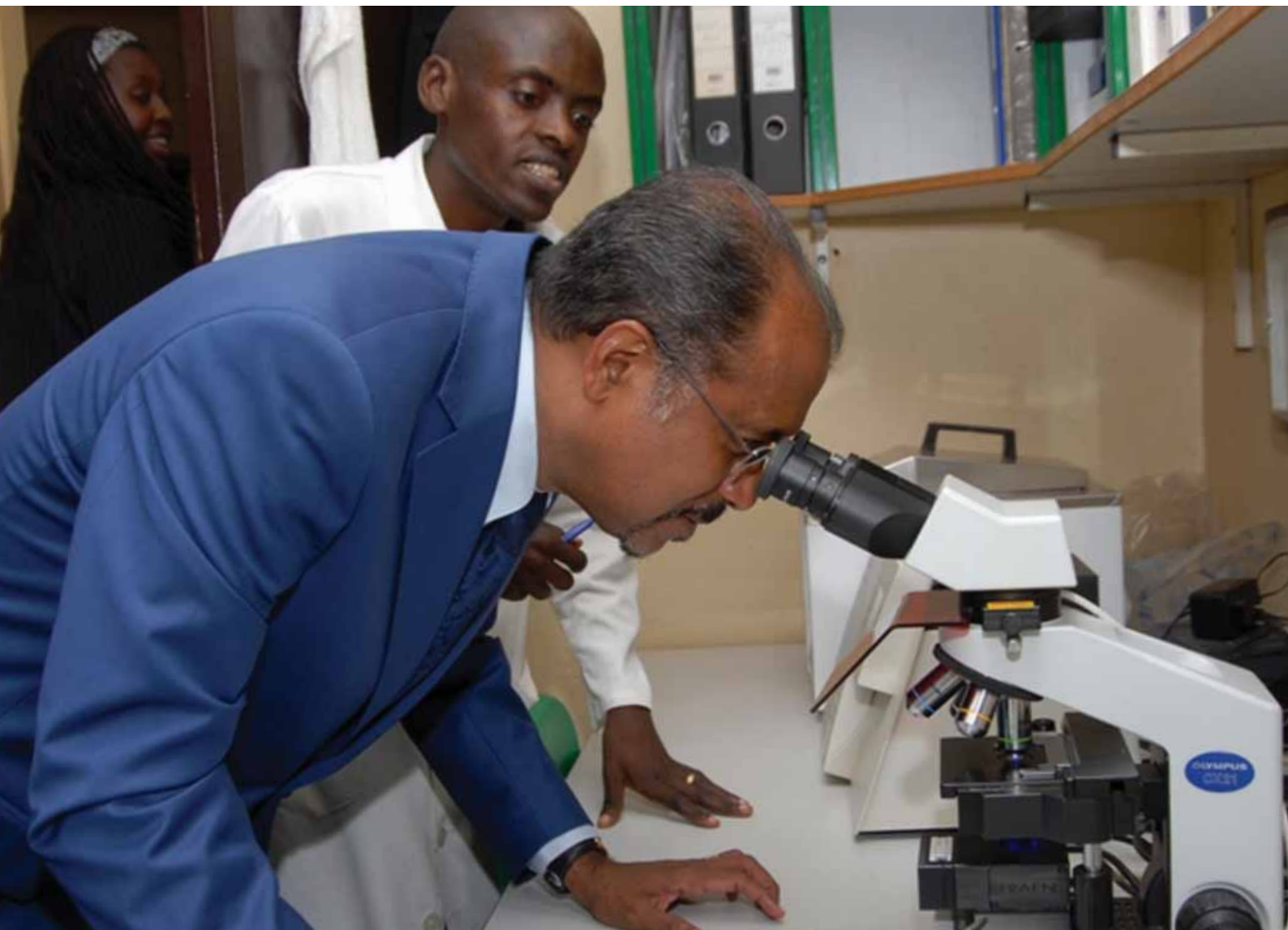
In 2009, UNAIDS made the integration of tuberculosis and HIV services a programme-wide priority. The UNAIDS Secretariat supported a series of workshops in Dakar and Bali to encourage countries to develop integrated tuberculosis/HIV plans. The UNAIDS Executive Director also advocated for the integration of tuberculosis and HIV services at various forums, including the Stop TB Partners' Forum in Brazil. In August, the UNAIDS Executive Director and Dr Jorge Sampaio, the UN Secretary-General's Special Envoy to Stop TB, visited Rwanda to witness first-hand how the country has achieved impressive results in tackling the dual epidemics of tuberculosis and HIV. Rwanda is moving towards a much more integrated approach to health care, with tuberculosis/HIV integration leading the way. An increasing number of people living with HIV are screened for tuberculosis.

Scaling up tuberculosis/HIV services in Asia and Pacific region

During the 9th International Congress on AIDS in Asia and the Pacific in Bali, Indonesia, WHO and the Stop TB Partnership held a meeting on scaling up tuberculosis/HIV services in Asia and the Pacific—home to more than half the global burden of tuberculosis and 12% of the global burden of HIV. The meeting resulted in the development of concrete recommendations for scaling up tuberculosis/HIV services in the region, including the expansion of HIV testing for all tuberculosis patients, improving the speed and quality of tuberculosis diagnostics and decriminalizing behaviours associated with an increased risk of HIV and tuberculosis, such as drug use, sex work or sex between men.

New data shows progress in addressing tuberculosis/HIV

Some 36 million people have been cured of tuberculosis over the past 15 years through a rigorous approach to treatment endorsed by WHO. New data, released by WHO in December, also indicate that up to 8 million tuberculosis deaths have been averted. The WHO update also shows continued progress in addressing the lethal combination of tuberculosis and HIV. Between 2007 and 2008, 1.4 million tuberculosis patients were tested for HIV, an increase of 200,000. In addition, screening for tuberculosis and access to isoniazid preventive therapy for tuberculosis for people living with HIV more than doubled, although the total number is still far short of what it should be.



Universal access is my number one priority for UNAIDS. And universal access must include TB prevention, diagnosis and treatment. When HIV and TB services are combined they save lives. This means we will have to move from our comfort zones. And go beyond our clinics to reach the people who have been unreachable.

Michel Sidibé

Speech at the 3rd Stop TB Partners Forum, Brazil

Country results

INTEGRATING TUBERCULOSIS AND HIV SERVICES IN SOUTH AFRICA

In February, the UNAIDS Executive Director called for a global movement on universal access to HIV prevention, treatment, care and support during a public meeting in Khayelitsha, a township on the outskirts of Cape Town, South Africa. The public meeting took place at the Ubuntu Clinic, which treats tuberculosis and HIV. With a tuberculosis/HIV coinfection rate of around 70% in Khayelitsha, the clinic allows patients to register for both tuberculosis and antiretroviral treatments. The Ubuntu Clinic's model of 'service integration' has since spread to other clinics across the township. The Ubuntu Clinic ran the first programme on the prevention of mother-to-child transmission in South Africa and has provided antiretroviral therapy to approximately 20 000 people.

SWAZILAND: PROVIDING HIV AND TUBERCULOSIS SERVICES IN THE WORKPLACE

Tuberculosis/HIV co-infection rates reach 80% in a high-burden country like Swaziland. Many workers acquire tuberculosis in overcrowded workplaces with little ventilation, and many are also living with HIV. To effectively address both epidemics, the ILO has been working with 24 companies throughout the country to develop HIV and tuberculosis workplace policies, roll out peer education programmes and provide access to health services, including voluntary counselling and testing and HIV treatment.



WE CAN PREVENT PEOPLE LIVING WITH HIV FROM DYING OF TUBERCULOSIS

QUICK FACTS



ONE THIRD OF PEOPLE LIVING WITH HIV ARE CO-INFECTED WITH TUBERCULOSIS.

IN KENYA, LESOTHO, MALAWI, RWANDA AND SWAZILAND, OVER 60% OF ALL TUBERCULOSIS PATIENTS KNOW THEIR HIV STATUS.

ALMOST 80% OF ALL HIV-POSITIVE TUBERCULOSIS CASES OCCUR IN SUB-SAHARAN AFRICA.

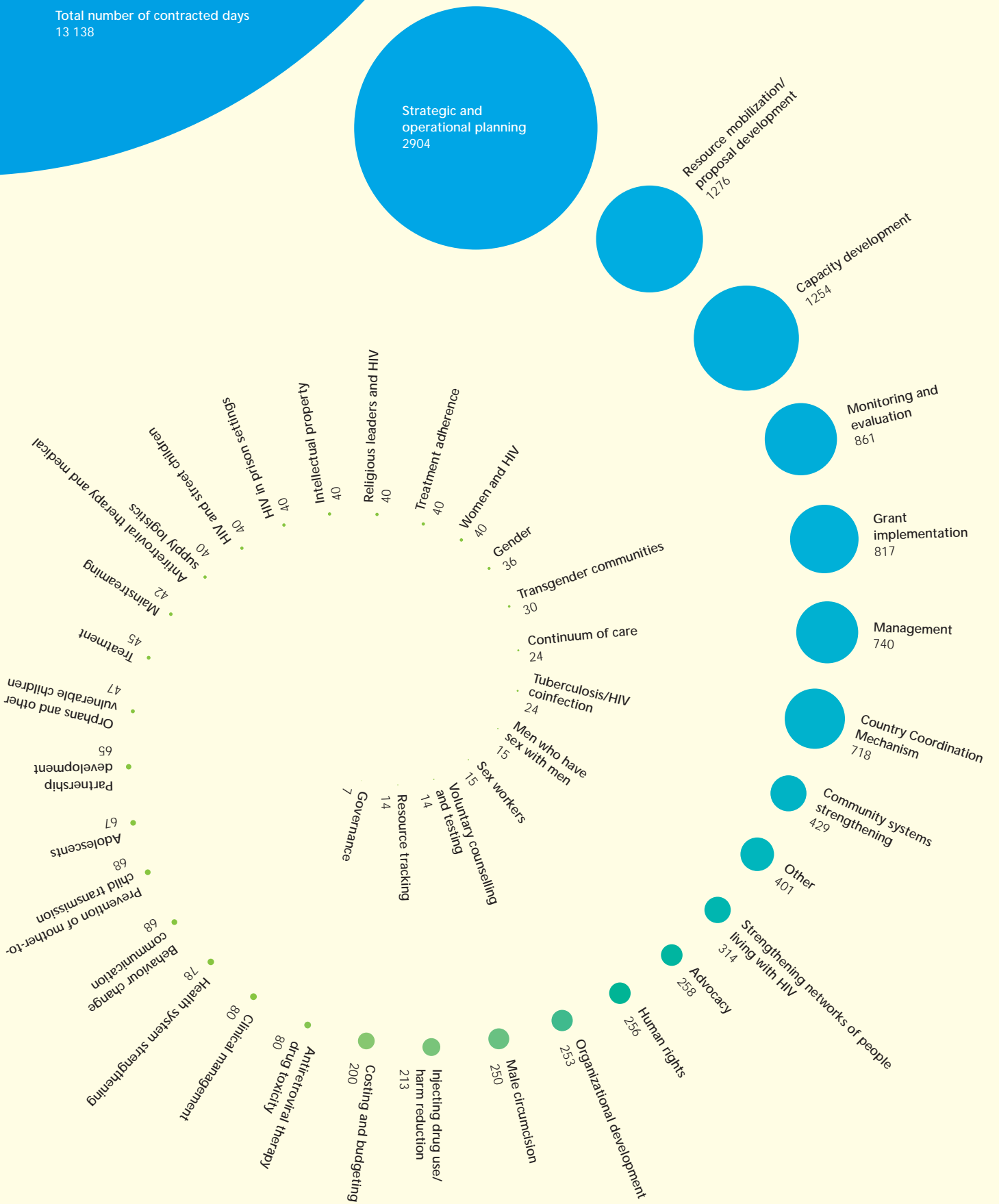


Providing technical support to countries

Many countries face difficulties in effectively implementing large-scale grants made available by funding bodies such as the Global Fund. Rapid and quality technical support to effectively implement HIV programmes is urgently needed in countries. To address this challenge, UNAIDS has established a number of mechanisms to scale up national and regional capacities and access to technical support. In 2005, UNAIDS established the regional technical support facilities (TSFs)—small management teams hosted by regional institutions that draw on local experts to provide countries with the necessary technical support to strengthen their national HIV programmes. The six TSFs cover

over 80 countries in Africa, the Asia and Pacific region and Latin America and have provided over 40 000 days of technical support, built the capacities of over 1700 experts and mobilized over US\$ 1.5 billion for the AIDS response. UNAIDS also established the AIDS Strategy and Action Planning (ASAP) service, which is hosted by the World Bank and which provides technical support for planning and costing of national AIDS plans and builds capacities for the development of national AIDS strategies. Since 2006, ASAP has worked in over 70 countries worldwide. The WHO Knowledge Hubs and Collaborating Centres also provide technical support in a number of areas.

Total number of contracted days
13 138



Key achievements

Advocating for harm reduction

In 2009, UNAIDS called for comprehensive HIV services for injecting drug users, including harm reduction, at various forums—the Commission on Narcotic Drugs, the International Harm Reduction conference in Bangkok and a donor harm reduction conference in the Netherlands. Existing evidence demonstrates that countries that have adopted a comprehensive approach to HIV and drug use—such as Australia, Brazil, France, Italy, Spain and the United Kingdom, and in some cities in Bangladesh, the Russian Federation and Ukraine—have seen a decline in the spread of HIV among people who inject drugs. UNAIDS has emphasized that laws that block the response to AIDS and drug use must be repealed.

Setting targets for drug users

The UNAIDS Secretariat, UNODC and WHO published the *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*, which was endorsed by the UNAIDS Programme Coordinating Board, the Commission on Narcotic Drugs and the UN Economic and Social Council (ECOSOC). The guide is designed to support countries in setting ambitious, but achievable, national targets for achieving universal access for injecting drug users, ensuring that they have access to a comprehensive package of prevention, care and treatment.

Harm reduction is not an obstacle in reaching the goal of a drug-free world. Drug control authorities need not fear a rise in drug use simply because people are taking steps to protect themselves from HIV and reduce their drug dependency.

Michel Sidibé

Opinion article on HIV and drug use published in the *Bangkok Post*

Reducing stigma and discrimination towards drug users

Civil society groups in more than 40 countries benefited from capacity-building support by UNODC to reduce stigma and discrimination towards people who use drugs. Advocacy, policy guidance and technical support facilitated the inclusion of people who use drugs in Nepal's national HIV strategy, as well as the integration of gender-sensitive harm reduction services in the HIV strategy of India. In the Russian Federation, more than 150 police officers received harm reduction training in five regions.

UN strategy on harm reduction for Asia and Pacific region

The UN Regional Task Force on IDU and HIV, in a joint effort led by WHO, UNODC and UNAIDS, has developed a UN regional strategy to halt and reverse the HIV epidemic among people who inject drugs in the Asia and Pacific region. The strategy recognizes that while harm reduction for injecting drug use has gained increasing support recently, coverage of the essential elements of a comprehensive response to injecting drug use remains low. The strategy outlines a road map for supporting countries in creating an enabling environment for implementation of universal access to prevention, treatment, care and support, as well as harm reduction.

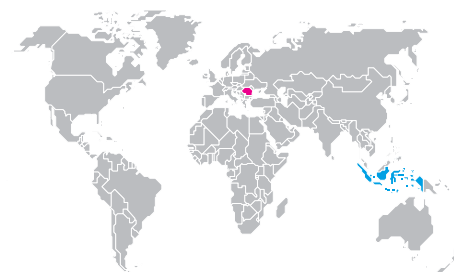
Highlights

ROMANIA

In Romania, UNODC and its partners have contributed to the scaling up of a comprehensive package of HIV prevention and care services for injecting drug users.

INDONESIA

The Supreme Court in Indonesia ruled that drug users should not be sent to prison; instead they should have access to treatment.



Country results

PROMOTING HARM REDUCTION IN CENTRAL ASIA

In 1999, UNAIDS initiated needle exchange programmes in two of the largest cities in Kyrgyzstan—Bishkek and Osh. As a result of UNAIDS' advocacy on harm reduction, needle exchange programmes were expanded to other cities in Kyrgyzstan. To date, an estimated 1000 people have received methadone substitution therapy, which is also available in prisons. UNAIDS' advocacy on harm reduction resulted in the country's national harm reduction policy being incorporated into its National AIDS Programme for 2006–2010.

HIV SERVICES FOR INJECTING DRUG USERS SCALED UP IN ROMANIA

In Romania, UNODC and its partners have contributed to the scaling up of a comprehensive package of HIV prevention and care services for injecting drug users in the country. UNODC has provided expertise in harm reduction and human rights monitoring, which have resulted in an improved coverage of services for injecting drug users.

UNODC, along with UNICEF and the Global Fund's principal recipient in Romania, supported governmental and nongovernmental organizations in building capacity for harm reduction programming, provided technical and financial assistance for generating strategic data on injecting drug use, and scaled up needle and syringe programmes and opioid substitution therapy (including for adolescents at higher risk and prisoners). As a result, the percentage of injecting drug users reached by needle and syringe programmes increased from 19% in 2007 to 35% by the end of 2009, and the percentage of patients on opioid substitution therapy increased from 3.3% in 2007 to 7% by the end of 2009.

QUICK FACTS



OF THE 16 MILLION INJECTING DRUG USERS WORLDWIDE, JUST UNDER 3 MILLION ARE LIVING WITH HIV, AND ONLY 4% OF THOSE ARE ON HIV TREATMENT.

OPIOID SUBSTITUTION THERAPY IS NOW AVAILABLE IN 66 COUNTRIES, INCLUDING CHINA, INDONESIA AND THE ISLAMIC REPUBLIC OF IRAN.

IN EASTERN EUROPE, WHERE 57% OF ALL NEW HIV INFECTIONS OCCUR AMONG PEOPLE WHO INJECT DRUGS, ONLY ONE US CENT PER DAY PER PERSON IS AVAILABLE FOR THIS GROUP.

Globally, injecting drug users have fewer than two clean needles per month.

WE CAN EMPOWER MEN WHO HAVE SEX WITH MEN, SEX WORKERS AND TRANSGENDER PEOPLE TO PROTECT THEMSELVES FROM HIV INFECTION AND TO FULLY ACCESS ANTIRETROVIRAL THERAPY

Key achievements

Building the evidence base

The World Bank, WHO, UNDP and the UNAIDS Secretariat launched a study to build the evidence base to scale up HIV prevention and treatment programmes focusing on men who have sex with men and to estimate the costs of bringing these interventions to scale. The results of the study will assist countries to scale up services for men who have sex with men in their national epidemics. The research findings will be presented at the XVIII International AIDS Conference in Vienna in 2010.

Encouraging countries to focus on HIV and men who have sex with men

In 2009, UNAIDS strongly encouraged governments to ‘know their epidemic’ and know how it affects men who have sex with men. Using this information, governments must not only invest resources in supporting HIV prevention, treatment, care and support for men who have sex with men—tailored programmes that respond to their health needs—but must also address the discrimination, violence and other barriers that stand in the way of accessing services. UNAIDS supports efforts to amend laws prohibiting sexual acts between consenting adults in private, enforce anti-discrimination legislation, provide legal aid services and promote campaigns that address homophobia.

Forum on HIV, Human Rights and Men Who Have Sex with Men

The UNAIDS Executive Director participated in the Forum on HIV, Human Rights and Men Who Have Sex with Men in September in Washington, DC. The forum was held to raise attention on the human rights issues that affect men who have sex with men and other sexual minorities, as well as the policy and structural barriers that prevent men who have sex with men and other sexual minorities from accessing HIV services, including for prevention, treatment, care and support.

The human rights of people living with HIV, men who have sex with men, lesbians and transgender people must be fully respected. Where they have been able to access HIV information, prevention and treatment and avoid discrimination, these populations have become a force for health and community empowerment.

Michel Sidibé

World AIDS Day statement, December 2009

UNAIDS action framework on men who have sex with men and transgender people

The UNAIDS Secretariat and UNDP developed the *UNAIDS action framework on universal access for men who have sex with men and transgender people*, which shows that collective responses to HIV in the men who have sex with men and transgender populations are failing. The problem has either been ignored—with insufficient data and analysis—or commitment and resources allocated to HIV programming in these populations fall far short of what is required. The framework sets out how UNAIDS will facilitate and support universal access to HIV prevention, treatment, care and support for men who have sex with men and transgender people.

Reducing HIV among sex workers

UNAIDS issued its *Guidance note on HIV and sex work* to promote universal access to HIV prevention, treatment, care and support in the context of adult sex work. UNAIDS will use the guidance note to develop effective strategies to reduce the risk of HIV of sex workers and their clients, to provide care for sex workers living with HIV and to protect the human rights of sex workers. Recent studies confirm that in many countries sex workers experience higher rates of HIV infection than most other population groups.

A UNAIDS advisory group on HIV and sex work was set up in 2009 to ensure that sex workers have access to HIV prevention, treatment, care and support, to strengthen current policy and programmatic responses to sex work and to ensure the meaningful participation of sex workers.

Highlights

■ **BARBADOS**

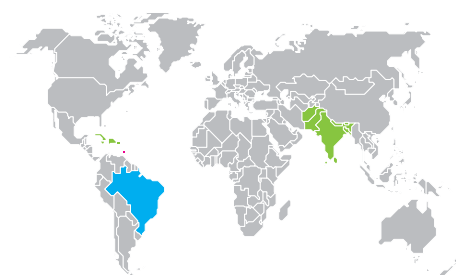
UNAIDS spearheaded research studies to obtain behavioural data on men who have sex with men in the eastern Caribbean in order to implement effective HIV prevention programmes.

■ **BRAZIL**

UNAIDS in Brazil launched the Just Like You video and TV campaign to tackle the stigma and prejudice directed at vulnerable populations—men who have sex with men, transgender people, people living with HIV, drug users and sex workers.

■ **SUPPORTING GLOBAL FUND PROPOSALS**

UNAIDS, under the leadership of UNDP, provided technical support for Global Fund proposals addressing HIV among men who have sex with men and transgender populations in the Caribbean and South Asia, resulting in the approval of the first successful regional Global Fund men who have sex with men project.



WE CAN EMPOWER MEN WHO HAVE SEX WITH MEN, SEX WORKERS AND TRANSGENDER PEOPLE TO PROTECT THEMSELVES FROM HIV INFECTION AND TO FULLY ACCESS ANTIRETROVIRAL THERAPY

Country results

PROVIDING A SAFE FORUM FOR MEN WHO HAVE SEX WITH MEN AND SEX WORKERS

In Ghana, men who have sex with men and female sex workers face widespread discrimination and to a large extent are considered social outcasts. UNAIDS is assisting these sexual minority groups to effectively participate in the national AIDS response by creating an enabling environment within its premises to conduct training and other activities. According to Jacob Larbi, UNAIDS Social Mobilization Adviser in Ghana, men who have sex with men and female sex workers are gradually finding their place as critical stakeholders within the framework addressing the HIV pandemic.

SCALING UP HIV AND SEX WORK IN HUMANITARIAN CRISIS SITUATIONS

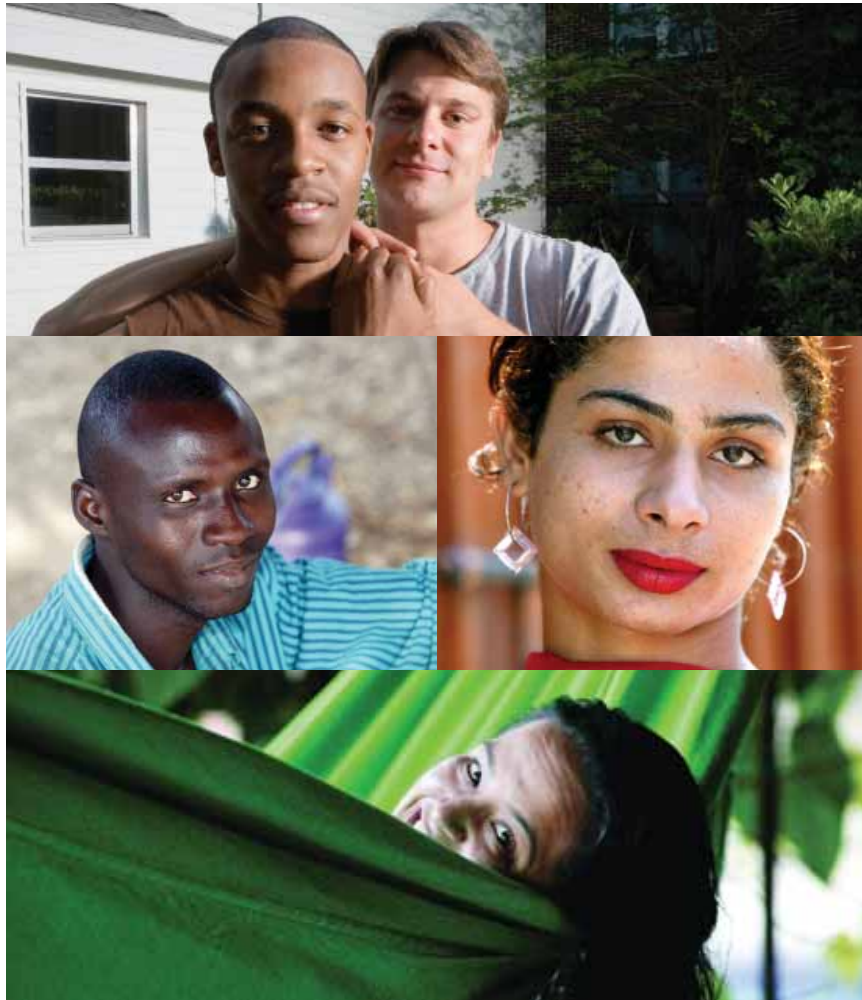
Sex work is a reality in humanitarian crisis situations and yet programmes for these populations at higher risk in such settings have been underdeveloped. Three years ago UNHCR implemented innovative evidence-informed HIV prevention programmes for HIV and sex work in humanitarian situations in eastern Africa and the Horn of Africa. As a result, UNHCR and UNFPA have developed a 10-step plan to illustrate how HIV and sex work can be addressed in humanitarian settings.

ANTI-HOMOPHOBIA CAMPAIGN LAUNCHED IN LATIN AMERICA

To mark the International Day against Homophobia on 17 May, the regional offices of UNAIDS and UNDP launched an online campaign displaying messages against homophobia and transphobia throughout Latin America. The campaign featured such messages as "Let's put an end to violence, let's overcome the indifference" and "Homophobia accelerates the spread of HIV" on web sites and YouTube. UNAIDS in Brazil translated these spots into Portuguese.

HIV AND SEX WORK NATIONAL CONSULTATION IN PAKISTAN

In May 2009, the Pakistan National AIDS Control Programme and UNFPA held the first ever national consultation bringing together sex workers, the government, development partners and the UN. Sex workers called for increased access to female condoms, prioritized HIV testing and referral services for sex workers, legalization of sex work, an end to police sexual and physical violence against sex workers, finding ways to curb the stigma and discrimination sex workers face, and vocational training and the means for alternative work opportunities for those who want to move out of sex work. As a result, Pakistan has developed a national strategy on HIV and female sex workers.





QUICK FACTS



MEN WHO HAVE SEX WITH MEN ACCOUNT FOR THE LARGEST SHARE OF HIV INFECTIONS IN LATIN AMERICA, BUT ONLY A SMALL FRACTION OF SPENDING IN THE REGION SUPPORTS PREVENTION PROGRAMMES FOCUSED ON THIS POPULATION.

UNPROTECTED SEX BETWEEN MEN ACCOUNTS FOR BETWEEN 5% AND 10% OF GLOBAL HIV INFECTIONS. IT IS THE PREDOMINANT MODE OF HIV TRANSMISSION IN MUCH OF THE DEVELOPED WORLD.

GLOBALLY, ONLY 1% OF ALL PREVENTION RESOURCES GO INTO PROGRAMMES FOR SEX WORKERS. FEWER THAN ONE IN FIVE SEX WORKERS RECEIVE ADEQUATE HIV PREVENTION SERVICES.

Impact of the economic crisis on HIV

During the global financial and economic crisis, the UNAIDS Secretariat and the World Bank worked together to prevent any disruption of HIV treatment and prevention services by national HIV programmes and closely monitored current and anticipated changes in HIV funding. In 2009, the World Bank and the UNAIDS Secretariat published several reports highlighting the impact of the economic crisis on HIV prevention and treatment. According to one of the reports, *The global economic crisis and HIV prevention and treatment programmes: vulnerabilities and impact,*

several countries faced shortages of antiretroviral drugs or other disruptions to HIV treatment, as well as disruptions to HIV prevention programmes focusing on high-risk groups, such as sex workers, injecting drug users and men who have sex with men. An 'early warning system' was created to monitor current and anticipated changes in HIV prevention and treatment programmes at the global and country levels.



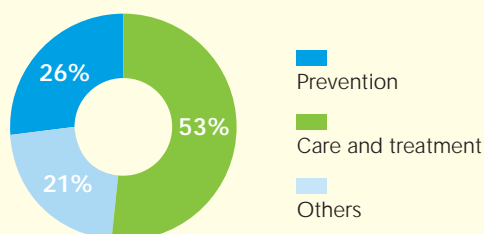
Reaching universal access targets by 2010

In January 2009 the UNAIDS Secretariat released the report *What countries need—investments needed for 2010 targets*, which provided an overview of the investments needed for countries to reach the universal access targets by 2010. In many countries, the pace of scaling up will not be sufficient to reach the 2010 targets; 111 countries have set ambitious country-defined targets for 2010. According to the report, countries will have to provide one third of the total resource needs, with the remaining two thirds coming from international sources.

Upper-middle-income countries, particularly in Latin America, eastern Europe and Asia, will have to finance their programmes from domestic sources. Taking into account the new antiretroviral therapy guidelines issued by WHO in December, an estimated US\$ 26.8 billion will be needed to achieve country-set universal access targets. In 2008, US\$ 15.6 billion was available for HIV programmes in low- and middle-income countries.

GLOBAL HIV EXPENDITURES BY PROGRAMMATIC AREA

Low- and middle-income countries



WE CAN REMOVE PUNITIVE LAWS, POLICIES, PRACTICES, STIGMA AND DISCRIMINATION THAT BLOCK EFFECTIVE RESPONSES TO AIDS

Key achievements

Lifting of travel restrictions against people living with HIV

Since the beginning of the HIV epidemic, governments have implemented travel restrictions on HIV-positive people wishing to enter or remain in a country for a short stay or for longer periods. Restrictions on entry, stay and residence based on HIV status are discriminatory. The UNAIDS Secretariat has advocated for the removal of punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS, including HIV-related travel restrictions. In 2009, several countries, including the Czech Republic and the USA, took steps to lift travel restrictions against people living with HIV.

Decriminalizing same-sex sexual behaviour

At least 80 countries have legislation prohibiting same-sex sexual behaviour. In July, the UNAIDS Secretariat welcomed the decision by the Delhi High Court to repeal a 150-year-old law criminalizing same-sex sexual behaviour. Such oppressive laws drive people underground, making it much harder to reach them with HIV prevention, treatment and care services.

The UNAIDS Regional Support Team for West and Central Africa mobilized and sensitized parliamentarians and high-level legal experts from 15 countries in the region to address the criminalization of men who have sex with men and to promote human rights.

UNAIDS has publicly stated that homophobia blocks the AIDS response. It has urged all governments to ensure full respect for the human rights of men who have sex with men, lesbians and transgender people through repealing laws that prohibit sexual acts between consenting adults in private, enforcing laws to protect these groups from violence and discrimination, promoting campaigns that address homophobia and transphobia and ensuring that the crucial health services are provided.

Placing travel restrictions on people living with HIV has no public health justification. It is also a violation of human rights. We hope that other countries that still have travel restrictions will remove them at the earliest.

Michel Sidibé

Statement on the US lifting of travel restrictions

Engaging national human rights institutions in the HIV response

National human rights institutions can contribute substantially to the protection of human rights in the context of HIV. The UNAIDS Secretariat and UNDP, together with the Office of the High Commissioner for Human Rights (OHCHR) and the Danish Institute for Human Rights, organized a series of regional HIV workshops for national human rights institutions in 2009 and 2010 (in eastern and southern Africa, western and central Africa, Latin America and Asia). The workshops allowed the participating institutions to gain a better understanding of HIV-related human rights, develop action plans on HIV and initiate regional collaboration on HIV-related human rights. By integrating HIV into their activities, national human rights institutions have a great potential to strengthen national HIV responses.

Measuring stigma and discrimination

The UNAIDS Secretariat has partnered with the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV/AIDS and the International Planned Parenthood Federation to support the efforts of national networks of people living with HIV to measure stigma and discrimination experienced by people living with HIV. The People Living with HIV Stigma Index has been fully rolled out in China, the Dominican Republic, Thailand and the United Kingdom. In 2010, the stigma index will be rolled out in Argentina, Colombia, Ethiopia, Fiji, Kenya, Mexico, Nigeria, Pakistan, Papua New Guinea, the Philippines and Zambia.

Highlights

■ BELARUS

With the support of UNAIDS in Belarus, the stigma index surveys were carried out by people living with HIV for the first time.

■ RESPECTING THE RIGHTS OF PEOPLE LIVING WITH HIV

The UNAIDS Executive Director met with 30 judges from 15 countries in sub-Saharan Africa, calling for the respect of the rights of people living with HIV.

■ BURKINA FASO

Burkina Faso's National Assembly adopted the Bill on the Promotion and Protection of Disabled Persons. UNAIDS provided technical support to the Burkina Federation of Disabled People for the study on HIV among disabled persons and ensured that HIV was included in the bill.



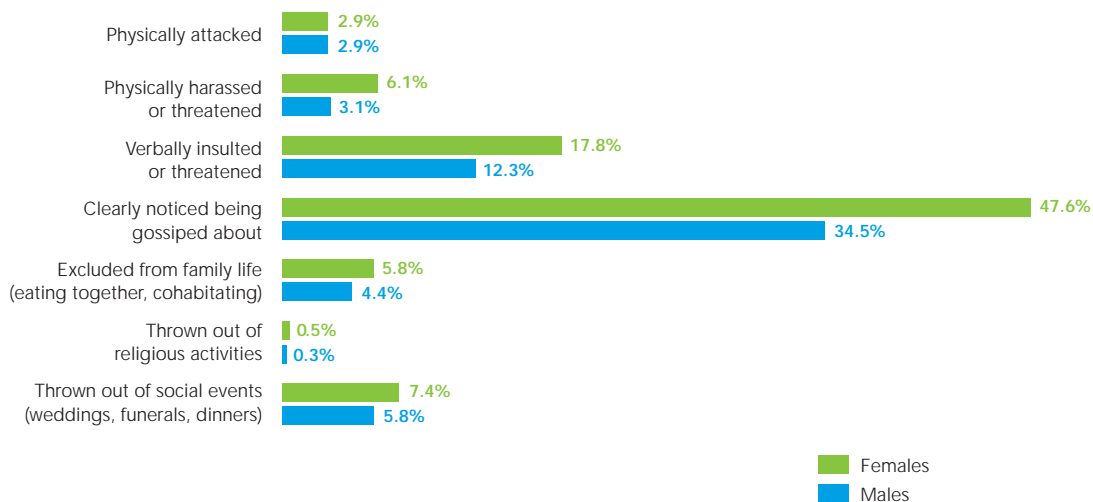
WE CAN REMOVE PUNITIVE LAWS, POLICIES, PRACTICES, STIGMA AND DISCRIMINATION THAT BLOCK EFFECTIVE RESPONSES TO AIDS

Country results

CHINA STIGMA INDEX SURVEY

The China stigma index survey, funded by UNAIDS China and the Bill & Melinda Gates Foundation, was carried out among over 2000 people in 2009 and was the first of its kind in China and among the first in the world. The results of the survey, conducted by people living with HIV, indicate that the stigma and discrimination experienced by people living with HIV is severe and that most HIV-positive people try to protect themselves by not disclosing their status to people outside their immediate social circle. One third of all respondents said that their status had been revealed to others without their permission. More than 12% had been refused medical care at least once since they tested positive. The survey also showed that more than 10% of female respondents had been pressured into terminating a pregnancy by health staff. Support groups for people living with HIV in China remain limited. Although significant progress has been made over the past decade in strengthening the HIV response in China, this survey demonstrates that much work remains to be done in addressing stigma and discrimination.

Types of discrimination that people have experienced since being diagnosed as HIV-positive



QUICK FACTS



24 COUNTRIES DEPORT INDIVIDUALS ONCE THEIR HIV-POSITIVE STATUS IS DISCOVERED.

57 COUNTRIES, TERRITORIES AND AREAS IMPOSE SOME FORM OF TRAVEL RESTRICTION ON THE ENTRY, STAY AND RESIDENCE OF PEOPLE LIVING WITH HIV BASED ON THEIR HIV STATUS.

AT LEAST 80 COUNTRIES HAVE LEGISLATION PROHIBITING SAME-SEX SEXUAL BEHAVIOUR.

WE CAN MEET THE HIV NEEDS OF WOMEN AND GIRLS AND CAN STOP SEXUAL AND GENDER-BASED VIOLENCE

Key achievements

UNAIDS Programme Coordinating Board approves the Agenda for Action on women, girls, gender equality and HIV

The UNAIDS Programme Coordinating Board welcomed the *Agenda for accelerated country action for women, girls, gender equality and HIV (2010–2014)*, developed to address gender inequalities and human rights violations that continue to put women and girls at risk of HIV infection. Nearly 30 years into the HIV epidemic, HIV services do not sufficiently address the specific realities and needs of women and girls. The Agenda for Action provides clear action points on how the UN can work together with governments, civil society and development partners to:

- Produce better information on the specific needs of women and girls in the context of HIV.
- Turn political commitments into increased resources and actions so that HIV programmes can better respond to the needs of women and girls.
- Support leaders to build safer environments in which the human rights of women and girls are protected.

Launch of Universal Access for Women and Girls Now!

To help implement the Agenda for Action in countries, UNDP, on behalf of the Interagency Working Group on Women, Girls, Gender Equality and HIV, launched Universal Access for Women and Girls Now! (UA Now!) in July. A US \$1.37 million two-year initiative, UA Now! aims to develop a better understanding of the key barriers and gaps to providing women and girls with access to HIV prevention, treatment, care and support services. Encompassing India and seven countries in eastern and southern Africa, the project emphasizes integrating key gender actions into national AIDS strategies and plans and key HIV actions into national gender equality plans.

Gender equality must become part of our DNA—at the core of all of our actions. Together with governments and civil society, we must energize the global response to AIDS, while vigorously advancing gender equality. These causes are undeniably linked.

Michel Sidibé

Speech to the Commission on the Status of Women, March 2009

Strengthening the evidence base on violence against women and HIV

WHO, with the support of the UNAIDS Secretariat, convened a technical meeting in October of experts and practitioners to review evidence around the links between violence against women and HIV and to identify programmes that have worked in countries to address violence against women and girls in the context of HIV. These include providing a comprehensive care package for post-rape victims as well as post-HIV test counselling. The discussions at the meeting are helping countries to ensure that violence against women and girls is incorporated in their national AIDS responses.

New initiative to address sexual violence against girls

The Clinton Global Initiative, along with the UNAIDS Secretariat, UNICEF, UNFPA, UNIFEM, WHO and other partners, launched a new initiative in September to address the rights violations and health impact of sexual violence against girls. The partners are working together to:

- Provide funding to the Centers for Disease Control and Prevention and UNICEF to expand surveillance of sexual violence against girls in developing countries.
- Develop a technical package of programmes for implementation at the country level to reduce the incidence of sexual violence against girls.
- Launch a major media campaign to increase awareness on the issue and to encourage social and behaviour change.

Highlights

■ MALAWI

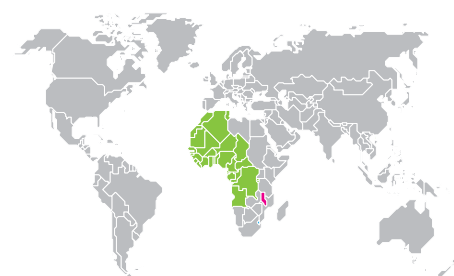
UNAIDS supported the mapping of harmful cultural sexual practices that increase the spread of HIV infection among women and girls in four districts in Malawi.

■ SWAZILAND

A recent study in Swaziland showed that two out of three 18–24-year-old women had experienced sexual violence—and that Swaziland has the highest prevalence of HIV among adults globally.

■ WEST AND CENTRAL AFRICA

The UNAIDS Regional Support Team for West and Central Africa organized a regional meeting to present the *Agenda for accelerated country action for women, girls, gender equality and HIV (2010–2014)* as well as the Global Fund's gender strategy.



WE CAN MEET THE HIV NEEDS OF WOMEN AND GIRLS AND CAN STOP SEXUAL AND GENDER-BASED VIOLENCE

Country results

LAUNCH OF CARIBBEAN COALITION ON WOMEN, GIRLS AND AIDS

The Caribbean Coalition on Women, Girls and AIDS was launched by the UNAIDS Caribbean Regional Support Team in Port of Spain, Trinidad, in March. Violence in the Caribbean region against women and girls is increasing their vulnerability to HIV. According to a regional study, the first sexual experience of 47% of adolescent girls was "forced" or "somewhat forced". The coalition has pledged to vigorously challenge not just violence against women but all aspects of female vulnerability to HIV.



QUICK FACTS



ONLY 38% OF YOUNG WOMEN HAVE ACCURATE AND COMPREHENSIVE KNOWLEDGE OF HIV.

TWO THIRDS OF THE 110 MILLION CHILDREN NOT IN SCHOOL ARE GIRLS.

MORE THAN 90% OF THE 1.7 MILLION WOMEN LIVING WITH HIV IN ASIA BECAME INFECTED FROM THEIR HUSBANDS OR LONG-TERM PARTNERS.

AN ESTIMATED 50 MILLION WOMEN IN ASIA ARE AT RISK OF BECOMING INFECTED WITH HIV FROM THEIR INTIMATE PARTNERS.

Working with faith-based groups

In December, the UNAIDS Secretariat launched a new strategic framework for partnership with faith-based organizations in its response to HIV at the Parliament of the World's Religions. The goal of the framework is to encourage stronger partnerships between UNAIDS and faith-based organizations in order to achieve universal access to HIV prevention, treatment, care and support. It recommends that faith-based

organizations be integrated into comprehensive national AIDS responses. UNAIDS will prioritize work with such organizations and religious leaders with the aim of ending stigma and discrimination and will strengthen the inclusion of people living with HIV in the design, implementation, and monitoring and evaluation of faith-based HIV programmes.



Key achievements

Building the evidence base

To build a strong evidence base for action, UNAIDS carried out in-depth analyses of household survey data in five African countries, finding a significant association between the HIV status of young women and the average number and age of their sexual partners. A separate data analysis in eight countries found that sexual debut prior to age 15 increased the likelihood that young women would be HIV-positive.

Guidance briefs on HIV programmes for young people

The UNAIDS interagency task team on HIV and young people developed and disseminated the Global Guidance Briefs for young people to provide UN country teams and country partners with a set of recommended principles and core actions that highlight priority HIV programmes in different sectors. The materials were produced within the overall context of 'know your epidemic and tailor your AIDS response'.

Young people at higher risk of HIV

The Interagency Youth Working Group published a report in collaboration with the UNAIDS interagency task team on HIV and young people to call attention to young people aged 10 to 24 considered at higher risk of HIV infection— young men who have sex with men, young people who sell sex and young people who inject drugs. The specific needs of young people in these populations at higher risk are too often unmet as existing HIV programmes focus on young people in general. Barriers to accessing services include continued criminalization of these behaviours, the clandestine nature of risky behaviour among young people and the social, structural and socioeconomic challenges that young people at higher risk often face.

If we are to make an impact on children and young people before they become sexually active, comprehensive sexuality education must become part of the formal school curriculum, delivered by well trained and supported teachers.

Michel Sidibé

Launch of *International technical guidance on sexuality education*

Sexuality education among young people

In December, UNESCO published the *International technical guidance on sexuality education: an evidence-informed approach for schools, teachers and health educators* in partnership with the UNAIDS Secretariat, UNICEF, UNFPA and WHO. Based on a rigorous review of evidence on sexuality education programmes, the two-volume guidance sets new international benchmarks for voluntary standards in sexuality education. Developed to assist education and health authorities to improve HIV prevention for young people through sexuality education, the guidance highlights effective sexuality education programmes and outlines age-appropriate topics and learning objectives for children and young people aged 5 to 18+.

Engaging young people in the AIDS response

The UNAIDS Secretariat has set up a Special Youth Programme, modelled after UNFPA's Special Youth Programme, in which four young people from developing countries are selected for nine-month remunerated fellowships to work at the UNAIDS Secretariat in Geneva and thereafter in their respective home countries. The main objective of the programme is to build the leadership skills and capacity of young people to contribute to the AIDS response, particularly at the country level.

Highlights

■ EGYPT

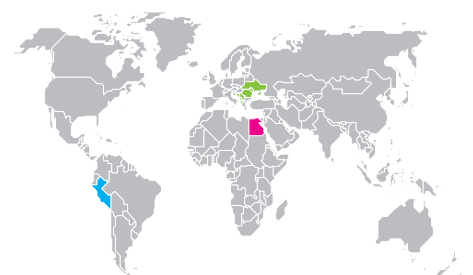
UNAIDS supported behavioural surveillance of children and adolescents living on the streets in Egypt, generating data for focused programmes.

■ PERU

UNAIDS supported an assessment of the needs of vulnerable young people in three cities in Peru.

■ IMPLEMENTING PREVENTION PROGRAMMES FOR ADOLESCENTS

UNAIDS provided technical assistance to seven countries in eastern Europe that led to national AIDS strategies implementing prevention programmes for adolescents at higher risk.



Country results

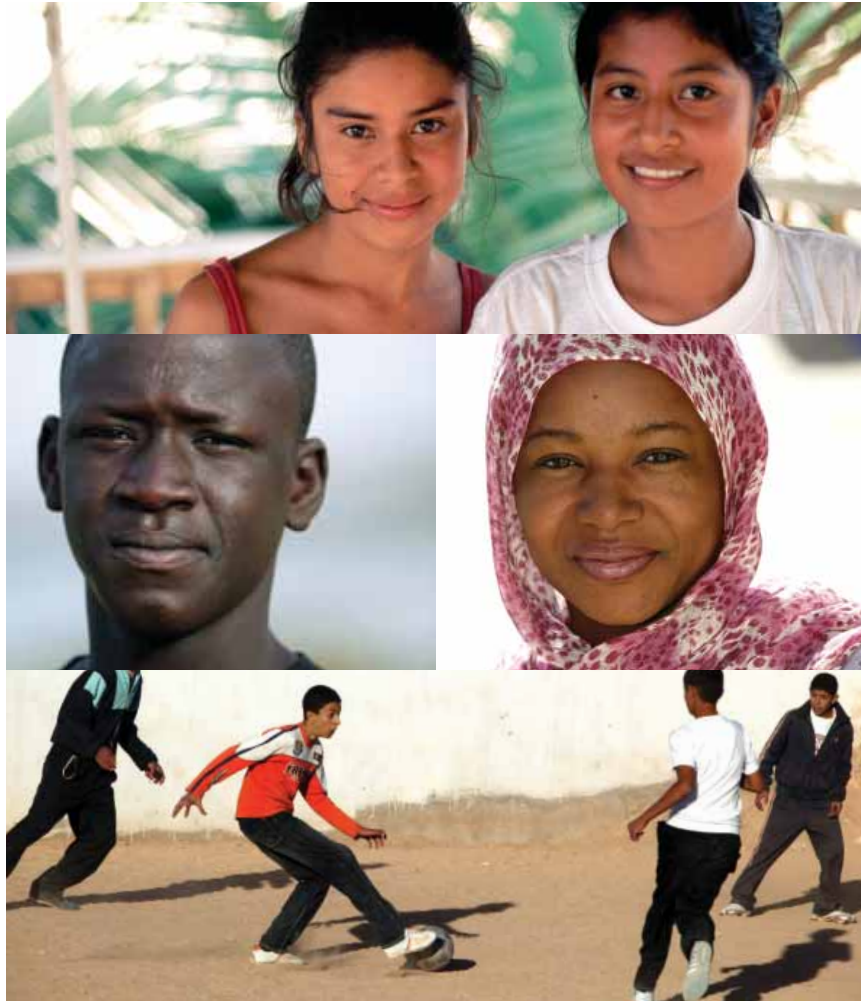
PROVIDING SCHOOL-BASED SEX EDUCATION TO YOUNG PEOPLE

UNAIDS cosponsored a meeting of health and education ministers from Latin America and the Caribbean that resulted in a pledge to implement multisectoral strategies to provide comprehensive school-based sex education. To translate this pledge into action, UNAIDS carried out situation analyses of sex education in 15 countries. Through EDUCAIDS and other initiatives, UNAIDS intensified activities to strengthen HIV programming in schools, including the launch of a toolkit, produced by the UNAIDS Interagency Task Team on Education, for mainstreaming HIV responses in education sectors and the development of regional strategic frameworks for HIV and education in the Asia and Pacific region, eastern Europe and central Asia, and the Arab states.

MALAWI: PREVENTING HIV AMONG ADOLESCENT GIRLS

In Malawi, UNICEF is supporting an innovative response to the increasingly high levels of HIV among young women. The SISTA Initiative (Sisters Informing Sisters about Topics on AIDS (SISTA)) is a peer-supported, life-skills-building project to prevent new HIV infections among adolescent girls. The aim is to reach all 15–19-year-old girls in and out of school with a package of HIV prevention materials and with 20 hours of risk reduction counselling and training provided by school and health staff and female peer educators.

Although it is too soon to measure the impact (the pilot phase was launched in mid-2009), the project has obtained encouraging feedback through many of the testimonials provided by the young women who have undergone the training.





QUICK FACTS



IN 2008, YOUNG PEOPLE ACCOUNTED FOR 40% OF ALL NEW ADULT INFECTIONS WORLDWIDE.

AROUND 30% OF YOUNG MEN AND 19% OF YOUNG WOMEN HAVE BASIC INFORMATION ABOUT HIV.

4 OUT OF EVERY 5 OF ALL HIV INFECTIONS AMONG YOUNG PEOPLE ARE IN SUB-SAHARAN AFRICA AND YOUNG WOMEN IN THIS REGION MAKE UP NEARLY 70% OF ALL YOUNG PEOPLE LIVING WITH HIV.

ONLY AROUND 37% OF YOUNG MEN AND 21% OF YOUNG WOMEN WHO HAVE MORE THAN ONE SEXUAL PARTNER IN A YEAR REPORT THAT THEY USED A CONDOM IN THEIR LAST SEXUAL ENCOUNTER.

Highlights

■ MALAWI

Keeping girls in school is vital to safeguarding their future: a two-year cash transfer programme in Malawi that provided stipends ranging from US\$ 1 to US\$ 5 a month for adolescent girls, in addition to payments of US\$ 4–10 to parents, reduced school drop-out rates by 40%.

■ CREATING JOBS FOR PEOPLE LIVING WITH HIV

UNAIDS supported pilot projects in 17 countries to create employment opportunities for people living with HIV through microfinance initiatives.

■ INTEGRATING NUTRITION IN ORPHAN PROGRAMMES

In at least 15 countries, UNAIDS supported the integration of food and nutrition components in support programmes for children orphaned or made vulnerable by the epidemic.



Key achievements

Scaling up social protection programmes

An audit conducted in 2009 showed that UNAIDS was supporting the scale up of child-sensitive social protection in at least 30 countries. UNAIDS also supported the first Africa-wide meeting on family-based care in order to identify more appropriate and sustainable approaches for children affected by AIDS.

Building the evidence base

Building the evidence base for action to support children, UNAIDS supported national situation assessments of children affected by HIV in China, Indonesia and Malaysia. The findings were used to implement action plans and to inform funding proposals. National assessments in eight countries in eastern and southern Africa supported the development of social protection frameworks, laws and structures to support and protect children.

Creating employment opportunities for people living with HIV

In 2008 and 2009, UNAIDS strengthened its efforts to support people living with HIV through expanded employment opportunities. Pilot projects were supported in 17 countries to create employment opportunities through microfinance initiatives, and networks of people living with HIV and other stakeholders in 17 countries received technical support for the development of social protection schemes and income-generating initiatives for people living with HIV. Seven countries in Africa and Asia received guidance and support to extend social security schemes to people living with HIV.



We must urgently generate a global consensus on a sustainable financing strategy for global health—including AIDS—for the next 10 years. But we cannot simply focus our efforts on responding to the present impacts of the financial crisis. We need to build community resilience and protection. We need to engage in security-building interventions by working with ILO and others in securing a 'social security floor'.

Michel Sidibé

Speech to the Programme Coordinating Board, December 2009

Country results

CASH TRANSFER SCHEMES AS SOCIAL PROTECTION FOR CHILDREN

In Kenya, approximately 2.5 million children have lost one or both parents to a range of causes, about half of them as a result of AIDS. However, the vast majority of these children continue to live with their extended families. In response to this, the Kenyan Government began a cash transfer programme for orphans and other vulnerable children in 2004 with support from UNICEF, the World Bank and the UK Department for International Development. In 2009, owing to increased government and donor funding of the programme, Kenya was able to expand its coverage of households taking care of children affected by AIDS from 30 000 to 75 000. The Kenyan Government's allocation increased from US\$ 8 million to more than US\$ 10 million. As a result, almost 250 000 children affected by AIDS will have greater access to better nutrition, education, health and birth registration services.

FOOD ASSISTANCE FOR ORPHANS AND OTHER VULNERABLE CHILDREN

Given the immense impact of AIDS on adult mortality, the number of orphans and children made vulnerable by AIDS has been growing exponentially in eastern and southern Africa. The WFP has partnered with UNICEF and the Food and Agriculture Organization of the United Nations (FAO) to help countries identify the basic critical needs and associated services for orphans and other vulnerable children, explore the possibility of livelihood and life skills training for older adolescents and support national strategy development for orphans and other vulnerable children, livelihoods and social protection. Food and nutrition remain a critical component of comprehensive care of and support for orphans and other vulnerable children and their caregivers as well as people living with HIV and affected households. In Kenya, food assistance complements cash grants during the lean season, when food prices increase.

CAMEROON: EMPOWERING VULNERABLE WOMEN AND WOMEN LIVING WITH HIV

As a means to empower women, including women living with or affected by HIV, the ILO and microfinance institutions developed a microcredit scheme. Managers of microfinance institutions were trained in the management procedures of the fund. Seven women from the microfinance institutions were trained in the entire process—including adherence to antiretroviral therapy, nutrition, living positively with HIV and advice on health insurance—in order to enable them to provide technical assistance to women infected and affected by HIV in their communities. A large number of women living with HIV participated in the training sessions. All the beneficiaries are now running their businesses with the help of the fund and some have already started to refund their loans, benefiting those on the waiting list.



WE CAN ENHANCE SOCIAL PROTECTION FOR PEOPLE AFFECTED BY HIV



QUICK FACTS

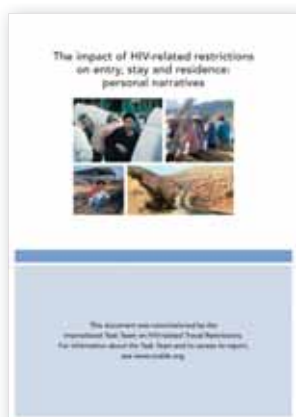
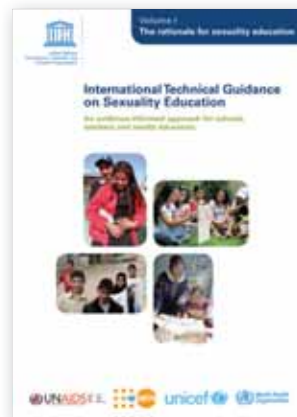
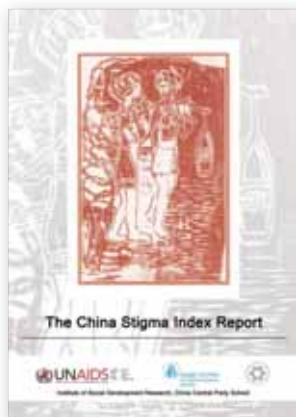
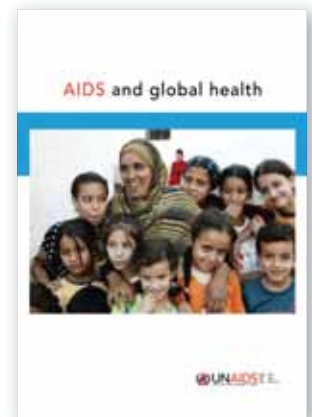


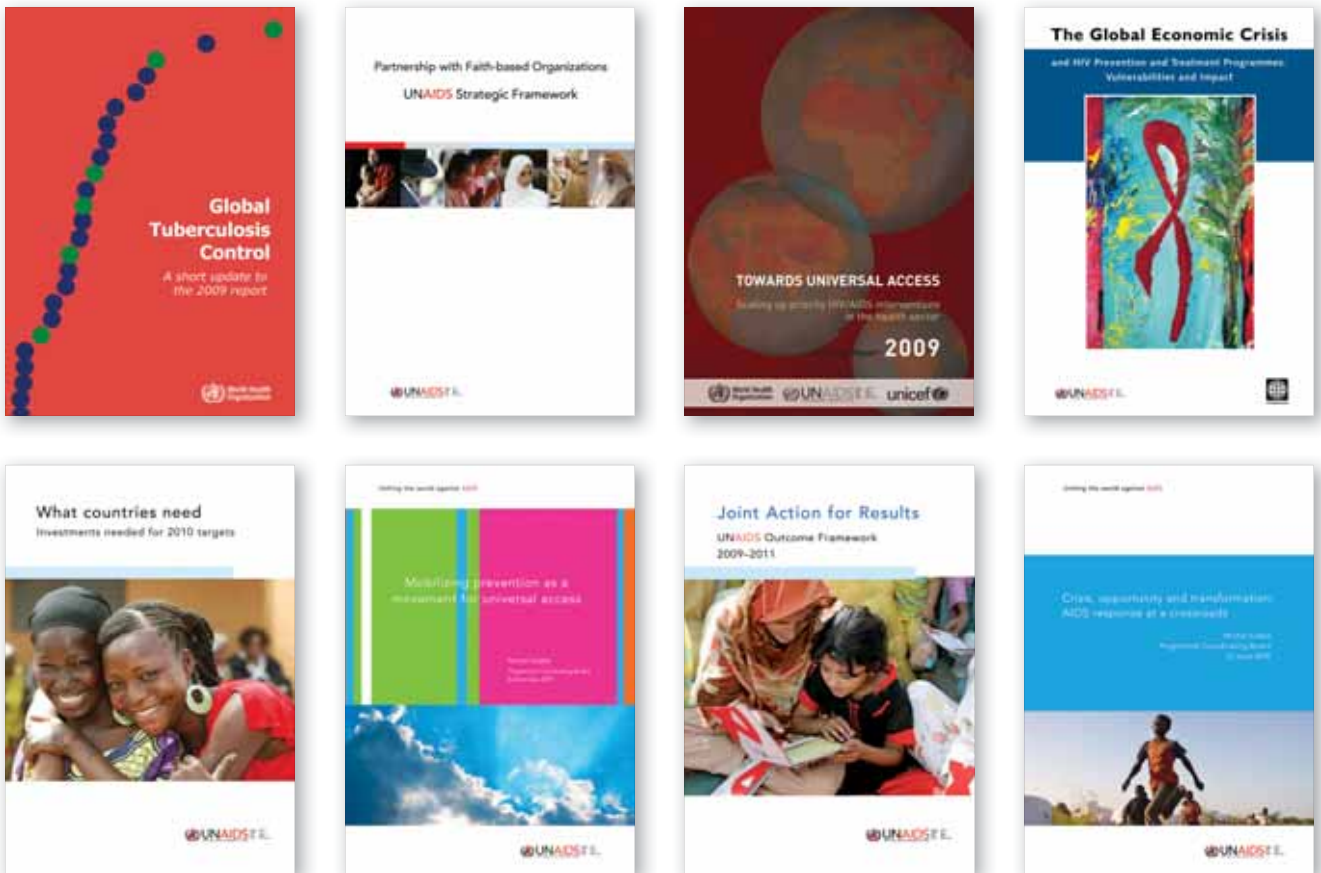
**CHILDREN ACCOUNTED FOR
1 IN 6 NEW HIV INFECTIONS
WORLDWIDE IN 2008.**

**IN 2008, OF ALL NEW HIV
INFECTIONS IN CHILDREN
WORLDWIDE, 91% OF THEM WERE
IN SUB-SAHARAN AFRICA.**

**14 MILLION AIDS ORPHANS LIVE IN
SUB-SAHARAN AFRICA.**

2009 UNAIDS PUBLICATIONS





UNAIDS SOCIAL MEDIA



AIDSspace.org – Connecting the global AIDS response
 Facebook.com/UNAIDS Twitter.com/UNAIDS Flickr.com/UNAIDS

2009 TIMELINE

January

February

March

April



In Khayelitsha, a township near Cape Town, UNAIDS kicks off the push for universal access to HIV prevention, treatment, care, and support.



Launch of the Caribbean Coalition on Women, Girls and AIDS.

El Salvador's Ministry of Health passes a ministerial decree to reduce homophobia in health services.



International consultation in Tunisia adopts the term 'positive health, dignity and prevention'.



Michel Sidibé sworn in as the Executive Director of UNAIDS by UN Secretary-General Ban Ki-moon.

UNAIDS issues the *Guidance note on HIV and sex work*.



Integration of tuberculosis and HIV services becomes a rallying call at the global Stop TB Partners' Forum in Brazil.

UNAIDS sets out nine priority areas in its Outcome Framework 2009–2011 to guide future investments in the AIDS response.

May

June

July

August



At the Global Fund Board meeting, the UNAIDS Executive Director calls for the virtual elimination of mother-to-child HIV transmission by 2015.



UNAIDS starts engaging with fans and followers on social media platforms.

The World Bank and UNAIDS publish a report on the impact of the economic crisis on the AIDS response.

India decriminalizes same-sex sexual behaviour: a step forward to UNAIDS' goal of decriminalizing injecting drug use, sex work and sex between men.

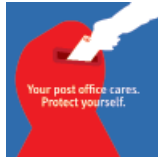


The UNAIDS Executive Director calls for the creation of a single African drug agency.

Launch of the Universal Access for Women and Girls Now! campaign in India and several African countries.



UNAIDS releases a report on HIV transmission among intimate partners in Asia at the 9th International Conference on AIDS in Asia and the Pacific in Bali, Indonesia.



Launch of an HIV prevention campaign in post offices worldwide.



UNICEF and UNAIDS hold a meeting in Yalta, Ukraine, on pregnancy, drug use and HIV in eastern Europe and central Asia.

September

October

November

December



More than 4 million people in low- and middle-income countries estimated to be on antiretroviral therapy.



UNICEF, UNAIDS, WHO and UNFPA launch the Fourth Stocktaking Report, which highlights that a generation of children free from HIV is possible.

The UNAIDS Executive Director calls for a "prevention revolution" in his address at the Programme Coordinating Board meeting. The call is strongly endorsed by PEPFAR, the Global Fund and civil society.



The UNAIDS Programme Coordinating Board approves the *Agenda for accelerated country action for women, girls, gender equality and HIV (2010–2014)*.

The Clinton Global Initiative and UN agencies launch a new campaign to address sexual violence against girls.



Launched in China, the 2009 *AIDS epidemic update* and *UNAIDS Outlook* show new HIV infections down by 17% since 2001.

According to new WHO guidelines on antiretroviral therapy, an additional 10 million people are in need of treatment in low- and middle-income countries.



UNAIDS signs a partnership agreement with the Millennium Villages project to create mother-to-child transmission-free zones across Africa.



Launch of AIDSspace.org



President Jacob Zuma and the UNAIDS Executive Director commemorate World AIDS Day, signalling a new movement in South Africa.

UNAIDS and the Organisation internationale de la Francophonie sign a new cooperation agreement focusing on dialogue between governments and partners.

FINANCIALS

INTRODUCTION

The UNAIDS Unified Budget and Workplan (UBW) brings together the HIV-related work of the 10 Cosponsors and the UNAIDS Secretariat in a single, coordinated, two-year operational framework. The UBW seeks to catalyse an extraordinary, accelerated response to the global AIDS epidemic, transforming the decisions and recommendations of the UNAIDS Programme Coordinating Board into action on the ground.

The UBW includes a breakdown of the expected results and resource needs of each Cosponsor, the Secretariat and interagency activities as part of global efforts to move towards universal access to HIV prevention, treatment, care and support. In comparison with previous biennia, the 2008–2009 UBW is more simplified in terms of its structure, in order to facilitate management, reporting, accountability and transparency across the Joint Programme.

Funds made available to the 2008–2009 UBW

UNAIDS is fully funded from voluntary contributions. During the financial period under review, an operating revenue of US\$ 499.5 million was made available for the core activities in the UBW in 2008–2009. More than 95% of this amount was contributed by 33 governments. The World Bank contributed just under 2% of the total and the remaining amount was made up of miscellaneous income, including funds received from institutions and contributors other than governments, donations and honoraria received. In addition to this amount, financial revenue (primarily interest earnings) of US\$ 11.6 million was also received and apportioned during the reporting period, bringing the total revenue available to the UBW for 2008–2009 to US\$ 511.1 million. Annex 1 provides details of revenue recognized towards the 2008–2009 UBW for the financial period that ended on 31 December 2009.

Extrabudgetary funds mobilized in 2008–2009

Extrabudgetary resources amounting to US\$ 61.5 million were made available to UNAIDS to provide support to a number of global, regional and country activities and to a number of interagency-managed activities that are not included in the UBW and that do not specifically fall under any Cosponsor's mandate. In addition to this amount, financial revenue (primarily interest earnings) of US\$ 4.5 million was also received and apportioned during the reporting period, bringing the total extrabudgetary revenue available to US\$ 66.0 million. Details on the sources of these funds are given in Annex 2.

Funds expended and encumbered under the UBW for 2008–2009

During the financial period that ended on 31 December 2009, expenses and encumbrances (including transfers to Cosponsors) totalling US\$ 481.8 million were incurred against the budget of US\$ 484.8 million approved for the 2008–2009 UBW, which corresponds to a financial implementation rate of 99.4%. The total expenses and encumbrances (including transfers to Cosponsors) for the implementation of HIV activities contained in the UBW were distributed as follows:

- US\$ 134.7 million was transferred to Cosponsors (Annex 3).
- US\$ 155.5 million was expended and encumbered for interagency activities.
- US\$ 191.6 million was expended and encumbered for Secretariat activities and staff.

Full details on the expenditure of the UBW funds and extrabudgetary funds can be found in the Financial report for the period 1 January 2008 to 31 December 2009 (UNAIDS/PCB(26)/10.4) prepared for the 26th meeting of the UNAIDS Programme Coordinating Board in June 2010.

Annex 1

Unified Budget and Workplan

Details of revenue for the financial period ended 31 December 2009 (US\$).
Funds made available towards the 2008–2009 Unified Budget and Workplan.

Voluntary contributions	Funds
Governments	
Andorra	74 252
Austria	140 449
Australia	4 071 497
Belgium	11 293 761
Brazil	99 853
Bulgaria	4 539
Canada	9 490 683
China	200 000
Denmark	17 916 325
Finland	24 234 544
Flemish Government	1 317 524
France	2 926 043
Germany	7 865 602
Greece	1 415 094
Ireland	12 986 837
Israel	5 000
Japan	5 029 725
Liechtenstein	46 986
Luxembourg	7 411 124
Monaco	299 406
Netherlands	95 761 616
New Zealand	3 857 577
Norway	50 167 540
Poland	145 650
Portugal	301 294
Russian Federation	1 000 034
Spain	11 853 112
Sweden	72 957 831
Switzerland	8 526 041
Thailand	49 973
Turkey	1 200 000
United Kingdom of Great Britain and Northern Ireland	32 304 148
United States of America	96 991 500
Sub-total	481 945 560

Cosponsoring organizations	
World Bank	8 000 000
Sub-total	8 000 000

Other	
United Nations Federal Credit Union	51 226
Miscellaneous	545 510
Others	8 970 674
Sub-total	9 567 410

Other revenue	
Interest	11 605 073
Sub-total	11 605 073

TOTAL	511 118 043

Annex 2

Non-unified Budget and Workplan Funds

Details of revenue for the financial period ended 31 December 2009 (US\$).
Funds made available towards extrabudgetary funds 2008–2009.

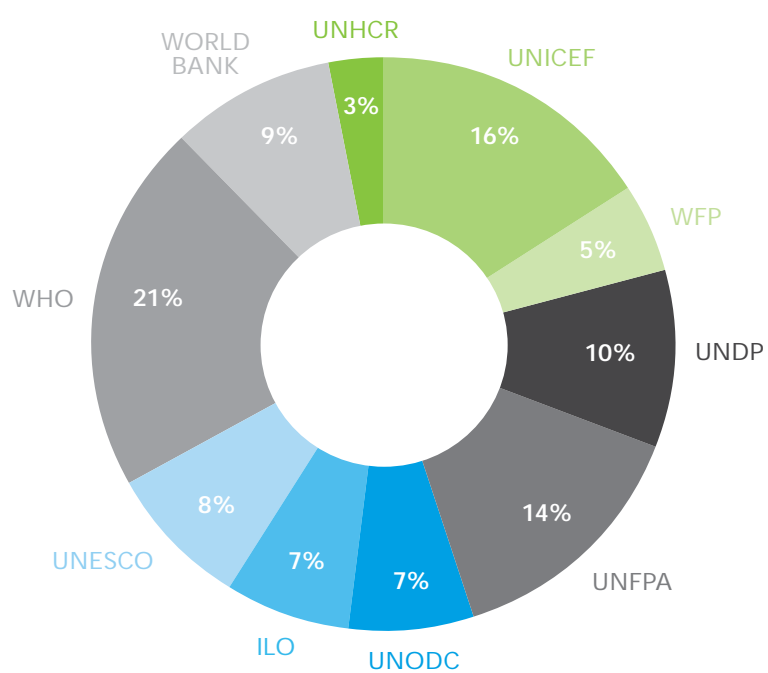
Voluntary contributions	Funds
Governments	
Australia	8 486 042 ¹
Austria	1 089 169
Belgium	715 308
Canada	83 415
Denmark	2 296 451
Flemish Government	871 866
France	1 668 268
Germany	306 234
Greece	157 233
Ireland	2 884 256
Italy	89 941
Japan	602 534
Luxembourg	497 321 ²
Mozambique	199 185
Netherlands	569 899
New Zealand	194 665
Norway	185 413 ³
Russian Federation	1 200 000
Spain	1 767 027
Sweden	9 231 351
United Kingdom of Great Britain and Northern Ireland	4 724 801
United States of America (CDC)	1 050 100
United States of America (USAID)	10 170 322
Sub-total	49 040 801
Cosponsoring organizations	
UNHCR	223 000
UNICEF	86 751
UNDP	3 711 624
UNFPA	0
UNODC	0
ILO	0
WHO	584 087
Sub-total	4 605 462
Other	
AWARE	30 009
Bill and Melinda Gates Foundation	3 318 180
BM Creative Management Ltd	9 994
CARICOM	50 000
Constella Futures	10 700
Ford Foundation	650 000
Geneva Global Inc.	26 549
Germany, GTZ	1 374 334
Global Fund	313 532
Imperial College London	13 808
Organization of Petroleum Exporting Countries	200 000
OSIWA	3 850
UNCERF	38 253
United Nations Development Fund for Women	86 645
UNEP	25 000
United Nations Foundation	37 852
UNOPS	474 553
Miscellaneous	7 703
Refund to donors	(692 943)
Others	1 874 713
Sub-total	7 852 732
Other income	
Interest	4 537 952
Sub-total	4 537 952
TOTAL	66 036 947

¹ Represents net of income for 2008–2009 of US\$ 13 379 692 less pass-through funds of US\$ 4 893 650

² Represents net of income for 2008–2009 of US\$ 5 631 947 less pass-through funds of US\$ 5 134 626

³ Represents net of income for 2008–2009 of US\$ 545 838 less pass-through of US\$ 360 425

SHARE OF 2008–2009 UBW FUNDS TRANSFERRED TO COSPONSORS



Leveraging the AIDS response, **UNAIDS** works to build political action and promote the rights of all people for better global health and development results.

Globally it sets policy and is the source of HIV-related data.

In countries UNAIDS brings together the resources of the UNAIDS Secretariat and its 10 Cosponsors for a coordinated AIDS response.

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

T (+41) 22 791 36 66
F (+41) 22 791 48 35

www.unaids.org



United Nations Population Fund

