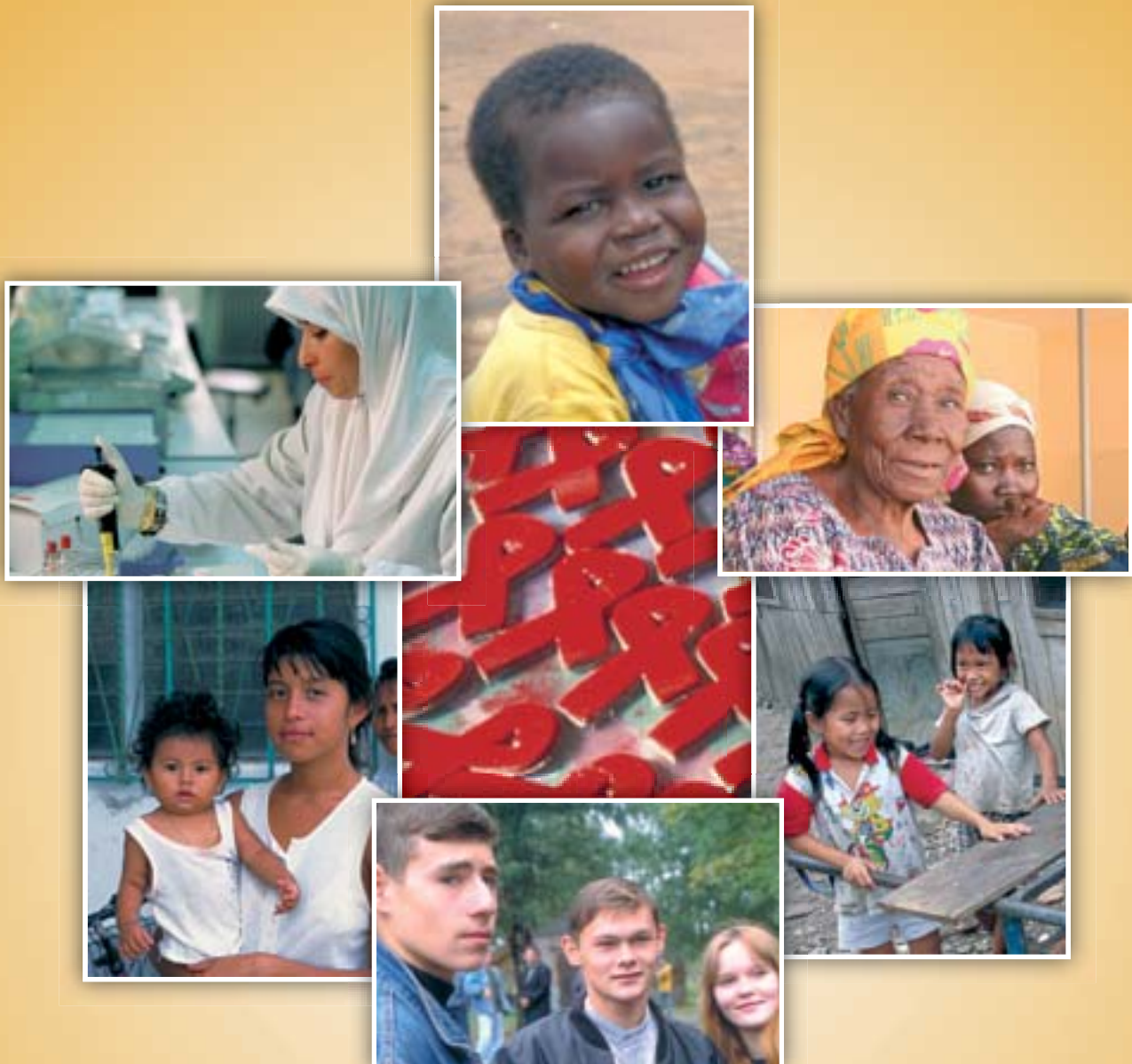


# UNAIDS at Country Level

## Progress Report



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNHCR • UNICEF • WFP • UNDP • UNFPA  
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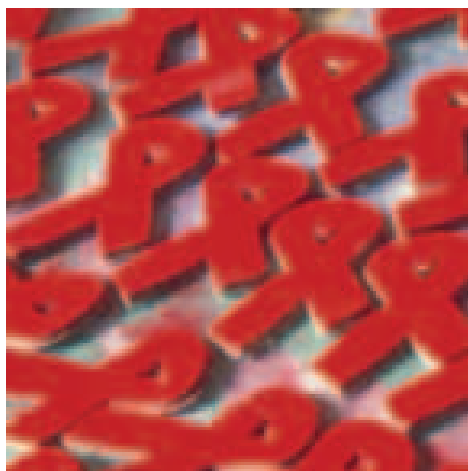
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# Introduction

The UNAIDS Secretariat committed itself in 2003 to building and launching a plan to respond to the principal challenge that came out of an evaluation of its first five years: the need to increase radically the level of support to countries as they implement national responses to AIDS. The evaluation, considered by the UNAIDS Programme Coordinating Board (PCB) in December 2002, found that where UNAIDS had invested resources in countries, national responses were more quickly mobilized, the UN as a whole worked more effectively to address AIDS, and a greater number of partners were supported and engaged. The quantity and quality of UNAIDS support across countries, however, was inconsistent.

The Board acted on these findings. What the five-year evaluation cited as UNAIDS' global successes – advocacy, leadership, coordinated policy development and support for partners – now needed to be intensified and applied consistently and competently at country level. The Board defined five cross-cutting functions for UNAIDS to perform at all levels, with an associated series of decisions – many of them specific to country-level action – for implementation by UNAIDS.

Translating these decisions into action was the primary goal of the UNAIDS Secretariat's Country and Regional Support Department throughout 2003. Although it will take several years for the Board's vision to be fully implemented, in the 12 months following the December 2002 meeting, the Department made progress on a number of fronts: the design of a clear, prioritized strategic framework that could be easily internalized by the complex global and multi-partner entity that makes up UNAIDS; the implementation of a management programme to promote corporate internalization of the framework to increase consistency and quality; and the design and preparation of a plan to expand the Joint Programme's capacity at country level. Most importantly, UNAIDS country-level staff began implementing the new strategic framework, focusing and prioritizing their activities according to global, corporate priorities. At the same time, while pushing forward its concise corporate vision, the Country and Regional Support Department remained attuned to the evolving environment and actively engaged and supported global initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization/UNAIDS "3 by 5" Initiative and the US President's Emergency Plan For AIDS Relief.

This progress report summarizes the achievements of the Country and Regional Support Department in 2003 and presents selected highlights in greater detail. The first section outlines the strategic framework for action, *Directions for the Future*, the status of its implementation, the associated capacity strengthening of UNAIDS at country level, and challenges for 2004 and the next biennium. Text boxes in this section highlight "UNAIDS corporate tools" employed to implement the strategic framework.

The second section reviews the Country and Regional Support Department's efforts to translate global initiatives into results at country level. UNAIDS is involved in numerous global initiatives, three, which required particular involvement of UNAIDS resources at country level, are highlighted here.

The third section reviews regional progress towards implementing the strategic framework for action. The examples cited, whilst not being an exhaustive review of country work, illustrate how UNAIDS has worked as a catalyst for national AIDS response.

This report concludes with a collection of two-page country situation and progress summaries from 70 of the 134 countries with the UN Theme Groups on HIV/AIDS.

## **Section 1.**

### **A Strategic Framework for Action: *Directions for the Future***



children orphaned by AIDS in Katondwe, Zambia

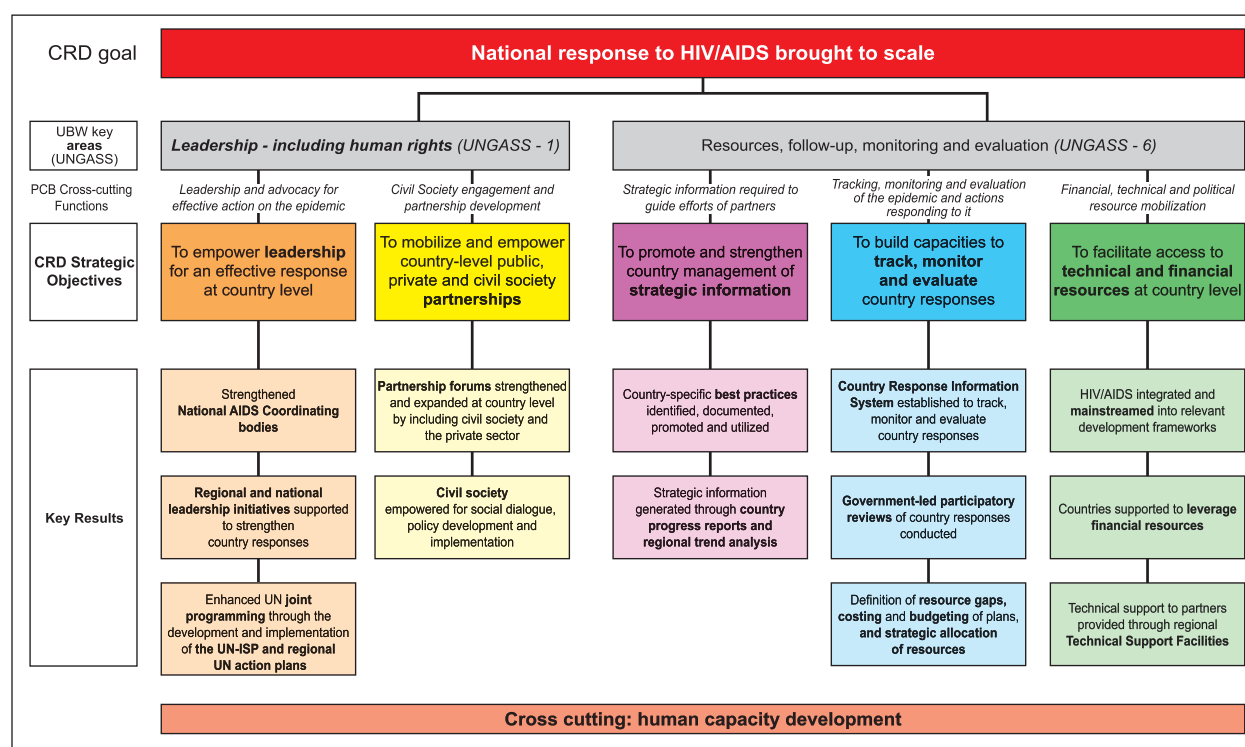
## A Strategic Framework for Action: Directions for the Future

At the start of 2003 the UNAIDS Country and Regional Support Department (CRD) defined a strategic framework for action using past experience, existing frameworks, and the directives of the Programme Coordinating Board (PCB) as the foundations of its work. At its core are five objectives, mirroring the cross-cutting functions of UNAIDS as articulated by the Board. They are:

1. to encourage dynamic leadership for an effective country response;
2. to mobilize and empower public, private and civil society partnerships and civil society engagement;
3. to strengthen the management and dissemination of strategic information;
4. to build capacities to plan, track, monitor and evaluate country responses; and
5. to facilitate access to, and efficient use of, financial and technical resources.

The framework (see Table 1) situates UNAIDS country work as it relates to the targets set by the UN General Assembly Special Session on HIV/AIDS (UNGASS) *Declaration of Commitment on HIV/AIDS*, as well as the UNAIDS Unified Budget and Work Plan. In particular, it articulates 13 key results that should be the product of UNAIDS work at country level. The complete framework, entitled *Directions for the Future: Unifying and Intensifying Country Support*, was published in English and in French. It includes descriptions of the objectives and key results, and outlines indicators for measuring progress. The annual activity reporting system was overhauled and brought into line with the new framework to enhance the management of strategic information and increase accountability. UNAIDS Country Coordinators have found the strategic framework a useful tool for engaging with partners and facilitating coordination and country-level prioritization exercises.

**Table 1: Key results to be achieved under each CRD Strategic Objective**



### Implementing *Directions for the Future*

Once the strategic framework had been established, the Country and Regional Support Department accelerated its implementation with two key management initiatives. First, it launched a series of six regional management meetings (held in Swaziland, Mali, Thailand, Moldova, Brazil, and India) to ensure that *Directions for the Future* had been properly



understood and consistently applied. These management meetings were attended not only by UNAIDS Country Coordinators and Focal Points, but also UNAIDS Cosponsor representatives of joint UN efforts on HIV and AIDS, such as UN Theme Group Chairs and selected UN Resident Coordinators. The regional meetings also encouraged UNAIDS country-level professionals to learn from one another in the implementation of the strategic framework, and served as a consultative forum to develop plans to strengthen capacity and UNAIDS systems and deploy additional staff within countries.

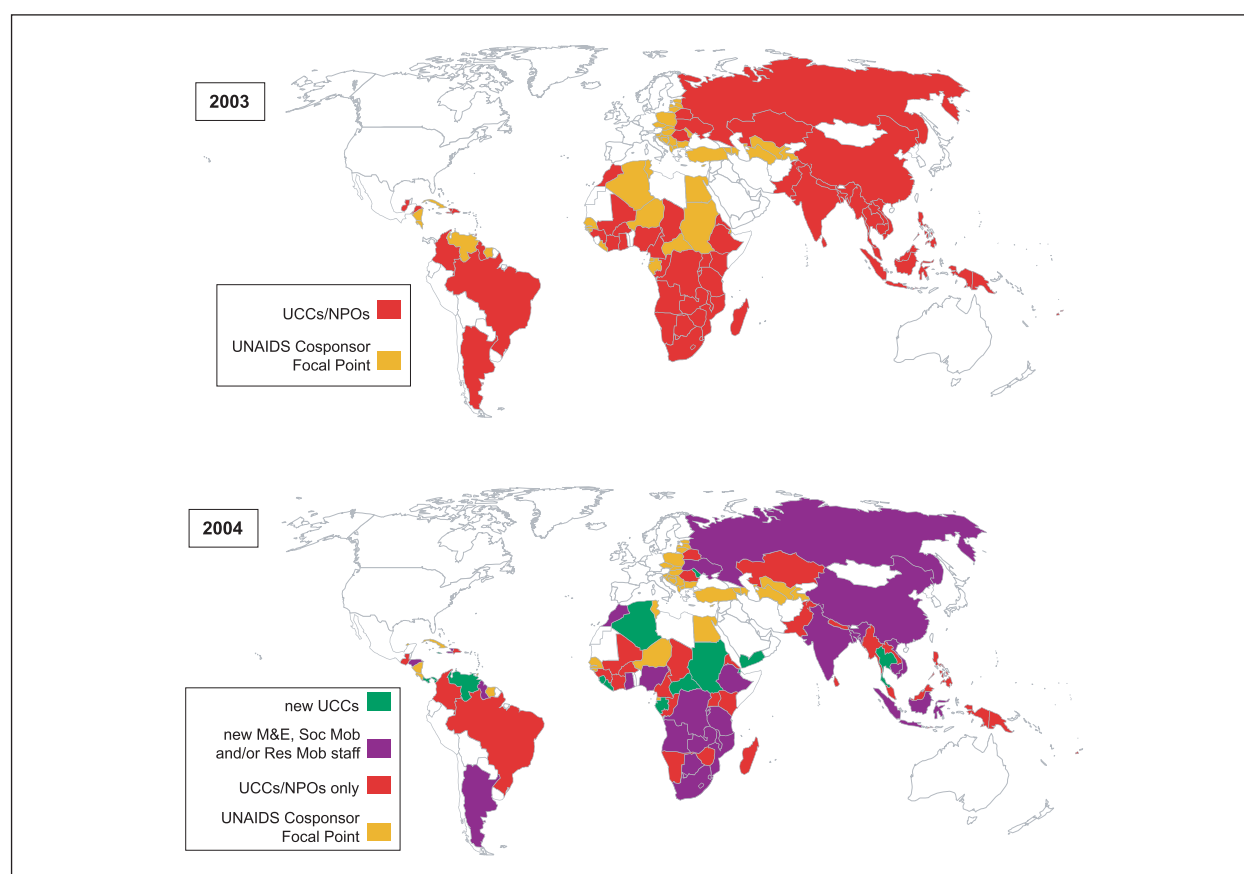
One of the key decisions of the UNAIDS Board in December 2002 was to strengthen UNAIDS capacity in the areas of i) monitoring and evaluation; ii) resource mobilization and tracking; and iii) social mobilization and partnership-building. In collaboration with UN Theme Groups, the Country and Regional Support Department designed a roll-out plan to meet the increased demands for assistance from UNAIDS at country level. With increased financial resources available to countries, a growing number of agencies and organizations involved in AIDS activities, and multiplying global initiatives (see next section), this increased capacity is needed to buttress the actions of UNAIDS Country Coordinators and increase support to national responses.

Encouraged by the five-year evaluation's positive view of the value of deploying UNAIDS staff within countries, and with the endorsement of the Board, UNAIDS also planned to expand its global team of UNAIDS Country Coordinators. The countries were identified on a consultative case-by-case basis, but several strategies emerged:

- consolidating a presence in Africa, particularly in West and Central Africa (Gabon, Central African Republic, Sierra Leone/Liberia);
- increasing a presence in conflict / post-conflict countries (Sierra Leone / Liberia, Sudan and trying to establish a presence in Somalia, depending on the availability of resources);
- increased presence in the Middle East and North Africa (four new UNAIDS Country Coordinators appointed, three of whom are nationals);
- continued expansion in critical areas experiencing growing epidemics (Eastern Europe and the Caribbean).

The map below (Figure 1) illustrates recruitment and staff assignment plans in 2004.

**Figure 1: UNAIDS Country Capacity Strengthening Roll-Out Plan**  
Increasing the UNAIDS Secretariat's Country-Level Presence

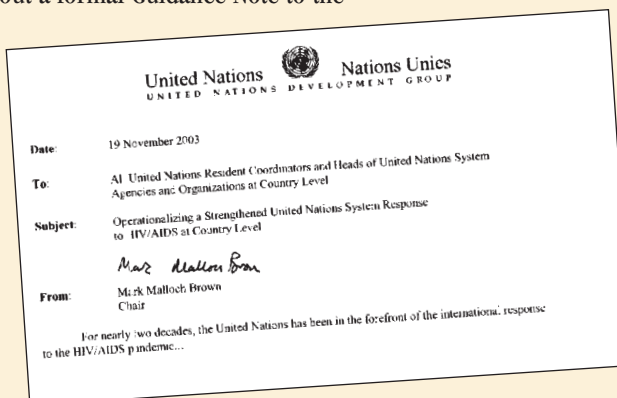




## UN Development Group Guidance Note for UN Country Team Action on AIDS

UN Development Group Chair Mark Malloch Brown sent out a formal Guidance Note to the UN Resident Coordinator system and Development Group members on 19 November 2003. The major principles and directives covered in the Note included:

- The Resident Coordinator, in partnership with the heads of agencies, is responsible for the effectiveness of the United Nations system activities on HIV and AIDS.
- Country representatives of all United Nations entities are expected to meet regularly as members of the United Nations Theme Group on HIV/AIDS.
- Theme Groups must provide a regular report on progress of their UN Implementation Support Plan as part of the UN Resident Coordinator's annual report.
- Through a collegial process among UN Country Team members, the Resident Coordinator will ensure designation of a country representative – on the basis of proven commitment, capacity, and availability – to serve as Theme Group Chair, ideally for two years. While rotation of the Chair is desirable, the primary concern must remain the proven dedication and commitment of the individual to AIDS work.
- The UNAIDS Country Coordinator (UCC) operates within the Resident Coordinator system to support the work of the UN Country Team. The UNAIDS Country Coordinator is a member of the full UN Country Team and participates in UN Country Team meetings.
- The primary role of the UNAIDS Country Coordinator is to facilitate and support a joint UN response at country level. Working from a strong UN platform, the UNAIDS Country Coordinator serves to strengthen the links between the UN system, government, civil society, and people living with HIV.



## Improving UN Functioning to Implement *Directions for the Future*

In addition to the deployment of additional staff, the UNAIDS Secretariat also worked to improve the way the UN functions at country level. Firstly, UNAIDS undertook to anchor its work more firmly within the efforts of UN reform and the framework of the Resident Coordinator system. At the same time, the UNAIDS Secretariat moved to clarify the positioning of the UNAIDS Country Coordinator at the country level, ensuring a common understanding by all actors in and outside the UN family. The negotiation process resulted in a formal UN Development Group Guidance Note, directed to the attention of UN Resident Coordinators and country teams (see box above).

Next, the UNAIDS Secretariat led a process with Cosponsors to revise the Programme Acceleration Fund guidelines, bringing them into line with the Board decisions and the strategic framework outlined in *Directions for the Future*. The revised guidelines, to be implemented during 2004-2005, have been modified in four principal ways:

- The criteria – while continuing to be based on the need for small but strategic and catalytic activities – have been reworked to emphasize the five strategic objectives.
- Priority countries have decentralized authority to approve proposals that meet the criteria and speed up the process of providing funding to countries.
- A competitive element has been introduced for other countries, to improve the quality of proposals and to ensure that limited UNAIDS Programme Acceleration Funds are not denied to some countries which may have been unable to produce proposals.
- The Programme Acceleration Fund committee has increased its focus on monitoring and evaluation of ongoing activities.

In parallel with the development of the revised Programme Acceleration Fund guidelines, and in accordance with the Board's directive, the Country and Regional Support Department also developed guidelines on how UN Theme Groups can develop UN Implementation Support Plans. The Board insisted that UNAIDS do a better job of planning UN activities to support the implementation of national responses – rather than assisting independent projects. While many country-level UN work plans on AIDS have already improved UN support of government action, the new guidelines aim to steer the UN to make systematic collective efforts to support government and other partners in the implementation of sustainable nationally-owned AIDS plans (see box).

### UN Joint Action on HIV and AIDS

As the Joint UN Programme on HIV and AIDS, UNAIDS is at the leading edge of the Secretary-General's reform agenda and his call for greater coherence in the UN system. The UN Implementation Support Plan on HIV and AIDS is one of the more concrete expressions of UN joint operations at country level.

In 2003, the UNAIDS Secretariat developed guidelines for UN Implementation Support Plans and the annual workplan of UN Theme Groups on HIV/AIDS in support of a country's HIV/AIDS programme needs and priorities. These are intended to assist the UN agencies to move towards an effective country response. Most United Nations Implementation Support Plans on HIV and AIDS activities will thus preferentially fall under the five cross-cutting functions endorsed by the Programme Coordinating Board and reflected in the Secretariat's strategic objectives.

The guidelines emphasize the integration of United Nations Implementation Support Plans on HIV and AIDS into the UN Development Assistance framework (UNDAF) and the need for a results-based programme which puts a premium on defining concrete results that are measurable and attributable to the UN system. It serves both as a management tool and an instrument for ensuring accountability of the UN Theme Groups on HIV/AIDS. UN Country Teams, and UN Theme Groups on HIV/AIDS specifically, have been tasked with developing and implementing United Nations Implementation Support Plans on HIV and AIDS – most recently in the guidance note from the UN Development Chair – and the UNAIDS Secretariat will take a lead in monitoring progress, facilitating cross-country learning and providing technical assistance. Even while the guidelines were being drafted, many UN Theme Groups were eager to take the mandate provided by the Board's decision and re-work their collective UN plans, including Indonesia and Myanmar, Mozambique, Ghana, Benin, Malawi, Guatemala and several others. By the end of 2004, United Nations Implementation Support Plans on HIV and AIDS should be developed in a majority of the countries where UNAIDS has a presence.

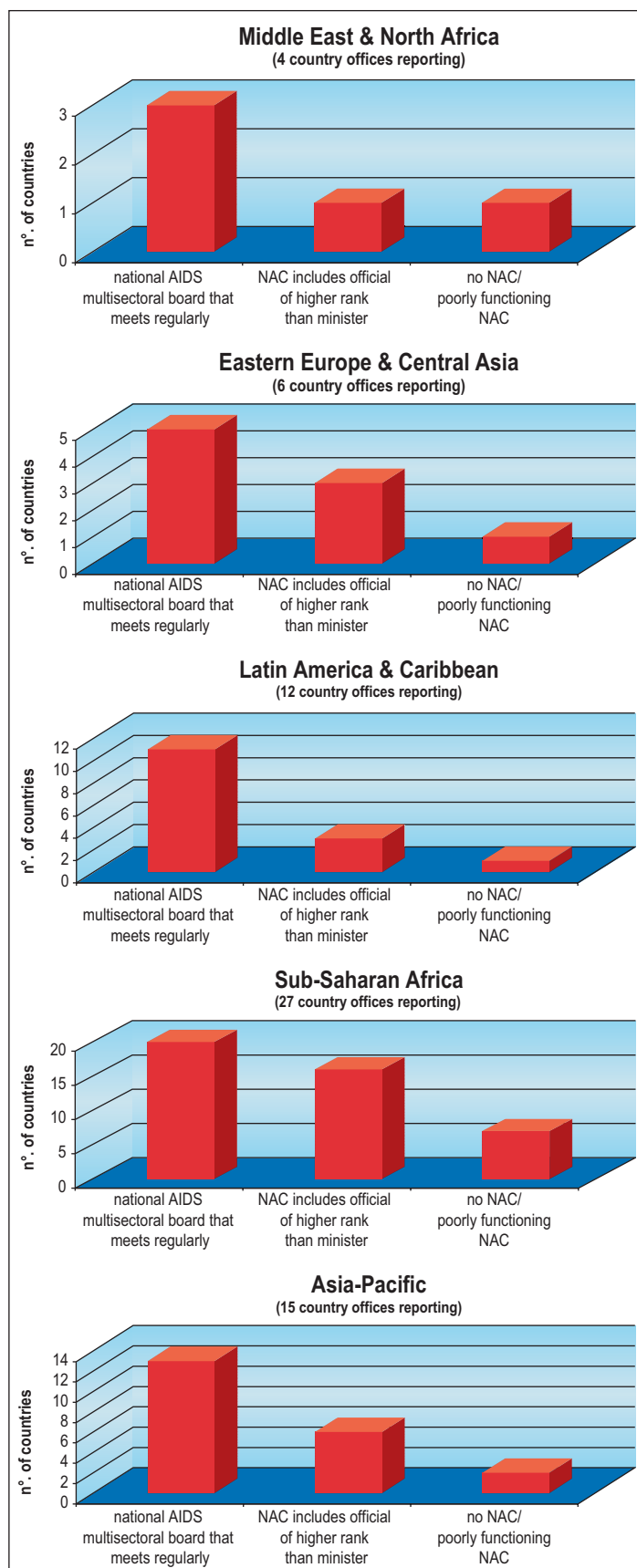
The UN joint plan guidelines produced by the UNAIDS Secretariat further advance the principles of collective programming contained in UN system tools such as the Common Country Assessment and the UN Development Assistance Framework. In a survey linked to the 2003 annual reports of the UNAIDS Country Coordinators, 54 out of 64 reporting countries had integrated UN AIDS programming into at least the Common Country Assessment – and in most cases into both the Common Country Assessment and the United Nations Development Assistance Framework.

A final set of actions to improve UN functioning are two learning initiatives led by UNAIDS. The first – backed by an official bulletin issued by the UN Secretary-General in December 2003, and a guidance note from UN Development Group Chair to the Resident Coordinator system – aims to ensure that all UN staff are able to make informed decisions about AIDS programmes and treatment options. Not only does this respond to the UN's obligations to respect human rights and treat staff fairly, it also means all UN staff are better prepared to contribute to national responses. The project will be rolled out through facilitators, who are nominated UN staff from countries. Two training workshops were organized for facilitators in 2003, for Eastern and Southern Africa (held in Namibia) and for Europe (held in Russia). Countries that are moving forward quickly include Romania, Botswana and Thailand.

The second is a UN Theme Group capacity-building project, using peer group learning, video-conferencing and internet-based experience sharing to help Theme Groups apply their mandate on issues such as the UN General Assembly Special Session on HIV/AIDS targets on resource mobilization and advocacy. The project involved 15 UN Theme Groups in five regions. An evaluation this year found strengths in reaching a large number of people at low cost, using a mix of learning approaches and allowing for an exchange of ideas among the UN Theme Groups. Challenges included technological problems, lack of motivation and the need to have strong country facilitators.

## Summary of Achievements by Objective at end 2003

**Figure 2: Global Snapshot of National AIDS Coordinating Authorities**

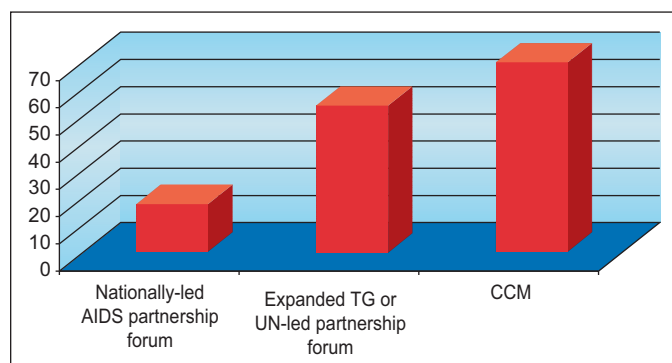


In 2003, the UNAIDS Secretariat's country-level efforts concentrated on governmental and non-governmental leadership, partnership building and resource mobilization. Supporting the functionality of national AIDS coordinating authorities remained a priority. Most countries where UNAIDS works now have national AIDS coordinating authorities that meet regularly. By definition, all such national authorities are multisectoral, and many involve high-ranking officials such as Prime Ministers or Vice Presidents (see Figure 2). Such high-level political involvement in the national authorities has proved critical in ensuring allocation of resources and the mobilization of all sectors. Even where top-level political participation does not yet exist, the establishment of multisectoral coordinating authorities at national level has been an important step.

A recent survey emphasized the need to continue investments in national AIDS authorities and their secretariats so they can coordinate, monitor, evaluate and ensure coherency within the framework of general national development. The survey revealed that only 58% of the national coordinating authorities in the responding countries had a complete financial picture of AIDS activities in their country. In only 15 of 64 sampled countries did indicators for monitor Participatory Poverty Reduction Strategies cover AIDS.

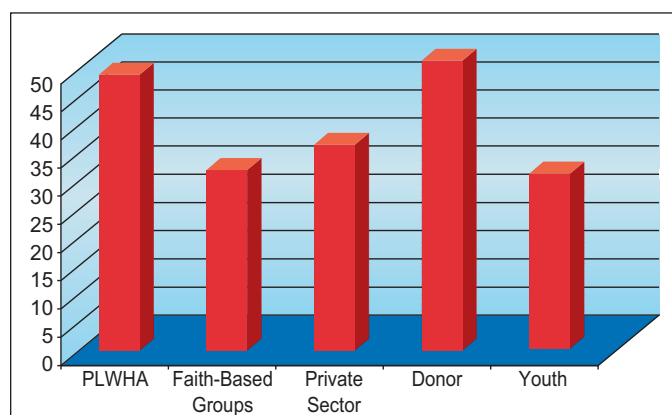
Leadership on AIDS is required from a range of stakeholders at all levels, especially at the local level where services are delivered. In 2003 UNAIDS and the UN Institute for Training and Research (UNITAR) launched an AIDS Competency Programme ([www.unitar.org/acp](http://www.unitar.org/acp)) to share knowledge from effective local initiatives and to help various groups and organizations self-assess where they are already performing well, where they might improve, what gaps in knowledge and experience exist, and how these can be overcome. In the first year, self-assessments were completed by at least one stakeholder in 18 countries. For example, officials from 13 cities with diverse contexts (Bangkok, Curitiba, Durban, Gothenburg, Barcelona, Jinja, Kinshasa, Lyon, Mumbai, Ouagadougou, Parma, Port of Spain, and Simferopol) met in Lyon in October 2003 to share local AIDS responses experiences. Additional workshops were held in Thailand, Uganda, Zambia, Guinea and Brazil.

**Figure 3: National-Level HIV/AIDS Partnership Mechanisms in 71 Countries**



Fund to Fight AIDS, Tuberculosis and Malaria has also led to the creation of Country Coordinating Mechanisms, which involve government ministries, civil society and other stakeholders in the design and implementation of internationally-funded AIDS, tuberculosis and malaria programmes.

**Figure 4: Participation of Critical Stakeholders Out of 46 Partnership Forums**



enhance transparency and provide a forum for all stakeholders at country level to have an input and provide opportunities for feedback, even if all stakeholders cannot participate in all aspects of AIDS programmes. Finally, they provide a formal channel for feeding input to government-led decision-making processes.

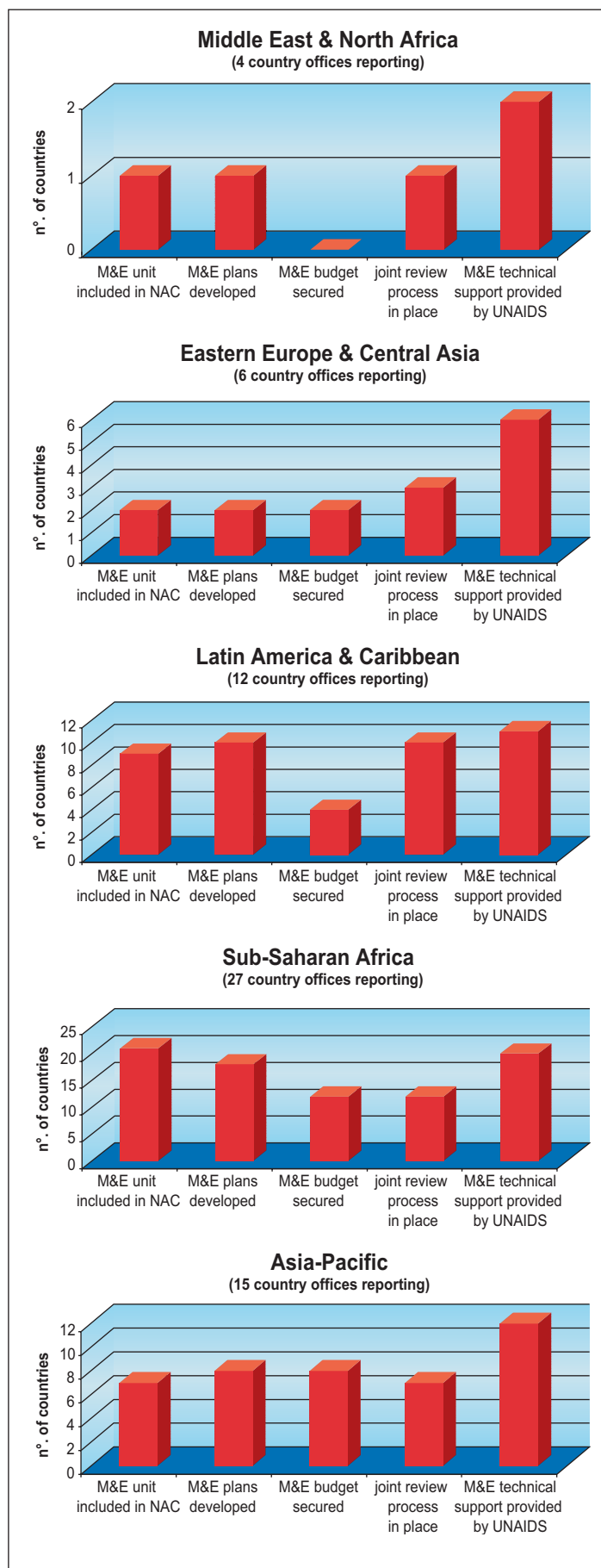
One of the major achievements of UNAIDS at country level during 2003 was in the area of mobilizing financial resources. As detailed below in the section covering global initiatives, UNAIDS invested heavily in the third round of the Global Fund proposal process, contributing to approvals of US\$ 690 million in grants for countries. UNAIDS is also a key source of technical assistance in the area of monitoring and evaluation, working closely at country level with partners including the World Bank and the US Centers for Disease Control and Prevention.

With regards to monitoring and evaluation, the UNAIDS Secretariat's principal achievement at country level in 2003 – apart from the facilitation of country reports for the UN General Assembly Special Session on HIV/AIDS follow-up meeting in September 2003 – was in preparation and training for the deployment of additional monitoring and evaluation staff (see Figure 5). The challenges that will face the new staff are clear. Much work remains to be done to secure budgets for monitoring and evaluation units within governments and to get the UNAIDS Country Response Information System – and reliable data collection in particular – up and running. Compared to the situation two years ago, however, many more countries have established monitoring and evaluation units and/or plans.

Looking ahead to 2004, the UNAIDS Secretariat will fine-tune and adapt its work according to the evolving context and, in particular, focus on harmonizing government leadership efforts. UNAIDS will also focus on improved technical assistance and capacity building, both in technical and management skills. With a multiplying number of stakeholders and actors working

UNAIDS also invests heavily in mobilizing civil society and integrating its participation in policy development, programme design and implementation. Functional and inclusive partnership forums – which ideally bring together governments, civil society, the private sector, international donors and multilateral development agencies – are one visible result of these efforts. As shown in Figure 3, many forums serving this function are UN Theme Groups on HIV/AIDS that became “Expanded Theme Groups” as they invited stakeholders outside the UN system to participate in meetings. UNAIDS’ goal is for these forums to evolve into nationally-led bodies. The arrival of the Global

Figure 4 illustrates the successful mobilization of these crucial stakeholders. In a review of 46 partnership forums, it was found that people living with HIV, and donors were involved in virtually all of them, and faith-based and private-sector organizations are strongly represented. Youth groups are less well represented, and getting young people fully involved is a continuing challenge. Functional partnership forums enhance the efficiency of mechanisms designed for specific programmes – for example Country Coordinating Mechanisms for the Global Fund – in several ways. Firstly, they foster good relationships between actors, allowing specific mechanisms to be established smoothly. Secondly, by establishing formal links to such programme-specific bodies, they enhance

**Figure 5: Global Monitoring and Evaluation Snapshot**

on AIDS at country level, UNAIDS has launched an advocacy campaign to enhance efficient implementation of programmes which can now finally be scaled-up.

### The “Three Ones”

Information from UNAIDS field staff indicates that an increased number of players and service providers at country level are complicating national efforts to audit services that are being provided, track the organizations providing them and identify remaining gaps. In addition, multiple ad hoc strategies are emerging as a result of the lack of overall national coordination. Countries report that they are often reduced to responding to individual donors, rather than proactively developing strategies appropriate to their national setting. Separate donor initiatives often spawn a duplication of reporting, monitoring and evaluation requirements and this can impose a heavy administrative burden on recipient countries. They are also expected to host an increased number of programme visits from individual external partners. Dealing efficiently with these trends requires renewed attention and investment in coordinated, nationally owned strategies.

Consultations with governments and other partners on this issue, in particular during a meeting organized during the September 2003 International Conference on AIDS and Sexually Transmitted Infections in Africa, led to the articulation of the “Three Ones” principles:

- **One** agreed framework of action against AIDS that unifies all partners.
- **One** national AIDS coordinating authority, with a broad-based multisectoral mandate.
- **One** agreed country-level monitoring and evaluation system.

The aim of the “Three Ones” is to ensure that resources are used in an efficient manner that protects national ownership of policies and at the same time avoids duplication of efforts, waste of resources, policy confusion and a lack of coordination.

### Facilitating Technical Support

Other areas of increased action for 2004 at country level include the increased provision of technical assistance and more tracking and evaluation of



progress in mainstreaming AIDS programmes into national policies. UNAIDS Intercountry Teams will reinforce selected, existing institutions by strengthening technical assistance and using regional platforms to encourage collaboration between countries so that they can build on experience gained elsewhere. Technical assistance will focus on programming needs, ranging from issues around specific activity areas to the use of World Trade Organization agreements to negotiate drug access. Capacity-building is also required to improve management skills, to enhance absorption capacity and ensure efficient implementation. In 2004 UNAIDS Headquarters in Geneva intends to map and survey progress towards mainstreaming of AIDS programmes into all aspects of government policies, and identify gaps for advocacy, research and policy development.



## Section 2.

### Translating Global Initiatives into Country Action



UNAIDS/M. Jensen

Calcutta, India

## Translating Global Initiatives into Country Action

The international community is increasing its action against the global AIDS epidemic. Strong political leadership and community activism – supported by the advocacy efforts of UNAIDS and other partners – has instigated most of this activity, but as already mentioned in Section One, programmes are financially and technically supported by a growing plethora of initiatives led by different international actors. The UNAIDS Secretariat engages with many of these initiatives, acting as a bridge between global and country-level programmes and bringing together partners within countries.

UNAIDS' overriding objective is to facilitate the efficient implementation of activities within countries and to maximize the impact of international initiatives and support. UNAIDS achieves this objective through:

- provision of technical assistance to countries;
- facilitation of smooth and efficient integration of additional resources into existing, nationally-owned programmes;
- provision of strategic intelligence to countries – via our field staff – to enhance their ability to access and benefit from available resources;
- provision of country-specific strategic information and advice to global partners based on the rapid feedback from our country staff;
- facilitation of horizontal learning by country actors – governmental and non-governmental – about relevant experiences in other countries;
- coordination of the way the UN system interacts with initiatives in countries;
- advocacy for full involvement of critical partners – including all government ministries, civil society and, in particular, organizations of people living with HIV – in country forums that programme additional resources; and
- monitoring country-level progress against AIDS to assist with public accountability, encourage fine-tuning and constant adjustments, and promoting efficiency.

During 2003, the UNAIDS Secretariat's Country and Regional Support Department focused on three global programmes:

- the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- the US President's Emergency Plan For AIDS Relief; and
- the "3 by 5" treatment initiative spearheaded by the World Health Organization and UNAIDS.

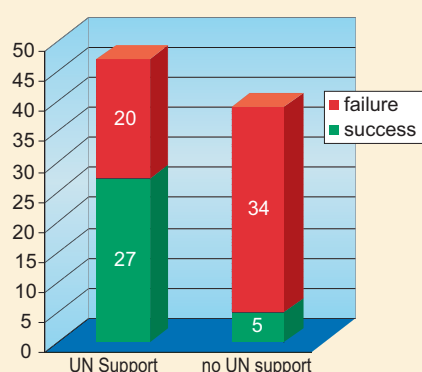
### The Global Fund

Support to the Global Fund focused on the preparation of proposals for the third round of disbursements; UNAIDS assisted 47 countries by tasking UNAIDS Country Coordinators, deploying staff from Geneva and hiring consultants during critical periods in the proposal process (see box). In January 2004, the UNAIDS Secretariat and the Global Fund organized a meeting in Geneva to review progress and address challenges. The meeting helped to clarify for staff of both institutions the role of the Global Fund as an important source of funds for existing country-level programmes, and how UNAIDS can help at country level by a) mobilizing technical support for proposals and implementation, and b) promoting and facilitating mechanisms at country level that minimize the extra management burden for countries, while helping them to access additional resources.

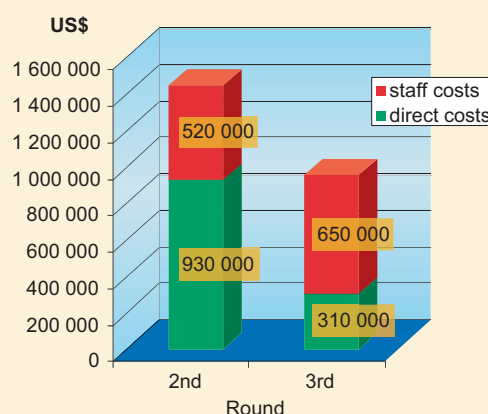
## UNAIDS and the Third Round of Global Fund Proposals

In 2003, UNAIDS provided technical assistance for the development of proposals to the Global Fund to all countries that requested support. In total, 47 countries asked for assistance and 27 (57%) were successful in obtaining grants from the Global Fund – a success rate more than four times greater than that of proposals developed without UNAIDS technical assistance (see Figure 6). Most of the assisted countries faced political and economic challenges, had never applied to the Global Fund or had previous proposals rejected one or more times.

**Figure 6: All 3<sup>rd</sup> Round Global Fund Proposals**



**Figure 7: UNAIDS costs for facilitating Global Fund related activities**



In 2003, UNAIDS invested close to US\$ 1 million (of which roughly two thirds represents staff time) in assisting countries to develop proposals for the Global Fund third-round alone (see Figure 7). The total grant sum of approved third-round proposals developed with UNAIDS support exceeded US\$ 690 million.<sup>1</sup> The UNAIDS Secretariat received important supplemental support for this work from the French Government and the German Government's development agency, GTZ.<sup>2</sup>

In 2004, and beyond, UNAIDS will continue to provide technical assistance for proposal development, focusing on scaling up antiretroviral treatment while maintaining a balanced approach that does not neglect prevention. Facilitating comprehensive and coordinated approaches for supporting the implementation of approved proposals, through technical assistance and capacity-building, will be UNAIDS priorities at country level.

## US President's Emergency Plan for AIDS Relief

Another critical source of support for scaling-up country level action was the US President's Emergency Plan for AIDS Relief (PEPFAR). Focusing on 14 countries, the Emergency Plan made significant progress in 2003 by defining the procedures for provision of support. To facilitate the launch of the Plan, UNAIDS used its network of Country Coordinators, and gathered strategic information about the status of treatment programmes to assist the President's Emergency Plan for AIDS Relief decision-makers. At the same time, Country Coordinators were kept abreast of progress in the Emergency Plan for AIDS relief by the UNAIDS office in Washington, so that they would be in a better position to inform all partners about possibilities of support from the presidential initiative, lead and coordinate UN interactions with the initiative, and build relationships with the appropriate Emergency Plan personnel.

In 2003, UNAIDS also contributed at country level to the global push for increased access to treatment. UN Country Coordinators supported national authorities' efforts to organize treatment reference groups, develop plans for antiretroviral treatment, define principles for equitable access to treatment, and facilitated active participation of people living with HIV. In addition, UNAIDS assisted in the identification of capacity-building strategies, including:

<sup>1</sup> This estimate does not include additional work in follow-up to proposals from previous rounds which succeeded, such as support and facilitation during proposal clarification and grant negotiation process and technical assistance for implementation.

<sup>2</sup> Deutsche Gesellschaft für Technische Zusammenarbeit

- brokering new partnerships (for example facilitating horizontal collaboration between Brazil and other countries, including Colombia and Mozambique); and
- integrating treatment into subregional initiatives (such as the Great Lake Initiative on HIV/AIDS).

## “3 by 5”

By the end of 2003, these efforts had combined together to work closely with the World Health Organization and UNAIDS initiative to ensure that 3 million people in low- and middle-income countries have access to antiretroviral treatment by the end of 2005. The UNAIDS Secretariat uses its position as a coordinator to mobilize support for “3 by 5”, ensures the participation of other UN agencies, facilitates the involvement of civil society organizations (especially organizations of people living with HIV), and integrates the push for, and availability of, enhanced treatment under unified frameworks of national action. By the end of the year, the UN Theme Group in Malawi, for example, had almost completed a new framework to ensure that all UN partners contribute in a complementary manner to “3 by 5”. In several other countries, the UN Theme Group on HIV/AIDS, facilitated by the UNAIDS Country Coordinator, had drawn up advocacy plans for “3 by 5” and mobilized partners to incorporate the initiative as one of their priorities. During 2004, a priority for the UNAIDS Secretariat will be collaborating with the World Health Organization to ensure the initiative is fully supported by all partners at country level.

UNAIDS Secretariat staff at all levels were also involved in translating into country action numerous other initiatives in collaboration with multilateral or bilateral partners. For example, they facilitated World Bank Multi-country HIV and AIDS Program processes or worked with the German Agency for Technical Cooperation (GTZ) and the United Kingdom Department for International Development (DFID). Most of these initiatives have some geographic focus, and will be elaborated further in the regional and country sections that follow.

In conclusion, looking ahead to 2004 and beyond, UNAIDS will continue to be engaged with key global initiatives to ensure concerted action at country level. Through its network of UNAIDS Country Coordinators, UNAIDS will work with countries to ensure that such initiatives are easily accessed, add minimum additional management burden, and are harmonized – through the “Three Ones” principle – in their implementation.

## **Section 3.** **Achievements in Regions and Countries**

### **Eastern and Southern Africa**



UNAIDS/Leyla Alyanak

*Vilanculo village, Bazaruto Arquipelago, Mozambique*

## Achievements in Regions and Countries

### Eastern and Southern Africa

As the hardest-hit subregion of the world, with some 17 million people living with HIV, Eastern and Southern Africa is facing major challenges resulting from the secondary impacts of AIDS. Firstly, with extremely high AIDS-related morbidity and mortality rates, the subregion needs drastically to scale up access to treatment and care while maintaining investment in prevention efforts. Even in the already worst-affected countries, new infections continue to grow while millions of people need treatment.

Secondly, like in many other parts of the world, this region faces a rapid feminization of the epidemic. AIDS is disproportionately affecting women and girls, who now account for nearly 60% of all those infected with the virus in the region today. This is a result of underlying gender inequities and societal norms. Countries need to scale up programmes that prevent new HIV infections, promote equal access to treatment, address legal inequalities and mitigate the impact of AIDS on women and girls.

A third impact is the growing crisis of orphaned and vulnerable children. In Africa alone, AIDS has already orphaned more than 11 million children, the majority of whom are in Eastern and Southern Africa. Unless drastic action is taken now, it is predicted that by 2010 orphans will make up 15% of all children in the worst-affected countries, thereby adding to the growing crisis of street children and child-headed households.

A fourth – and perhaps the most critical – impact is the massive and growing drain on local and national capacities. AIDS is killing large numbers of people in their prime – at least 1.5 million died in the region in 2001 alone. High levels of illness and death are eroding the capacity of states, the private sector and civil society to implement programmes against AIDS and deliver effective services. This in turn is contributing to disruption of economies and reversal of development. In Southern Africa up to 80% of the population depend on small-scale, subsistence agriculture, but millions of agricultural workers have died of AIDS, crippling economies and contributing to high levels of chronic food insecurity.

In response to these challenges governments, civil society, the private sector and international organizations are mounting concerted efforts to combat the epidemic and mitigate its impact. For instance, all countries in the region have multisectoral national AIDS authorities that regularly meet to coordinate national responses. Nearly 60% of these national AIDS authorities are led by high-level political leadership, with the involvement of the president, vice president, prime minister or deputy prime minister. Having supported countries in their efforts to establish these foundations for effective responses, in 2003 UNAIDS country offices throughout the region focused on empowering leadership, building partnerships and mobilizing resources for effective national responses. UNAIDS also helped countries to strengthen their management and utilization of strategic information; and to build capacities for tracking, monitoring and evaluating national responses to AIDS.

Although the necessary conditions for an expanded response to the epidemic are now largely in place, the levels of coverage and access remain very low. Less than 1% of people infected currently have access to antiretroviral treatment, and less than 15% of young people have access to youth-friendly health services. As a result, infection rates continue to grow and the impacts of the epidemic deepen.

The overriding challenge facing the region in 2004 and beyond will be to translate promises and planned commitments into expanded services that rapidly reach the people who urgently need them. The resources and money available will need to be made to work in the most effective ways possible, in order to prevent new infections, provide treatment and support for people living with HIV, and to offer care and support to vulnerable sectors of society, such as orphans and the elderly. This will involve dynamic leadership and management to unlock the existing constraints on resource flows. It will also involve redoubled efforts to mobilize even more resources and close the existing funding gap. For UNAIDS, the major challenge will be to deliver on the vision of scaling up country responses in an efficient and coordinated way. This will involve unblocking constraints (through better procurement, tendering, staff costs, simplification of procedures etc) to available funding, and strengthening governance and management of national responses through better integration of global and country-level initiatives. This can be achieved by focusing on the “Three Ones” principles and mainstreaming AIDS work into all sectors and development action.



## Empowering leadership in Eastern and Southern Africa

A key lesson learned over 20 years of fighting the epidemic is that multisectoral leadership is critical. During 2003 in Eastern and Southern Africa UNAIDS supported leadership in three ways: i) strengthening the capacity of national AIDS authorities; ii) mobilizing and enabling leadership initiatives from a variety of political and administrative levels and from different sectors; and iii) promoting and supporting a strong, coordinated UN system response that supports national efforts.

The UNAIDS Intercountry Team supports national efforts in these areas, both directly and through regional work. With the Southern African Development Community, for example, the Intercountry Team assisted with preparations for the Summit on AIDS for all Southern African Development Community heads of state. The team also produced *Best Practices and Challenges on HIV and AIDS Programmes in the Southern African Development Community Region*, which influenced the adoption of the “Maseru Declaration” in July 2003 and marked the first time political leaders reached a consensus on the need to focus on care and treatment and the scaling-up of access to antiretroviral drugs in all Southern African Development Community countries. The Intercountry Team also worked to support UN leadership on two issues, voluntary counselling and testing and the prevention of mother-to-child transmission of HIV. Working closely with the World Health Organization, the creation of two regional working groups enhanced UN coordination and policy development at country level.

### UNAIDS Country Focus

#### ‘Big Brother’ Fights AIDS in Uganda and Beyond

The ‘Big Brother’ reality-TV phenomenon was raised to pan-African heights by *Big Brother Africa*. Twelve ‘housemates’ from diverse cultural backgrounds coexisted in full public view for a 106 days, whilst millions of viewers across Africa battled it out on the voting front. It was the first reality-television show in Africa to simultaneously capture the attitudes, behavioural and cultural traits of Housemates from different backgrounds.

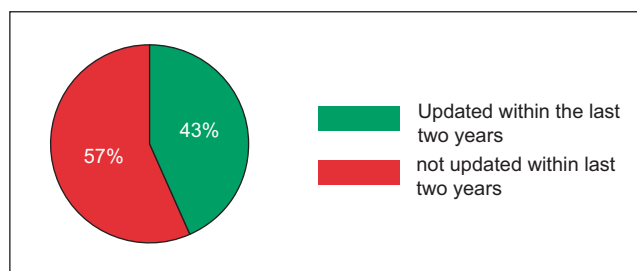
The UN Country Team in Uganda decided to harness this popular power – and in particular its youth appeal – to fight AIDS. Eleven of the 12 housemates were brought to Uganda to learn about its multisectoral response to AIDS, assist with the mobilization of Ugandan youth; and encourage them to return to their countries and undertake further education, awareness-raising and advocacy work, especially with youth. Many UN family organizations – including the United Nations Children’s Fund, the World Health Organization, the International Organization for Migration and the UNAIDS Secretariat – contributed to these activities.

In the course of *Big Brother Africa*, some behaviours of the male housemates, including allegations of pre-marital sex, did not go unnoticed by social leaders seeing themselves as responsible for determining what is ‘acceptable’ social practice. At times the whole project seemed at risk due to pressure from different sources, who accused the Ugandan Government of supporting ‘unacceptable’ practices by endorsing the visit. Unified UN commitment to the value of the activity, however, helped to ensure that issues were successfully addressed. Ultimately, the popularity of ‘Big Brother’ among African youth became a powerful tool for HIV prevention.

In most countries in the region, activities to support leadership initiatives also took place, with priority given to supporting national AIDS authorities. The last country in the region without such an authority, Angola, established one this year. Reflecting UNAIDS’ increasing commitment to working in conflict and post-conflict countries, the assignment of a UNAIDS Country Coordinator to Angola in 2002 helped support the government’s efforts in 2003 by providing technical and financial assistance to the development of regulations and an institutional framework for the new National AIDS Commission.

UNAIDS also supports high-profile leadership events to help refocus energies and ensure that AIDS is taken account of, not only in national AIDS programmes, but in all development policies. In June 2003 UNAIDS supported an event in Namibia involving over 15 government ministers, the UN Secretary-General’s Special Envoy for HIV/AIDS in Africa and the UNAIDS Deputy Executive Director, and chaired by the Prime Minister. The outcomes of the historic meeting advanced the development of Namibia’s medium-term plans on AIDS.

Hand in hand with its support to AIDS authorities, UNAIDS supports national processes to review and update AIDS action frameworks. Given the dramatic changes over the last two years – in particular the increased international availability

**Figure 8: African National Strategic Frameworks**

of resources and the reduced drug prices that make treatment more accessible – plans must be updated in a rapid and participatory manner to ensure their relevance to governments and partners in ongoing programming. In early 2004, the UNAIDS Secretariat surveyed a sample of 21 African countries and found they all had a national strategic framework, but only 43% had been updated within the last two years (Figure 8). In 2003, as Eritrea's AIDS plan came up for renewal, UNAIDS brokered the necessary technical assistance, coordinated inputs from

Cosponsors, facilitated the work of task forces and work groups, disseminated best practices on pertinent policy issues, and facilitated communications and networking between partners and stakeholders.

Country-level leadership efforts focused on the UN family as well. In a more crowded environment, it is increasingly important for the UN to speak with one voice. UNAIDS is continuously improving joint UN planning to fight the AIDS epidemic and implementation of those plans at country level. For example, UNAIDS coordinated the development of the UN Implementation Support Plan 2003 in support of national responses in a number of countries, including Eritrea, Mozambique, Zambia, Botswana, Namibia, South Africa and Angola.

### UNAIDS Country Focus

#### Mobilizing the UN System for Southern Africa

In 2003, UNAIDS helped to mobilize the international community to face a new kind of humanitarian crisis that emerged in Southern Africa – a deadly triad consisting of a lethal epidemic, deepening food insecurity and weakened government capacity. Rural livelihoods, already challenged by poverty, chronic food insecurity and insecure access to weak social services, are facing a crisis of immense dimensions and unknown trajectory.

UNAIDS worked on several fronts. Firstly, in July 2003, it organized a meeting of regional UN directors of Eastern and Southern Africa in Maputo, Mozambique. The meeting drew up a declaration that tasked the regional directors with managing the UN system's achievement of seven deliverables.

Secondly, UNAIDS played a key role in engaging with the Chief Executives Board for Coordination, an institution of UN reform which reports directly to the Secretary-General, in order to develop a system-wide policy on working together to fight AIDS in Southern Africa. In conjunction with the World Food Programme and the International Fund for Agricultural Development, UNAIDS drafted a policy paper that set out 22 ways the UN could work together to address the inter-linkages of the crises in five broad areas: i) household and community impact; ii) addressing short-term 'humanitarian' and longer-term development needs simultaneously; iii) accelerating capacity development/replenishment; iv) scaling-up women's programming; and v) supporting households' ability to earn livelihoods.

Third, UNAIDS decided to move its Intercountry Team for East and Southern Africa from Pretoria to Johannesburg to co-locate with the Regional Inter-Agency Coordination Office (RIACSO), which was established to respond to the food crisis. By physically joining with RIACSO, the UN system's ability to work together on a daily basis has been enhanced in the face of a complex humanitarian and development crisis.

#### Mobilizing partners in Eastern and Southern Africa

The diverse participation in Eastern and Southern Africa's AIDS response was highlighted in a survey that found 88% of countries in the region had nationally-led partnership forums or Expanded Theme Groups on HIV/AIDS. Most of these included representatives of donors, faith-based organizations and networks of people living with HIV. Less common was the participation of youth groups. UNAIDS Country Coordinators in all countries invest significant time in supporting the smooth functioning of partnership forums and reaching out to civil society in particular.

Given the growing number of initiatives and actors, it is more important than ever to have efficient forums to negotiate national priorities, build consensus, share information, and avoid duplication. In Kenya, for example, through advocacy and mediation UNAIDS has been able to strengthen relationships between the government, the donor community and the UN. It has also been able to focus on key issues including, in 2003, a joint review of the national response. UNAIDS facilitation of these relationships was called into play again around the organization of the 13<sup>th</sup> International

***Our Line Ministries' Self- Coordinating Entity has received a lot of support from UNAIDS at ... two retreats in Jinja and we can now develop strategic plans and are increasingly mainstreaming HIV/AIDS issues at our places of work.***

*- Ms Jennifer Muwuliza, HIV/AIDS Focal Point in the Ugandan Ministry of Finance, Planning and Economic Development*

Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA). UNAIDS' brokering role helped the conference organizers to overcome resource and planning limitations, and contributed to the success of the conference.

In Uganda, UNAIDS has supported a sophisticated interlocking system of decentralized partnership forums which reach down to districts and communities, reach across government lines to sectoral ministries, and reach out to organizations of people living with HIV, civil society more broadly, and the private sector. UNAIDS has helped to advance the principle of self-coordination within the building blocks of this machine, which is reflected in the title "Self-Coordinating Entity". There is of course also a Self-Coordinating Entity for the UN, bilateral agencies and other development partners. While youth groups are not sufficiently represented across countries in Africa, in Uganda UNAIDS supported the inclusion of the National HIV and AIDS Youth Forum, after its official launch by the President of the country on World AIDS Day, 1 December 2003.

UNAIDS emphasizes reaching out to civil society in general, and organizations of people living with HIV in particular. To give only one example, in 2003 UNAIDS supported a Mozambican nongovernmental organization, the National Network of People Living with HIV and AIDS. Key achievements included support to achieve legal status; the initiation of a strategic planning exercise and the publication of monthly information bulletins. UNAIDS supports other organizations in similar ways across the region.

Many countries in the region also intensified their efforts to work with and through the armed forces to bring down infection rates and deal with the security problems posed by AIDS. In Malawi, UNAIDS is reviewing a submission from the armed forces for a project to integrate comprehensive AIDS training into the curriculum of the national defence college and in the different units of the armed forces. Following a workshop organized by UNAIDS, the armed forces in Kenya, Tanzania and Uganda are in the process of developing programmes for peer-education training aimed at young recruits, with the objective of turning them into agents for change.

In an era of increasing resources and a complexity of partners, forums to manage donor interactions with national partners are necessary for efficient planning and implementation of programmes. In 2003, UNAIDS in Malawi was able to help bring to fruition a pooled funding arrangement (see Box page 26).

## UNAIDS Country Focus

## Supporting a Pooled Funding Arrangement in Malawi

In accordance with the “Three Ones” principles, Malawi has a National HIV and AIDS strategic framework, a single national AIDS authority (the National AIDS Commission) and a national monitoring and evaluation system. Steps have also been taken to ensure that funding partners base their assistance on an integrated annual workplan.

In order to further streamline donor demands on the government and to cut down duplication of time and resources, an arrangement between the government and four donors (United Kingdom Department for International Development, Canadian International Development Agency, the World Bank and the Norwegian Agency for International Development) pools funding around a common workplan, financial mechanism and reporting format. Finalized in July 2003, the pool totals US\$ 72 million for 2003–2008 and will finance those activities in the workplan that are not funded by specific donors (specified donations allow donors outside the pool to support the workplan, with the pool used to cover gaps).

At the request of the donors, UNAIDS facilitated and brokered the negotiations. Some of the challenges included development of an integrated annual workplan that was acceptable to all partners and harmonization of procedures among the donors themselves. UNAIDS provided technical assistance towards development of the integrated workplan; promoted national ownership of the whole process; and ensured that there was adequate balance between the needs of the country and the requirements of the donors.

UNAIDS was also called upon to assist negotiations on a US\$ 35 million World Bank Multi-country HIV/AIDS Program grant. The UNAIDS Country Coordinator facilitated sessions to agree on priorities with critical partners and forums and review the national strategic framework.

## Strengthening strategic information in Eastern and Southern Africa

In Eastern and Southern Africa work in this area concentrated in 2003 on the sharing of experiences, the facilitation of timely horizontal learning about approaches that work, and the dissemination of knowledge and ideas helpful for policy and programme development.

The UNAIDS Intercountry Team produced two Best Practice documents:

- *Stepping Back from the Edge: The pursuit of antiretroviral therapy in Botswana, South Africa and Uganda*, launched in December 2003 at the Community Care Conference in Dakar, Senegal.
- *Fighting AIDS: HIV and AIDS prevention and care among armed forces and peacekeepers: the case of Eritrea*, targeted for use not only in Eritrea but also Ethiopia, the Democratic Republic of the Congo and Sierra Leone. It was also used for advocacy as a direct response to UN Security Council resolution 1308 on HIV and AIDS and international peacekeeping operations.

Country-specific strategic information is being continuously produced across the region. Three examples illustrate typical UNAIDS investments and their results. In Lesotho, UNAIDS supported the development and publication of *Turning a Crisis into an Opportunity*, a manual co-produced by the government and the Expanded Theme Group that contains a set of viable scaling-up strategies for the country. As a result of the mobilization associated with the production of this document, the government also decided to establish a broad-based national AIDS authority and to include an AIDS component in all government programmes.

Malawi offers an example of how UNAIDS facilitates the involvement of technical partners and policymakers in developing policy guidelines which address complex social issues such as an expanded basis for HIV testing, beneficial disclosure and condoms for prisoners. UNAIDS facilitated various consensus-building forums and processes to ensure that the policy was ‘home-grown’ and emphasized a public health approach and respect for human rights. In a similar vein, UNAIDS brought its technical knowledge on what other countries in the region were doing on HIV testing to a two-day, policy-development seminar in Botswana to help ensure that the resulting policy both met Botswana’s needs and did not infringe on individuals’ human rights.

## Building monitoring and evaluation capacities in Eastern and Southern Africa

Together with other partners, UNAIDS is committed to building the region's capacities to track, monitor and evaluate national responses, and in particular by supporting: i) the establishment of the UNAIDS Country Response Information System; ii) government-led participatory reviews; and iii) the identification of resource gaps, costing and budgeting of plans and strategic allocation of resources.

Significant progress has been made. By the end of 2003, monitoring and evaluation units had been established within national AIDS coordinating authorities and monitoring and evaluation plans developed in 13 out of the 17 countries in the region, but in only nine of these had monitoring and evaluation budgets been allocated. Investments in training on the Country Response Information Systems need to be completed with a final push for collection of data and launching of the systems, as it is currently only operational in Malawi. Resource tracking is a related area requiring further work. Systems are well developed in Mozambique and Uganda, but the region's progress is otherwise generally weak.

Experience shows also that successful responses to AIDS benefit from an interactive process of review, using monitoring and evaluation data applied in an assessment of changing domestic policy environments and international contexts. Helping governments to implement participatory reviews has now become one of UNAIDS' key tasks. In 2003 UNAIDS provided

***UNAIDS' added value lies in the development of policy documents on national HIV/AIDS coordination incorporating the Three Ones, (developed in the ICASA side meeting)... [These have proved] an essential working tool for the Uganda AIDS Commission.***

*- Director General, Uganda AIDS Commission,  
Dr David Kihumuro Apuuli*

technical and/or financial support to government-led reviews of national responses in 12 out of the 17 countries of the region. For example, in Malawi UNAIDS provided extensive management support, facilitation and technical leadership for the government-led joint review of the National Strategic Framework in March 2003, with the participation

of more than 100 stakeholders including UN agencies, donors, civil society, private sector and people living with HIV (see Table 2). In Uganda, UNAIDS contributed to the mid-term review, in particular through the provision of policy advice around the "Three Ones". In Angola, the same government-led participatory process was used, but this time for the development of an initial national strategic plan.

**Table 2. Countries with Participatory Government-Led Review Processes in 2003**

Country	Dates of Review
Angola	May-June, 2003 (first plan)
Ethiopia	Feb-March, 2003
Kenya	Feb, 2003
Madagascar	Nov, 2003
Malawi	Feb-March, 2003
Mozambique	Sept-Dec, 2003
Namibia	Feb, 2003
South Africa	<i>under preparation Dec 2003</i>
Swaziland	<i>under preparation Dec 2003</i>
Tanzania	<i>under preparation Dec 2003</i>
Uganda	Oct, 2003 – Jan, 2004
Zimbabwe	<i>under preparation Dec 2003</i>



## Accessing financial and technical resources in Eastern and Southern Africa

During 2003, resource-mobilization energies focused on the Global Fund. UNAIDS also mobilized technical assistance resources, but efforts in this area were driven more by a case-by-case basis according to specific country events. In 2004, the Intercountry Team in Johannesburg aims to systemize the provision of technical assistance better through facilitating the establishment of a technical support facility, increased use of databases of technical expertise, and the creation of a help desk to improve access to technical resources. This has been a challenge not only because of the paucity of technical resources in the region, but because many countries are struggling to programme efficiently the increased sums of money now available to them.

The overall success of UNAIDS in supporting Global Fund proposals has been discussed in the Global Initiatives section above. The same trends held true in sub-Saharan Africa. In 2003, African countries that received UNAIDS assistance in the development of Global Fund proposals and during the negotiation phase succeeded in 61% of cases, as compared with 13% for unassisted countries. New proposals supported by UNAIDS in Eastern and Southern Africa (Eritrea, Comoros, Madagascar and Rwanda) in 2003 raised a total of US\$ 95 million. On a regional basis the Intercountry Team, in addition to supporting country-level efforts, contributed to the identification of common challenges, the horizontal sharing of lessons learned about grant management and the mapping of nongovernmental organization capacity needs and led to better participation in Country Coordinating Mechanisms.

A variety of additional resources were mobilized on a country-by-country basis. As already mentioned (see text box above) pooled funding was organized in Malawi. In Mozambique, efforts were expanded beyond the Global Fund to include the World Bank, the US President's Emergency Plan for AIDS Relief, and others to ensure a support package of US\$ 500 million over the next five years.

Linking AIDS programmes to the broader development context, and in particular to national development plans to achieve the Millennium Development Goals and poverty-reduction strategies, provides another avenue for ensuring sustainable resource mobilization. In Tanzania, for example, UNAIDS supported the mainstreaming of AIDS into the government's budgeting and financial processes. A public expenditure review carried out at the end of 2003, for example, estimated total expenditure during the financial year 2002-2003 to be US\$ 50 million, representing an annual increase of 180%. Of the total expenditure, 20% was through government, 41% was overseas development assistance funding through the public sector and 39% was overseas development assistance funding through nongovernmental organizations.

In another example in Zambia, UNAIDS partnership-building led to the World Bank agreeing to adopt comprehensive workplace programmes as a requirement for funding ministries. In one workplace programme supported by the Food and Agriculture Organization, Zambia's Ministry of Agriculture and Cooperatives is training senior officials and technical staff to increase their capacity and willingness to incorporate AIDS concerns in their work.



## Section 3.

### Achievements in Regions and Countries

## West and Central Africa



UNAIDS/H. Vincent/AVECC

*New HIV/AIDS ward in Sarh, southern Chad*

## West and Central Africa

UNAIDS' West and Central African region covers 25 countries with a total population of over 321 million. Twenty of these countries rank among the 35 lowest on the United Nations Development Programme (UNDP) Human Development Index. The massive development challenges faced by the region, coupled with political crises and conflicts in many countries, provide the backdrop for the fight against AIDS. While the scale of the AIDS epidemic remains less severe compared to other regions in Africa, there is evidence that the pandemic is now spreading rapidly in a number of countries. Ten (Burkina Faso, Burundi, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Gabon, Nigeria, Sierra Leone and Togo) are already experiencing prevalence of 5% or more. The major determinants underlying the rapid progression of the epidemic in West and Central Africa include:

- high levels of migration and mobility;
- chronic poverty and illiteracy, particularly among women and girls;
- recurring conflict, resulting in massive displacement of populations;
- sociocultural attitudes and practices that increase women's vulnerability; and
- gender-based and sexual violence.

The UNAIDS Secretariat focused its efforts in 2003 on continuing leadership work at country and regional level, scaling-up partnerships with civil society, mobilizing technical and financial resources, supporting Inter-country and regional initiatives and mainstreaming AIDS programmes into the activities and programmes of regional institutions.

These efforts will be pursued and consolidated in 2004, with a particular focus on:

- empowering and strengthening leadership capacities of civil society, namely people living with HIV, women and youth networks and religious organizations;
- mainstreaming AIDS programming into emergency and crisis situations and peacekeeping operations;
- reinforcing the monitoring and evaluation capacities of national and regional responses;
- supporting funding proposal development and the implementation of activities with recently acquired financing from the Global Fund and other donors.

While the increase in resources available to fight AIDS, and the growing number of organizations now directing their efforts to mitigate the epidemic's impacts are obviously to be welcomed, they also pose new challenges for harmonizing and coordination of efforts. Much remains to be done to translate political rhetoric into effective programmes. As we move into 2004 and beyond, it is therefore imperative for national coordination mechanisms to be reviewed according to the "Three Ones" principles and to foster a strengthened policy framework within the region. Poor governance, recurring instability and conflict, unemployment and corruption, combined with a general lack of investment in people's most basic health and educational needs are seriously hampering the ability to scale up responses to the epidemic at country level.

There are currently no early-warning mechanisms available to anticipate crises and conflicts and to enable prompt reactions to the humanitarian and human rights problems that result, and regionally, there is a lack of experience in tackling the AIDS epidemic in the context of conflict. In addition, there is also a lack of knowledge about how civil society and specific populations in the region have been weakened and to what extent their lives and – crucially in the context of HIV and AIDS – their behaviour have been affected. UNAIDS and other partners need urgently to address this knowledge deficit and to ensure that AIDS programmes are an integral part of emergency and humanitarian responses.

Another future challenge in the region will be to ensure that countries that currently have prevalence of 2% or less do not become complacent about AIDS and regard the risk factor as a low national priority. Indicators suggest that many of these countries could face a rapid increase in HIV prevalence unless concerted action is taken now. The challenge to UNAIDS and other agencies will be to ensure that political and financial support to these countries is forthcoming in order to prevent the epidemic from escalating. A particular problem for some countries is that they have been unable to access additional resources for AIDS (for example through the Global Fund, the World Bank Multi-country HIV/AIDS Program and the President's Emergency Plan For AIDS Relief) because of the budgetary ceiling requirements imposed on them by the World Bank and International Monetary Fund.

## Empowering leadership in West and Central Africa

Political commitment in the region, partly as a result of UNAIDS advocacy and support, has led to substantial progress in establishing institutional arrangements to coordinate and manage national AIDS responses better. Approximately two thirds of countries in the region have established a multisectoral national AIDS council in the office of the president or the prime minister, although these structures have varying levels of capacity and effectiveness. In Côte d'Ivoire and Burundi, specific HIV and AIDS ministries with multisectoral mandates have been established. UNAIDS country offices provided technical support to national coordination mechanisms with Programme Acceleration Funds, and in other countries in collaboration with World Bank Multi-country HIV/AIDS Program Initiative, which helped with human resources and technical capacity building in Benin, the Gambia and Ghana.

Beyond supporting national AIDS authorities, UNAIDS supports leadership initiatives that reach out to communities and decentralized structures. In the Gambia, for example, Programme Acceleration Funds were used to support AIDS capacity building amongst provincial-level political and traditional leaders. In Ghana, chiefs and queen mothers requested capacity-building assistance, recognizing the role that traditional leaders can play in improving the effectiveness of the national response. In Côte d'Ivoire, members of parliament created a network of parliamentarians against AIDS with UNAIDS support.

Over the course of the year, UNAIDS fostered its partnership and collaboration with major regional institutions as an efficient way to advocate for increased action in multiple countries. For example UNAIDS supported an initiative by the Economic Community of West African States and the West African Health Organization to improve countries' access to antiretrovirals, and worked with the Economic Community of Central African States to develop an AIDS strategy for that particular subregion. Engaging with other multi-country initiatives, such as African Synergies against AIDS and Suffering (which supports scaling-up of prevention of mother-to-child transmission of HIV in Guinea and Niger) enables UNAIDS to encourage activities even in countries where it has limited resources.

Reaching beyond traditional intergovernmental bodies, UNAIDS in 2003 also supported the Organization of the First Ladies of Africa as a complement to efforts to promote high-level political leadership on AIDS. In addition, UNAIDS established a partnership with the West African Red Cross and Red Crescent AIDS Control Network in Support of Youth. As a result of this partnership, the capacities of 14 Red Cross and Red Crescent Societies in West Africa will be strengthened.

As in Eastern and Southern Africa, in this region too UNAIDS is supporting initiatives, for example by the Burundi Government, to integrate training on HIV prevention into the armed forces, police and immigration officers, particularly among young recruits. The first phase of the project was completed in September 2003. In Congo UNAIDS is supporting peer-education training in remote barracks, and since the start of the project with the Congo Armed Forces in November, 122 peer educators have been trained in five different military zones across the country. Likewise, in the Democratic Republic of the Congo UNAIDS is supporting prevention and care activities in the military base of Kamina, which has received limited support because of its remote location and difficult access.

The UNAIDS Secretariat is also increasing its own investment in staff at country level to improve its ability to mobilize partners and coordinate UN action. Over the last two years, international UNAIDS Country Coordinators have been assigned to Chad, the Democratic Republic of Congo, Guinea and Congo. More will be assigned in 2004, including one covering Sierra Leone and Liberia, and one each in Gabon and Central African Republic.

## Mobilizing partners in West and Central Africa

Advocating and supporting the involvement of people living with HIV in the AIDS response is a priority for UNAIDS globally, and West and Central Africa is no exception. In the Gambia, for example, UNAIDS Programme Acceleration Funds were used to support the establishment of a national network of people living with HIV and to help conduct a situation analysis. In Burkina Faso, UNAIDS supported the National AIDS Council's efforts to put into place a joint community project, "Projet Conjoint d'Appui au Monde Communautaire", to support networks of people living with HIV and other nongovernmental organizations.

UNAIDS worked both to mobilize a private sector response to AIDS directly, and to broker public-private partnerships against the epidemic. The UNAIDS Secretariat – alongside the International Labour Organization, the US Agency for International Development and networks of people living with HIV – sponsored a regional conference in Accra, Ghana, in September 2003 that resulted in the establishment of a West Africa private sector AIDS network. This network aims to improve and harmonize efforts to protect workers and businesses from HIV through dialogue and the building of linkages.

UNAIDS provides technical support to another public-private partnership, the Rail Link project covering Côte d'Ivoire, Burkina Faso, Mali and Senegal. Funded by Bristol-Myers Squibb and involving several international nongovernmental organizations, the project aims to reduce the risk of vulnerability and marginalization of mobile populations. The Coca Cola African Foundation seconded a communications expert to the UNAIDS Intercountry Team in Abidjan to provide technical assistance on advocacy and communications to national AIDS authorities, nongovernmental organization partners and UNAIDS Cosponsors.

In addition to these regional efforts, private-sector actors were mobilized on a country-by-country basis. In Benin, for example, UNAIDS supported the creation of the Benin Foundation for AIDS, composed of private companies.

## Strengthening strategic information in West and Central Africa

Strategic information is utilized by UNAIDS in the region to advocate for increased awareness and action on AIDS, and to facilitate cross-fertilization of ideas both within and between countries. Some examples of informed advocacy products include the promotion and dissemination of the television series “*SIDA dans la Cité*”<sup>3</sup> and the film “*Vivre Positivement*”, which were supported by UNAIDS.

Sometimes strategic information products are built around a specific topic. For example the “*Situation analysis of discrimination and stigmatization against people living with HIV and AIDS in West and Central Africa: ethical and legal considerations*” was published by UNAIDS in 2002. It documents testimonies and information on discrimination against people living with HIV from six countries and remains in great demand as a reference publication within and outside Africa. The UNAIDS Secretariat is currently undertaking an assessment of the social, economic and cultural dimensions of AIDS and sex work, and taking stock of the different interventions in 12 West African countries.

UNAIDS also invests in the dissemination of key materials, both between and within countries, in order to facilitate rapid learning and replication of successful programmes. The Intercountry Team in Abidjan and UNAIDS country offices in Benin and Cote d'Ivoire, for example, have set up documentation centres accessible to the public. The Intercountry Team also established and maintains Sida en Afrique du Centre et de l'Ouest (SAFCO), an electronic discussion forum which had over 1750 subscribers in 2003. UNAIDS country offices identified several “best practices” and case studies for documentation in 2003, including: the activities of the national network of people living with HIV in Burundi; an advocacy paper for resource mobilization and national communication strategy for behavioural change in Benin; the experience of the city of Gaoua in Burkina Faso; and HIV and AIDS in the context of an emergency and political crisis situation in Cote d'Ivoire.

## Building monitoring and evaluation capacities in West and Central Africa

UNAIDS invests heavily in monitoring and evaluation capacity building in the region. In countries with a strong UNAIDS presence – Benin, Burkina Faso, Cote d'Ivoire, Ghana, Guinea and Nigeria – the Secretariat facilitated the establishment of a monitoring and evaluation Unit within the national AIDS coordinating mechanism.

In addition, UNAIDS contributed to a joint rapid assessment<sup>3</sup> of monitoring and evaluation capacity in seven countries, namely Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Ghana, Nigeria and Senegal. The assessment found significant progress in most countries since 2002. All countries had produced a list of indicators and identified financial resources for monitoring and evaluation. Three countries have set up a monitoring and evaluation framework (Ghana, Cote d'Ivoire, Nigeria), and two countries have a monitoring and evaluation plan (Ghana and Senegal). However, most countries highlighted weaknesses in human capacity to manage data collection, storage and assessment.

To work on some of these weaknesses, training on the Country Response Information System and indicators drawn up by the UN General Assembly Special Session on HIV/AIDS was held in early 2003 for 20 participants drawn from West and Central Africa. However a trained personnel shortage in the region's national coordinating bodies has considerably slowed the development of Country Response Information Systems.

<sup>3</sup> Including United States Agency for International Development West Africa, JHPIEGO, Family Health International, West African Health Organization, UNAIDS/Intercountry Team, Centre de Recherche en Population et Développement au Sahel

## Mobilizing financial and technical resources in West and Central Africa

During 2003, as in recent years, UNAIDS Secretariat staff at country level are involved in Global Fund proposal preparation and in most other major financial resource initiatives. To date, 17 of the 25 countries in the region had AIDS project proposals approved by the Global Fund during the first three rounds. Fourteen benefit from the World Bank's Multi-country HIV and AIDS Program. Examples of UNAIDS assistance include the provision of technical assistance in costing AIDS activities and budgeting national plans in Cameroon, Mali and Senegal. Such efforts help identify funding gaps and strengthen proposals.

To help track and monitor the efficacy of the increased resources, the UNAIDS Intercountry Team initiated in 2003 a mapping exercise to document financial resources mobilized in 15 countries for the period 2001–2003. These results will be available in 2004.

UNAIDS also reacts to opportunities for fund-raising as they arise from specific donors or situations. For example, UNAIDS helped to broker the World Bank-funded US\$ 16.6 million Abidjan-Lagos Transport Corridor project, covering 825 kilometres along the five coastal countries of Côte d'Ivoire, Ghana, Togo, Benin and Nigeria. In the Great Lakes region, UNAIDS continued to provide guidance and technical support to the Great Lakes Initiative on AIDS, which has attracted US\$ 20 million in World Bank Multi-country HIV/AIDS Program funding and targets mainly refugees, internally displaced people, mobile populations, networks of people living with HIV and the health sector.

UNAIDS also contributed to the development of the US\$ 8.3 million Initiative of the Congo, Oubangui and Chari River Countries, funded by the African Development Fund, which addresses HIV and AIDS and other sexually transmitted infections in a multi-country conflict/post-conflict situation. Also in Central Africa, UNAIDS provided technical support to the German Development Bank for the implementation of a regional AIDS control project. UNAIDS is concerned about the human capacity to absorb and manage the new resources that are increasingly available. A consultative meeting in Dakar in August 2003 between the Economic Community of West African States, the West African Health Organization, United States Agency for International Development and UNAIDS resulted in the formation of an HIV and AIDS capacity-strengthening forum for West and Central Africa to look more seriously at this issue.

## Section 3. Achievements in Regions and Countries

### Asia and the Pacific



UNAIDS/S. Nourani

Phnom Penh, Cambodia



## Asia and the Pacific

The sprawling region of Asia and the Pacific contains a wide variety of both AIDS epidemics and national responses to confront the disease. Compared to sub-Saharan Africa, adult HIV prevalence is relatively low, but the sheer number of infections is daunting. In India alone there were between 3.8 million and 4.6 million people infected by the end of 2002 – more infections than any country in the world except South Africa. Three South-East Asian countries have already had to contend with serious nationwide epidemics: Cambodia, Myanmar and Thailand. In China, total adult HIV prevalence is well under 1%, but high rates of HIV have been found among populations of injecting drug users – 35% to 80% in Xinjiang and 20% in Guangdong – and in communities where unsafe blood-collection practices occurred in the 1990s.

In 2003, the UNAIDS Secretariat focused on empowering leadership and forging partnerships. In all countries with a UNAIDS Secretariat presence there is a basic need to scale-up programmes in order to ensure effective coverage, especially those concerning injecting drug users and sex workers. Given the focused nature of many epidemics in the region and the large population not infected, prevention will by far prove to be more cost effective than treatment. As treatment becomes more accessible, prevention will still be the main focus of national programmes in the region. Despite a number of good pilot projects among high-risk groups, environmental constraints continue to impede scaling up, such as punitive policies in addressing sex work and drug use. Stigma and discrimination around AIDS and a culture of silence are widely fuelling the spread of the epidemic in Asia and the Pacific. However, there are encouraging signs that many countries have begun to appreciate the public health value of addressing these issues.

Looking beyond 2003, the challenges for this region, which comprises almost 55% of the world's people and innumerable population and language groups, will be daunting. Currently there is little concerted political leadership at the highest levels to address the epidemic, and responses have been largely formulaic and lacking in understanding or consensus. Most countries still have weak data and analysis of the scale and impact of AIDS. Without this understanding, leaders have not shifted resources and action away from other pressing development priorities to deal with the epidemic, and donors will not therefore respond until national leaders send a clear signal that AIDS is a national concern. In 2003, countries in the region needed US\$ 1 billion to finance a comprehensive response, but less than one third of this money was obtained. By 2007, it's estimated that resource needs will escalate dramatically to US\$ 5.1 billion per annum. Although this is a significant figure, it still only represents around 1.2% of annual regional income. The key point is that most of the resources needed for AIDS must come from domestic expenditure. The challenge ahead for UNAIDS will be to engage unconverted political leaders and convince them that it is possible and necessary to act without losing face or damaging their country's image, and to advocate for increased allocation of the domestic resources needed to prevent the epidemic escalating.

Many of the programmes that do exist in the region remain largely under the auspices of the health sector, rather than adopting the multisectoral approach that has proved effective elsewhere. Civil society engagement also varies enormously from country to country, vibrant in some (such as India) and virtually non-existent in others (such as China). Broadening out the base of AIDS responses will be another challenge facing UNAIDS in the coming years.

Asian business leadership has also been slow to respond to the epidemic, largely because it is not yet having a significant impact on the region's economic output. However, failure to act now will have serious consequences for the future. Recent research indicates that the epidemic is already costing the region nearly US\$ 4 billion annually in lost output (four times the resources needed for HIV and AIDS programmes in 2003), and this figure is projected to rise to US\$17 billion annually by 2010.

### Empowering leadership in Asia and the Pacific

The leadership deficit in the region was highlighted in June 2001, when no Asian heads of government participated in the UN General Assembly Special Session on HIV/AIDS. Today, however, leadership involvement is improving: an increasing number of leaders from the region have spoken publicly about AIDS or have taken the lead to address associated sensitive issues.

Despite this progress, AIDS remains a low-priority issue on regional and national agendas. The Asia Pacific Leadership Forum on AIDS and Development (APLF) addresses this need directly, providing a learning forum for senior government officials and fostering the development of country-specific advocacy plans to mobilize political and civil society.

The engagement of eminent personalities in the Asia Pacific Leadership Forum on AIDS and Development Steering Group is providing guidance and opens opportunities for advocacy.

In South Asia, UNAIDS has worked to support parliamentary efforts. India organized a Parliamentary Forum on HIV and AIDS in July 2003, bringing together more than 1200 elected political figures from all regions of the country (see box). Similar forums are planned for Bangladesh and Pakistan. Indian parliamentarians are taking the lead regionally too. The Indian branch of the Asian Association of Parliamentarians on Population and Development organized an International Conference of Asian Elected Leaders on HIV and AIDS. With support from the United Nations Population Fund (UNFPA) and UNAIDS, more than 100 parliamentarians participated in the conference, and many of them subsequently became personally involved in AIDS efforts. Sri Lankan efforts are also addressing political leadership with the production of a “leadership docket”, a policy advocacy document produced by UNAIDS and the National STD/AIDS Control Programme, that targets parliamentarians, the offices of the President and Prime Minister and political leaders at provincial and district levels.

### UNAIDS Country Focus

#### Getting to Communities: Mobilizing Leadership of 1200 Parliamentarians

On the 26<sup>th</sup> and 27<sup>th</sup> of July, 2003, 1200 Indian Ministers, parliamentarians and mayors from all corners of the country convened to learn about AIDS and agree on actions that they can take. The National Convention of Elected Representatives on HIV and AIDS in India – inaugurated by the then Prime Minister of India and addressed by Ms. Sonia Gandhi, then leader of opposition – enabled Indian best practices to be discussed. The meeting also mobilized these political leaders to increase their personal actions, as reflected in their closing declaration entitled “*Leadership in Combating HIV and AIDS*”.

The Convention’s impact is still being felt. Even at the time, UNAIDS Executive Director Peter Piot noted: “By holding the Convention, India can become a model for other nations in the region. This Convention is a historic event. Never before, in any nation of the world, has there been such a large and committed gathering of leaders from every level of decision-making, dedicated to the common cause of fighting AIDS.” Bangladesh and Pakistan are in the planning stages of similar events. Within India, the preparatory planning committees – composed of representatives from all political parties – have taken on a life of their own, and with support from UNAIDS, will now take the convention’s declaration forward at district level with meetings of Zilla Parishad (district level governance bodies) and Panchayat (grass root level) members.

Of critical importance not only for Asia but for the epidemic globally, are recent steps taken by China’s leaders. Following persistent advocacy by the international community – the UN system as a whole, including the UN Secretary-General, and diplomats, influential individuals and nongovernmental organizations – the nation’s top leadership in 2003 demonstrated their commitment to fight AIDS. Most dramatically, on World AIDS Day Premier Wen Jiabao visited Ditan hospital in Beijing, where he shook hands and talked with HIV-positive patients. The visit was broadcast on national television.

The UN Secretary-General’s Special Envoy for HIV/AIDS in Asia and the Pacific, Dr Nafis Sadik, also stimulated high-level attention. During a visit to Laos, she effectively drew the attention of the Prime Minister and other decision-makers (from various ministries, civil society, donors, UN agencies) to the need to address AIDS even when HIV prevalence and resources are low. Her visit also created space for discussions on sensitive issues, particularly those related to vulnerable groups.

As a backbone of leadership and coordination work, UNAIDS supports national AIDS authorities, existing in most countries in the region (see Table 3). The continuing challenge in mobilizing multisectoral responses is highlighted by the fact that only six of the 15 countries surveyed had a government official of higher rank than the health minister participating in their national AIDS authorities.

UNAIDS efforts to promote UN leadership and coordination in the region focused on the development of UN Implementation Support Plans (UN-ISP) that emphasize national AIDS priorities. In most countries, a United Nations Implementation Support Plan on HIV and AIDS has been developed or will be finalized in 2004 (see Table 3). Guidelines for the United Nations Implementation Support Plans on HIV and AIDS are flexible, allowing countries to adapt the principles to their needs. In Sri Lanka, for example, a “mini ISP” uses the UNAIDS Secretariat’s five strategic objectives for common activities and major agency activities (e.g., United Nations Children’s Fund work with religious leaders, World Bank work on surveillance), while continuing to reflect individual agency work in line with Sri Lanka’s National Strategic Plan. Countries in South-East Asia are using the formulation of United Nations Implementation Support Plans on HIV and AIDS as an opportunity to advance work in other UNAIDS priorities, such as monitoring and evaluation, resource mobilization and advocacy. Indonesia’s United Nations Implementation Support Plan on HIV and AIDS has generated US\$ 5.6 million from 10 UN agencies for 2004-2005.

**Table 3: National and UN Coordination in Asia-Pacific**

Country	NAC	Monitoring and evaluation unit in NAC	Government-led participatory review	UN-ISP
Bangladesh	—	—	—	In progress
Bhutan	—	—	—	1 <sup>st</sup> Int. Workplan
Cambodia	NAC	Monitoring and evaluation unit	Participatory Rev.	Done*
China	NAC	Monitoring and evaluation unit	Joint Assessment	Being finalized*
Fiji	NAC	—	—	Being finalized
India	NAC	Monitoring and evaluation unit	Participatory Rev.	Being finalized
Indonesia	NAC	—	—	Done*
Laos	NAC	—	Participatory Rev.	Done
Myanmar	NAC	—	—	Joint Programme**
Nepal	NAC	Monitoring and evaluation unit	—	In the workplan
Pakistan	NAC	—	Participatory Rev.	Being finalized
Papa New Guinea	NAC	—	—	Being finalized*
Philippines	NAC	—	Participatory Rev.	In progress
Sri Lanka	NAC	Monitoring and evaluation unit	Participatory Rev.	“Mini ISP”
Thailand	NAC	Monitoring and evaluation unit	Participatory Rev.	Done*
Viet Nam	NAC	Proposed***	—	Done*

\* These Southeast Asian United Nations Implementation Support Plan on HIV and AIDS include explicit monitoring and evaluation and advocacy components.

\*\* Special Joint Programme. See “Resource Mobilization in Asia and the Pacific”.

\*\*\* Detailed proposal for an monitoring and evaluation component in the National Strategy on HIV and AIDS produced.

## Mobilizing partners in Asia and the Pacific

The existence of very large countries in the region, widespread stigma and discrimination against people living with HIV, social sensitivities to drug use, sex workers, and gender issues are all factors that require UNAIDS to rely on a variety of partners to develop appropriate policies, join forces for effective advocacy and support scaled-up programmes.

Across the region, UNAIDS encouraged and facilitated the participation of civil society in national partnership forums, which exist in most countries. While varying from country to country, a few patterns emerge across the region. For example, people living with HIV, nongovernmental service providers and community organizations were involved in most partnership forums, but there was almost no representation from the private sector and young people. A major step forward came in late 2003, when India's National AIDS Control Organization proposed the creation of a fully-fledged partnership forum including nongovernmental organizations, donors, faith-based organizations and research institutions. An example from Bangladesh illustrates the productive role a partnership forum can play. The Expanded Theme Group has a broad-based membership comprising of government, civil society, people living with HIV, development partners and UN agencies. In 2003 it served as a forum to build support for the development of the 2004–2008 strategic plan on HIV and AIDS.

Although the private sector is under-represented in partnership forums, UNAIDS has been advocating for increased private-sector involvement on AIDS through other channels. In India, for example, the Confederation of Indian Industries under the auspices of the Indian Business Trust is publicly committed to fighting the epidemic. The participation of the Confederation's Director General at the 2003 UN General Assembly Special Session on HIV/AIDS has served as a reference point for Indian industry and the international business community. To the north in Nepal, a joint initiative by the UN Theme Group and the private sector led to increased involvement of the Federation of Nepal Chambers of Commerce and Industry at both national and district levels. The initiative was joined by six companies, providing training and support services to their employees. At present the Federation and the trades unions are working on a joint policy statement, and the International Labour Organization has taken the lead in expanding the activities. In the Philippines, where the epidemic as well as the response has been characterized by some as "low and slow", UNAIDS identified and promoted "champions" in the private sector and the military.

UNAIDS has been working with the armed forces in the region to raise awareness of AIDS issues. In Indonesia and in Thailand UNAIDS is working with Family Health International to disseminate the HIV and AIDS Awareness Card (in local languages) among military personnel, and supporting the development of a case study documenting the valuable experiences of the Royal Thai Army in providing HIV-prevention education to its personnel. In Laos UNAIDS is working through United Nations Development Programme to strengthen and expand the HIV awareness and education activities targeting the national military and police in three provinces. UNAIDS is working in partnership with the Myanmar Ministry of Home Affairs to increase awareness on HIV prevention among uniformed services, particularly among police personnel and their families. The target groups are new police recruits (both officers and other ranks), police personnel in border areas and their families, as well as high ranking police officers and educators. In the Philippines a UNAIDS-supported project working with the armed forces and police is ongoing. The Armed Forces and the National Police have incorporated HIV and AIDS education into their national training curricula.

UNAIDS also reaches out to public figures who can make a difference. With the International Cricket Council, UNAIDS launched the "Run Out AIDS" campaign in September 2003. Subsequently, many cricket players have become personally engaged and millions of Asian youths have been reached. The opening coin toss by HIV-positive persons at several matches was hailed as a vital step in reducing stigma.

Finally, the role of UNAIDS as an honest broker was reaffirmed in several countries during 2003. In Cambodia, UNAIDS curbed discord and helped resolve conflict between the National AIDS Authority and nongovernmental organizations on its report to the UN General Assembly Special Session on HIV/AIDS, leading to a broadly supported document. Additionally, agreement was forged on dovetailing related plans and activities that were supported from diverse sources, including the Global Fund, United Kingdom Department for International Development and United Nations Development Programme. In Thailand, UNAIDS mobilized and empowered public-private partnership activities (involving networks of people living with HIV, the Thailand Business Coalition on AIDS and the Thai Drug Users Network) related to the Global Fund, the World AIDS Campaign and the 2004 International AIDS Conference in Bangkok. And in Malaysia, UNAIDS facilitated a programme review of the Malaysian AIDS Council, an umbrella organization of nongovernmental organizations working on AIDS. The review engendered changes that strengthened the Council's efforts to generate greater political support for, and multisectoral engagement in, the national response to AIDS.

## Strengthening strategic information in Asia and the Pacific

UNAIDS collected and analysed strategic information produced from various sources throughout the region and facilitated the design of several UN agency subregional intervention programmes for key populations, such as a United Nations Educational, Scientific and Cultural Organization programme targeting men who have sex with men, injecting drug users (United Nations

Office on Drugs and Crime), people living with HIV (United Nations Volunteers), women (United Nations Development Fund for Women, United Nations Economic and Social Commission for Asia and the Pacific) and young people (United Nations Children's Fund). Strategic information is critical to inform advocacy efforts and increase their credibility. In Viet Nam, informed arguments helped to shift the government's approach to managing the epidemic, with the Health Minister referring to AIDS as a "social issue" rather than a "social evil". Persuaded by the logic presented with key information, the Ministries of Foreign Affairs, Defence, and Planning and Investment have become more involved.

UNAIDS provides strategic information to help policy development. In India, for example, UNAIDS is providing technical support for the formulation of the national legislative policy on HIV and AIDS. And in Bhutan and the Maldives, specific country-level processes were initiated by UNAIDS to assess gaps in key policy and programme areas.

Several "best practices" in AIDS responses in the region were identified in 2003, including:

- an innovative Sexual Health Promotion Model for men who have sex with men in Bangladesh;
- a prison intervention initiative and an intervention through Greater Involvement of People Living with HIV and AIDS to reduce stigma and discrimination in the world of work and the healthcare settings in India; and
- strategies to strengthen nongovernmental organization capacity in resource mobilization in Thailand.

UNAIDS also facilitates the dissemination of global best practices locally, and fosters the horizontal sharing of best practices within the region. For example 30 UNAIDS publications were translated in China and distributed widely. This process of learning from other experiences within the region is exemplified by China's pilot "100% Condom Utilization Programme", which is similar to programmes in Thailand, Myanmar and Cambodia. In 2004, the programme is being scaled up in more than 10 of China's 23 provinces.

In Indonesia, UNAIDS ensures that strategic information on the national and international AIDS situation is available for local consumption, an effort that has resulted in stronger and wider partnerships. In concert with the National AIDS Commission and other partners, UNAIDS has contributed to the production of the national report for the UN General Assembly Special Session on HIV/AIDS, a national AIDS profile, case studies, fact sheets, media releases and monthly newsletters.

Finally, UNAIDS supports data management and accessibility. A secondary database within the South Asia Political Advocacy Project was established in 2003, providing data for policymakers and researchers.

## Building monitoring and evaluation capacities in Asia and the Pacific

UNAIDS promotes improved monitoring and evaluation in the region in a variety of ways, including the provision of support to monitoring and evaluation units in national AIDS authorities, assistance with government-led participatory reviews, and help to improve costing and results-based management plans and implementation frameworks. In seven of the 16 countries with significant UNAIDS presence, the Joint Programme facilitated the establishment of monitoring and evaluation units within the national AIDS coordinating body. Government-led reviews were also supported in seven countries (see table).

Refining national strategic plans to include rigorous cost estimates and detailed operational plans can facilitate monitoring and assist with fund-raising and harmonization. In Nepal, UNAIDS assisted in the costing and implementation of the new national strategy, a five-year programme with a one-year operational plan. All stakeholders were involved in this process. The operational plan was costed and previously pledged resources included. As a result, donors pledged resources, and a common resource platform was created which includes new resources provided by the Global Fund and bilateral donors. This system will replace individual project funds. As the operational plan also includes result-based indicators, it provides a common monitoring and evaluation framework for all AIDS-related activities.

Training on the costing of national strategic plans and resource estimation need was completed in collaboration with the Asia Development Bank in most countries in the region in 2003. This should help national programmes generate data on country-specific resource needs. A follow-up example is Pakistan, where subsequently UNAIDS contributed to the costing and budgeting of the country's prevention programme. This will be followed in 2004 by a costing workshop for five provinces of the country.



In China, a major achievement was the *Joint Assessment of HIV and AIDS Prevention, Treatment and Care* by the Ministry of Health and the UN Theme Group. The resulting report, launched in December 2003, undertakes a comprehensive review of past efforts and lessons learned, and it puts forward recommendations for future actions. The document is a significant step towards achieving a common understanding of the current AIDS situation and the country's prevention and care needs within a multisectoral response (see box below).

The Country Response Information System is not yet operational in any countries in Asia and the Pacific, but work has started on building national capacity to utilize the System in Indonesia, Thailand and Laos. In China, the first training workshop on the Country Response Information System was conducted in October for personnel from the National AIDS Centre as well as officials from high-prevalence provinces. In South Asia, Country Response Information System training was provided to all countries where UNAIDS works, and the System is being integrated into the national monitoring and evaluation plans.

### UNAIDS Country Focus

#### UN-Chinese Government Collaboration on AIDS

The United Nations Theme Group on HIV and AIDS in China has played a key role in raising government awareness of the magnitude of the AIDS challenge, and in outlining a framework for collective action necessary to mount an effective response to the epidemic. In its efforts, the Theme Group formulated and implemented a strategy using both advocacy and confrontation, followed by patient dialogue and partnership building that ultimately led to joint planning and a common programmatic response.

In 2002, the Theme Group published a frank assessment of the AIDS situation in China that generated a strong negative reaction. However, the government later acknowledged the seriousness of the situation as well as the need to collaborate with the international community in order to turn the tide of the epidemic. Throughout 2003, the Theme Group and the government worked together on a Joint Assessment of HIV and AIDS Prevention, Treatment and Care. Despite disagreements and delays while preparing the assessment, persistent and patient engagement paid off on World AIDS Day. The Joint Assessment was launched and Premier Wen Jiabao made a highly publicized visit to Ditan hospital in Beijing, where he shook hands and talked with HIV-positive patients.

Following these public expressions of high-level commitment, UN efforts shifted towards developing a joint plan of action to support China's AIDS response that will place particular emphasis on encouraging a more multisectoral response.

### Accessing financial and technical resources in Asia and the Pacific

UNAIDS provided technical assistance in the development of Global Fund proposals in 13 countries in the region, and assisted with non-Global Fund resource mobilization in 12. An example of UNAIDS assistance in Global Fund processes that goes beyond proposal preparation can be seen in Cambodia, where UNAIDS supported the functioning of the Country Coordinating Mechanism and the Ministry of Health, which was the principle recipient of a successful first-round proposal. Other donors and partners were also invited to key meetings to ensure smooth dovetailing of the Global Fund project with ongoing and planned work.

A major fund-raising achievement in the region took place in Myanmar. UNAIDS developed the Fund for HIV/AIDS in Myanmar, which channels US\$ 24 million (mostly from the United Kingdom, Norway and Sweden) into AIDS projects to support implementation of an integrated three-year joint programme, expanding the United Nations Implementation Support Plan on HIV and AIDS approach to include all partners, UN agencies, civil society and government bodies. In addition to harmonizing and promoting the programmes of existing AIDS organizations, the joint programme has enabled new partners to start AIDS activities in a harmonized and complementary way.



**UNAIDS Country Focus****UN Collaborating to Overcome a Constrained Environment in Myanmar**

The Joint Programme on HIV and AIDS: Myanmar 2003–2005 and the Fund for HIV/AIDS in Myanmar demonstrate how the UN can pull together to forge effective interagency and multi-stakeholder cooperation on AIDS where political and donor constraints have aggravated the spread of the epidemic. It illustrates UN commitment to achieving Millennium Development Goals, even in difficult political circumstances.

UNAIDS in Myanmar took the lead in developing the Joint Programme which, given the political context of Myanmar, went beyond planning the UN support for the national response. Developed jointly by the UN, government and nongovernmental organizations (through extensive consultation that also involved the political opposition), the Joint Programme sets out a strategic framework and an operational plan for all parties to adhere to. Activities have been prioritized and are now being implemented by various partners. A monitoring and evaluation plan has been developed to track progress and identify weaknesses and successes to be fed back to implementing and donor partners.

The Fund for HIV/AIDS in Myanmar was established to support the implementation of the Joint Programme. Three donors (the United Kingdom's Department for International Development, the Swedish International Development Cooperation Agency and the Norwegian Foreign Ministry) have provided US\$ 22 million in 2003 to support the Joint Programme via the Fund. Not only has the Fund been able to support the growth of existing programmes, but its operation has inspired new partners to come forward. It is still too soon to judge the impact of all efforts but in its first year of operation the Fund disbursed US\$ 6 million in grants and recently an independent review panel has approved the second round of approvals amounting to US\$ 11.5 million for 21 organizations, for activities ranging from provision of antiretroviral therapy to education of sex workers.

On a regional level, the UNAIDS Intercountry Team provided technical support to the development of the Association of South East Asian Nations (ASEAN) Work Programme on HIV and AIDS for 2003–2005 (AWP II) and subsequently facilitated the Association of South East Asian Nations Cooperation Forum, which was attended by both bilateral donors and international organizations. The AWP II has attracted interest and support from donors and governments. The Intercountry Team also prepared a comprehensive resource mobilization inventory to facilitate regional efforts.

As elsewhere, the key challenge in the region for 2004 will be to build the capacity of national AIDS authorities in the area of financial management as they handle the increased flow of resources to AIDS responses.

## Section 3.

### Achievements in Regions and Countries

## Eastern Europe and Central Asia



UNAIDS/L. Taylor

*Kostroma district, Russian Federation*

## Eastern Europe and Central Asia

Eastern Europe and Central Asia are experiencing the fastest-growing national epidemics in the world. In just a few years, the number of people living with the virus has increased alarmingly to between 1.2 and 1.8 million. High levels of risky behaviour – specifically injecting drug use and unsafe sex among young people – are driving the worsening situation. Women are especially vulnerable to increasing infection rates as a result of unprotected sex. Young people, affected by the difficulties of social transition, are extremely vulnerable to infection from drug injection and sexual transmission. More than 80% of HIV infections in the region are occurring in people under 29 years of age. Even in South-East Europe, which to date has been largely spared from AIDS, high levels of sexual and drug-related risk behaviour are harbingers of emerging epidemics.

In 2003, UNAIDS activities in this region ranged evenly across all five UNAIDS Secretariat strategic objectives. Key activities included fostering partnership forums, supporting emerging organizations of people living with HIV, facilitating access to financial resources, generating and employing strategic information, and advocating for harmonized monitoring and evaluation systems.

Although these priorities remain relevant for 2004, the emphasis placed on them will evolve. It is imperative that the capacity and commitments of governments in the region are strengthened and that civil society and the private sector are involved in all levels of the AIDS response. There is an urgent need to scale up access to care and treatment and to reduce regional prices for antiretroviral drugs, which are amongst the highest in the world. Better treatment options and greater openness are needed to break down existing taboos and denials, and trigger a stronger prevention effort across the region.

Effective policies will need more effective technical support from UNAIDS. For instance, the focus on financial resources will shift from mobilization to accessing appropriate technical resources to ensure effective and efficient implementation of funded activities. Also, as the need for comprehensive national monitoring and evaluation systems is increasingly recognized by governments, UNAIDS work in this area will gradually shift from advocacy to providing technical assistance. To meet demands for strong UN implementation support at country level UNAIDS will reinforce its own capacity in the region by deploying new staff in Russia, Ukraine, Moldova and the Caucasus Republics.

### Empowering leadership in Eastern Europe and Central Asia

The use of regional platforms proved effective in advocating for high-level leadership. As one of the highlights for 2003, UNAIDS advocacy within the European Union encouraged Ireland, the United Kingdom, and the Netherlands – during their forthcoming European Union presidencies – to put the AIDS situation in both Eastern and Western Europe at the top of the political agenda. UNAIDS also collaborated closely with the Commonwealth of Independent States, whose Inter-Parliamentary Assembly on Social Policy and Human Rights has taken the lead on developing a model law on HIV and AIDS for its member states.

Despite its limited country presence, UNAIDS has used opportunities to work with other partners to promote national-level leadership. In Ukraine, UNAIDS partnered with the Alliance of Mayors Initiative for Community Action on AIDS at the Local Level and mobilized a coalition of the Ukrainian cities to increase the commitment and engagement of municipalities in the national response to AIDS.

UNAIDS also supported UN leadership in the region. Following the decisions of its Programme Coordinating Board, the UNAIDS Secretariat was instrumental in the development of UN Implementation Support Plans by facilitating dialogue between agencies and providing external experts. United Nations Implementation Support Plans on HIV and AIDS have been developed in Kyrgyzstan, Moldova, Russia and Tajikistan. Finally, following the adoption of the UN Learning Strategy on HIV/AIDS in April 2003, a network of 28 learning facilitators from 17 UN Country Teams was established and trained.

## UNAIDS Country Focus

**UN Social Development Unit in Bulgaria – a unique example of how the UN is working together**

The idea of a common UN Social Development Unit came as a result of a joint United Nations Children's Fund-UNAIDS-World Health Organization mission in 1999 to assess all youth-related policies and programmes in Bulgaria, as well as opportunities for improved coordination among agencies. The mission showed that more focused and better-coordinated action is required to change attitudes, values and above all, behaviours, which put young people at risk.

The Social Development Unit was established under the general leadership of the UN Resident Coordinator with a view to enhancing the impact and efficiency of UN support to the country. The Unit is supported by the United Nations Development Programme, United Nations Children's Fund, the United Nations Population Fund and UNAIDS and brings together different agencies and programmes into a multi-disciplinary team, that works on an integrated basis with joint planning and reporting, sharing of costs, joint operational guidelines, shared leadership, working environment, team work and a participatory approach as a partnership. It is currently composed of three National Programme Officers (NPOs), three Programme Assistants (PA) and one driver. Its mandate and objective is to provide technical assistance and managerial support in the areas of young people's health, development and protection, HIV and AIDS, and sexually transmitted diseases and reproductive health.

UNAIDS believes that the advantages of this approach are that it enables an exchange of different agencies' and personnel's expertise, cost efficiency, integrated efforts and better informed staff exposed to variety of experiences. On the negative side, there is little visibility for, and recognition of, the contribution of the single agencies represented; differences in approaches of agencies may create internal tension between Social Development Unit members and sometimes creates confusion among the national partners.

Due to this high-level government commitment, around 100 people living with HIV are able to receive antiretroviral drugs free of charge. The Unit has also assisted with obtaining a grant of US\$ 15.7 million from the Global Fund, with the operation of the National AIDS Committee and strengthening of the AIDS Coalition. National capacity on HIV and AIDS has been enhanced and a network of 10 voluntary counselling and testing centres is now operating effectively. There is continuing medical education in place for doctors on family planning and sexually transmitted infections, and strong partnerships have been fostered – between the national government, local authorities, UN agencies/programmes and national and international nongovernmental organizations and the private sector.

**Mobilizing partners in Eastern Europe and Central Asia**

High-level national coordination bodies are engaging partners in most countries in the region. However, participation of civil society and organizations of people living with HIV was generally weak and tokenistic. As an example of how UNAIDS can address this problem, in Romania it successfully advocated for the revival of the National Multisectoral HIV and AIDS Commission and the inclusion of seven nongovernmental organizations. Now, one of the vice-chairs of the commission is held by the Union of Associations of People Living with HIV and AIDS. In Russia, UNAIDS supported the operations of the Multisectoral Advisory HIV and AIDS Council under the auspices of the Federal Ministry of Health, which for the first time ever brought together on such a level the governmental sector and civil society to work jointly on AIDS in Russia. Later in the year, it funded and helped to organize the founding conference of the All-Russian Forum of AIDS Service Organizations.

UNAIDS supports the 'self-organization' of people living with HIV and, in particular, building their capacity to articulate needs and effectively campaign for support and policy change. In May in Belarus, UNAIDS jointly with The Open Society Institute and Tides Foundation hosted a regional forum of 86 activists from 21 countries, and supported the establishment of a grant-making facility for follow-up advocacy activities.

Similar to the nascent state of organizations of people living with HIV, a broader civil-society movement in response to AIDS is gaining force, although it is still fragile. UNAIDS supports these emerging organizations, in particular to help them with longer-term planning and institutional development. A case in point is the Central and Eastern European Harm Reduction Network – one of the biggest and most consolidated nongovernmental organization networks engaged in AIDS in the region. In 2003, UNAIDS and The Open Source Institute facilitated the network's strategic planning exercise that led to the creation

of a mid-term strategy to strengthen advocacy and increase networking among different stakeholders working in the field of HIV and drug use.

As elsewhere in the world, UNAIDS reaches out to partners in the religious community, which can have great influence over social affairs. For instance, the willingness of the Russian Orthodox Church to define a role for itself in the national response presented a critical opportunity for UNAIDS. Together with the United Nations Development Programme, the UNAIDS Secretariat began a project (funded with Programme Acceleration Funds) to help the Russian Orthodox Church design and implement an AIDS prevention and care programme. Similar partnerships are being established in Ukraine and Central Asia.

UNAIDS has also worked with the military in the region. In Armenia and Kazakhstan, for instance, a project to strengthen the capacity of the ministries of defence and interior to respond to the AIDS epidemic has recently been launched. The project is designed to support these countries' national programmes on HIV prevention and will target police, military and emergency staff. In Belarus UNAIDS is assisting in the strengthening of training capacity for HIV and sexually transmitted infections prevention in the army by supporting the activities of the military academy. This programme forms part of the state programme for the prevention of HIV infection for 2001–2005. In Lithuania a project has been initiated targeting 4000 new recruits in the military and 15 000 in-service police officers. It will incorporate AIDS awareness training into the curricula of the military academy and police training institution.

UNAIDS has also assisted Moldova in developing an HIV and other sexually transmitted infections prevention education system in the armed forces. Under the project 120 military education specialists will be trained between 2002 and 2004, with the aim of targeting 12 000 service men and woman annually. Similarly, in Russia a project supporting the national response to the epidemic has been initiated to increase awareness among armed forces members. Finally, in Uzbekistan UNAIDS is assisting the Ministry of Defence in conducting training of trainers to increase awareness among the members of the armed forces.

## Strengthening strategic information in Eastern Europe and Central Asia

UNAIDS work in strategic information pursued three tracks in 2003. In the first instance, priority was placed on producing specific pieces of strategic information that could facilitate the implementation of major projects. For example, in 2003 UNAIDS and the United Nations Population Fund conducted a feasibility study of condom marketing in Ukraine. The findings will inform the design of Global Fund-supported activities.

Secondly, priority was given to building strategic planning capacity at subnational levels. UNAIDS supported the development of district and municipal strategic plans in Armenia, Bulgaria, Georgia and Romania. In Bucharest, for instance, UNAIDS supported the municipal government's rapid assessment and subsequent design of an action plan in response to evidence of mounting HIV prevalence among injecting drug users. Thirdly, in response to the need for documented best practices in HIV and other sexually transmitted infections prevention among sex workers, UNAIDS collected data on best practices in Poland, Ukraine, Hungary, Russia and Kyrgyzstan.

## Building monitoring and evaluation capacities in Eastern Europe and Central Asia

In 2003 many countries entered a new cycle of national strategic planning. While earlier plans reflected substantial planning capacity on the part of governments (capacity developed with the support of UNAIDS), monitoring and evaluation components remained weak and governments turned to UNAIDS for assistance. In Romania, for example, UNAIDS helped to develop a set of indicators to strengthen monitoring and evaluation under the new national AIDS strategy for 2004–2007, and thus improve implementation.

UNAIDS also promoted the need for single, harmonized monitoring and evaluation systems, using regional platforms as a means to reach many countries efficiently. UNAIDS joined the World Bank, Global Fund and other bilateral partners to organize a technical consultation for officials from 10 Commonwealth of Independent States member states to discuss key elements for single, comprehensive national monitoring and evaluation systems. Earlier in the year, UNAIDS also responded to the request of the Government of Ukraine to help with the design of such a system by providing technical and financial resources as well as coordinating efforts of all key stakeholders.

Building national capacity to use the UNAIDS Country Response Information System was another key area of UNAIDS' monitoring and evaluation-related work. To that end UNAIDS organized start-up training in the Country Response Information System for the relevant government officials and national professionals from Tajikistan, Kyrgyzstan, Russia, Moldova and Ukraine. In follow-up to this training, UNAIDS allocated complementary funding (from the US Centers for Disease Control and Prevention) to these countries to support the introduction of the Country Response Information System and improve existing national monitoring and evaluation systems.

## Accessing financial and technical resources in Eastern Europe and Central Asia

The largest part of external resources to fight the AIDS epidemic comes from the Global Fund and the World Bank, with the latter consisting mostly of loans. Still reluctant to borrow for AIDS programmes, most of the governments preferred to submit proposals for Global Fund grants. In 2003, UNAIDS supported third-round proposal preparation by the Country Coordinating Mechanisms in Belarus, Uzbekistan, Russia and Macedonia. Three proposals were submitted and eventually recommended for funding, which brought an additional US\$ 48.2 million for the next five years (in addition to US\$ 305 million already mobilized in previous rounds – with support of UNAIDS and other partners – by 13 other countries in the region).

As the number of countries with Global Fund projects swelled to 16 at the end of 2003, the focus of UNAIDS is now shifting towards brokering technical support for capacity building to ensure effective implementation. UNAIDS began this shift in 2003 by facilitating the provision of technical help from its Cosponsors. For instance, UNAIDS co-funded and facilitated a World Health Organization technical consultation of key stakeholders from the Central Asia Republics to review and adapt AIDS treatment and care protocols to local needs. A similar exercise was completed for Ukraine, and their intention was to harmonize treatment components of Global Fund-financed projects with the “3 by 5” Initiative of the World Health Organization and UNAIDS. Additionally, UNAIDS facilitated two high-level consultations of the Commonwealth of Independent States countries to develop a sub-regional strategy on antiretroviral price reduction negotiations. Apart from that, UNAIDS joined forces with the World Bank and other Cosponsors to design a web-based European Directory of Technical and Managerial Resources (<http://cee-trd.unaids.org>). It is intended to assist AIDS programme managers gain access to skilled resource persons and institutions when applying for funding, designing, implementing and evaluating medium and large-scale programmes.



## Section 3. Achievements in Regions and Countries

### Latin America and the Caribbean



UNAIDS/ C. Sattlberger

Malacatan, Guatemala

## Latin America and the Caribbean

The Latin America and Caribbean region has an uneven spread of resources and opportunities. Some countries have strong institutions, well organized civil society groups, academic centres of excellence and a solid health infrastructure, while others count among the most impoverished countries in the world. This diversity helps explain the disparity in the region's responses to AIDS. For example, Brazil has successfully integrated comprehensive care and renewed its commitment to prevention. As a result, new infections have been kept much lower than forecast. Cuba has been able to keep prevalence in young people to less than 0.1%. But in other Caribbean countries AIDS has become the leading cause of death.

In most countries, AIDS is concentrated in vulnerable and socially marginalized populations, but with an increasing presence in the general population, especially in the Caribbean, the second worst-affected region in the world after sub-Saharan Africa. In Central America, mobile and other vulnerable populations are at highest risk of infection. In Brazil and Southern Cone countries, prevalence among injecting drug users and men who have sex with men varies between 5% and 20%.

Stigma and discrimination against people living with HIV is a serious impediment to effective prevention and care-delivery programmes throughout the region, especially those that target key populations such as men who have sex with men and people living with HIV. In Latin America, inaction on stigma by some religious institutions, coupled with religious opposition to condom distribution, life-skills training for youth and other prevention strategies present further challenges. To help governments address these issues, UNAIDS systematically includes faith-based organizations in its advocacy efforts and in regional events. In the Caribbean, an "Action Plan on Law, Ethics and Human Rights" has been prepared in 2003 under the aegis of the Pan Caribbean Partnership on HIV/AIDS. Stigma and discrimination is also high on the agenda of the UN Secretary-General's Special Envoy for the Caribbean, Sir George Alleyne. A meeting on financing care co-organized by UNAIDS at the 2<sup>nd</sup> Forum on HIV and AIDS/Sexually Transmitted Infections of Latin America and the Caribbean (Foro 2003) in Cuba helped to increase understanding about the level of care that can be achieved for people living with HIV in Latin America and the Caribbean. Regional assessments make clear the need for developing stronger systems and human resources to make equitable access to care and treatment a reality.

The UNAIDS Secretariat, with its nine offices in Latin America and the Caribbean, four of which have a multi-country responsibility (Argentina for the Southern Cone, Guatemala and Honduras for Central America and Trinidad and Tobago for part of the Caribbean), focused its 2003 efforts on empowering leadership, strategic planning and information sharing, partnership building with civil society and promotion of the greater involvement of people living with HIV, and mobilizing of resources.

A positive development is that external spending on the epidemic in the Caribbean and Central America has more than quadrupled since 2000–2001, largely as a result of increased funding from the Global Fund and the World Bank, and UNAIDS has been closely associated with mobilizing those resources. Some national governments have also increased their own budgets for prevention and care programmes. Looking ahead to 2004 and beyond, it has become increasingly apparent that the region has a new and real opportunity to scale up country responses to AIDS. This scaling up will involve major challenges – such as strengthening leadership for better governance and management of resources, strengthening weaknesses in monitoring and evaluation systems, facilitating the availability of strategic information, and ensuring efficient cooperation between different partners. UNAIDS has a major role to play in assisting the region to face up to those challenges.

### Empowering leadership in Latin America and the Caribbean

How well countries govern, manage and coordinate their national responses determines the success against the epidemic. Accordingly, in 2003 UNAIDS support for leadership action in the region focused on: strengthening national AIDS authorities and supporting their capacity to plan and implement a scaled-up multisectoral response; promoting leadership action at all levels, and; furthering the coordination of UN-system support to national efforts. Many of the 35 countries of the region have established national multisectoral AIDS authorities, and all are engaged in national strategic planning and implementation. Twenty-seven UN Theme Groups on HIV/AIDS – of which two have a multi-country function (Trinidad and Tobago, and Barbados) – coordinate UN joint support to national responses. These efforts will continue into 2004 and be assessed at the end of the year.

## UNAIDS Country Focus

### Keeping an Eye on the Ball in Haiti: Maintaining Momentum on AIDS in the Midst of Crisis

The political crisis in Haiti which unfolded over the course of 2003 and 2004 presented UNAIDS with a particular challenge: how to avoid losing momentum on AIDS in the face of a situation that overwhelmed everyone's attention and left a governmental void. UNAIDS worked hard as the crisis unfolded, during its worst moments, and throughout the nascent recovery period, to preserve AIDS achievements and even exploit new opportunities.

As the situation worsened, UNAIDS heightened its efforts to maintain communications in a turbulent situation. The UNAIDS Country Coordinator built relations with the arriving humanitarian actors such as the Office for the Coordination of Humanitarian Affairs and representatives of the UN Commission on Human Rights and participated fully in UN Country Team and Security Management Meetings. Building political contacts within the UN, for example with the UN Special Adviser of the Secretary-General on Haiti, was equally crucial for UNAIDS visibility and to keep AIDS issues in the agenda. Channels with government, as best as possible, were kept open. And perhaps most importantly, UNAIDS intensified contacts with civil society, who provided a critical source of continuity and support throughout, keeping the focus of all concerned on the fact that AIDS doesn't go away even during a political maelstrom.

Some key achievements of UNAIDS during the crisis include: integration of AIDS into emergency "flash appeal" and humanitarian programming documents; participation in humanitarian mission to Cap-Haitien; facilitation of AIDS-related nongovernmental organization involvement in the humanitarian sector; and, perhaps most impressively, the temporary presiding of the Global Fund's Country Coordinating Mechanism in the midst of the crisis to ensure submission of a fourth-round proposal in early April.

Some key lessons emerged. First, a continuing presence and an open office in the midst of crisis demonstrate forcefully the fact that AIDS doesn't wait for political crises to pass. This requires ensuring that UNAIDS staff are seen as "essential". Second, humanitarian assessments and programmes provide new opportunities for AIDS work. Third, in the immediate post-crisis period, numerous priorities compete for the attention of donors and other stakeholders, and it is precisely at this time that advocacy efforts and high-level political interventions must be undertaken. Having continued work in country and deepened relations with key partners, in particular civil society, throughout the crisis has positioned UNAIDS well for this post-crisis period.

There are some differences in the responses between Latin America and the Caribbean. For example, civil society organizations working on AIDS are stronger in Latin America than the Caribbean. However, the Pan Caribbean Partnership on HIV/AIDS was just three years old in 2003, and the organization has consolidated its structure and now works for the acceleration of the Caribbean response to AIDS. The Pan Caribbean Partnership on HIV/AIDS obtained financial resources from the Global Fund and a World Bank grant to support priority actions identified in the Caribbean Regional Strategic Framework for HIV and AIDS. UNAIDS has continued to provide operational support to the Pan Caribbean Partnership on HIV/AIDS and its coordinating unit and to facilitate international visibility.

In the Southern Cone, UNAIDS' advocacy efforts contributed to the recent political engagement of top leaders, such as the participation in World AIDS Day 2003 by the President of Argentina and the involvement of parliamentarians in Uruguay and Paraguay. Programme Acceleration Funds were used in Argentina to assist the government's expansion of HIV prevention in prisons. In Brazil, UNAIDS works in close collaboration with the National AIDS Programme to maintain AIDS as a political priority.

UNAIDS also works to increase political leadership at subnational levels. In Brazil, UNAIDS and the United Nations Institute for Training and Research teamed up to strengthen capacities in 14 municipalities and link them into a local responses e-workspace. Also, 5561 mayors throughout Brazil were mobilized for the second year to display red ribbons on monuments in their municipality on World AIDS Day. Measures against the epidemic are also being integrated into the decentralization process of the Brazilian unified health system and is included in the poverty-reduction agenda.

UN leadership, coordination and accountability is promoted by UNAIDS on several levels. In June, 2003, the Regional Directors of UNAIDS Cosponsors made a joint appeal to help countries scale up their multisectoral response to meet the targets set by the 2001 UN General Assembly Special Session on HIV/AIDS. AIDS programmes have been incorporated into the UN agenda in all countries covered by UNAIDS Country Coordinators. In countries developing Common Country Assessments and/or UN Development Assessment Frameworks (Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Venezuela), the country coordinators have involved themselves to ensure AIDS is given adequate coverage. UN Theme Groups are shifting from UN Integrated Workplans to the UN Implementation Support Plans). Theme Groups in the Dominican Republic, Honduras and Jamaica have finalized their first United Nations Implementation Support Plans on HIV and AIDS and 11 others (Argentina, Chile, Guatemala, Haiti, Nicaragua, Uruguay, Paraguay, Guyana, Trinidad and Tobago, Barbados and Eastern Caribbean countries) should have completed this work by the end of 2004.

However there still remain several challenges on the issue of integrated Workplans and United Nations Implementation Support Plans on HIV and AIDS. So far, few UN Country Teams in the Caribbean really implement these workplans due to capacity and funding constraints. There is little funding other than from Programme Acceleration Funds. On the human rights front, UNAIDS supported the lead taken by the National Human Rights Commission in Honduras to organize a conference and design a strategic plan for the epidemic.

## Mobilizing partners in Latin America and the Caribbean

Civil society organizations are strong partners in the response to AIDS. They play a major mobilizing role, ranging from advocacy and awareness-raising to implementation of care and support. UNAIDS continued to support and strengthen regional and national nongovernmental organization networks, including networks of people living with HIV. Private-sector involvement is still limited, although advances have been made through workplace initiatives and partnership menus.

An important prerequisite for mobilizing partners is to create opportunities for social dialogue that provide civil society opportunities to influence government policy. UNAIDS supported the establishment or continued functioning of national partnership forums in Argentina, Paraguay, Uruguay, Chile, Dominican Republic, Guyana, Haiti, Honduras and Colombia. In Honduras, UNAIDS has supported efforts to expand from the capital, by helping the partnership forum establish regional chapters.

### UNAIDS Country Focus

#### Activating the UN Response to AIDS in the Southern Cone

Latin America's Southern Cone (Argentina, Chile, Uruguay and Paraguay) is characterized as a low-prevalence zone for HIV and receives little attention from external donors. Much of the subregion is currently suffering from an economic crisis. In 2003, the UNAIDS Country Coordinator in Argentina launched a process to review the status of the UN response in the area as a means to ensure that AIDS does not become lost on the policy agenda of countries. To achieve this, UNAIDS developed detailed questionnaires and distributed them to stakeholders – including the UN family, government and civil society – to identify gaps in national responses.

The results were used as an organizing tool for subsequent consensus-building seminars, and to expand UNAIDS networks and circles of influence. Outcomes included the definition of 10 priorities for action in each country and agreement on supporting roles the UN can play, as articulated in UN Implementation Support Plans. The process highlighted the value of a national strategic plan as a basis for discussion, consensus within UN Theme Groups, and the critical involvement of civil society and organizations of people living with HIV.

The unique and added value that comes from including people living with HIV in the formulation of AIDS responses has been highlighted by several UNAIDS-supported initiatives in the region. In the Southern Cone, the UNAIDS office has been actively promoting Greater Involvement of People Living with HIV and AIDS principles and systematically ensuring the participation of nongovernmental organizations, community-based organizations and people living with HIV in all coordinating mechanisms. As a result, HIV-positive networks are now fully involved in strategic activities in all four countries. In Argentina, where a large

national nongovernmental organization forum brings together more than 100 organizations and actively guides all aspects of the national response, the UNAIDS office has also established a directory of nongovernmental organizations participating in the national response and posted it on the UNAIDS sub-regional website ([www.onusida.org.ar](http://www.onusida.org.ar)).

In Trinidad and Tobago, UNAIDS and United Nations Volunteers jointly provided support to the “Life Histories Project”, which produced a book, video and a photo exhibition recording testimonies of people living with HIV. The project was done in collaboration with the Community Action Resource Network of people living with or affected by HIV and AIDS, and sponsored by BHP Billiton and the Embassy of the Netherlands. The UNAIDS office in Haiti, in collaboration with United Nations Children’s Fund, is providing support for the preparation of a law that will protect people living with HIV. In Honduras, UNAIDS, the World Food Programme, Care, and the University of Illinois, are helping people living with HIV in difficult economic situations to improve their adherence and compliance with antiretroviral treatment regimens. The project provides monthly food parcels, psychosocial support, hygiene and safe water. About 600 families currently receive assistance, with another 100 on the waiting list.

Other UNAIDS actions in the region target youths who are an important component of prevention efforts, both because they face high infection risks and because they represent the future of their countries. In the Dominican Republic, the UNAIDS office, in collaboration with United Nations Population Fund and German Agency for Technical Cooperation (GTZ), is strengthening the Caribbean HIV and AIDS Youth Network. In addition, the UNAIDS offices in Dominican Republic and Haiti jointly provided technical and financial support to a November 2003 youth rally to fight stigma and discrimination. Led by two nongovernmental organizations – Volontariat pour le Développement d’Haïti in Haiti and Coordinadora de Animación Socio-Cultural, in the Dominican Republic – with financial support of the United Nations Development Programme, the United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization and the United Nations Children’s Fund, the event attracted 8000 young people to a town on the border of the two countries.

In Nicaragua, UNAIDS organized activities in eight municipalities for a day-long campaign called “Adolescents and Youth for Life” and supported training courses on prevention in four universities, supported the publication of a booklet on AIDS for young people, and mobilized social support through the involvement of local governments, networks of young people and nongovernmental organizations working on prevention. In August 2003 the UNAIDS Caribbean Intercountry Team supported the Trinidad and Tobago Youth Council, the Ministry of Sport and Youth Affairs, the Ministry of Health and the Ministry of Education in carrying out International Youth Day activities dedicated to preventing HIV. The activities included a UNAIDS-sponsored Black Entertainment Television “Rap-It-Up” Education Campaign and a Youth Expo at which 87 young people volunteered for HIV counselling and testing.

A general lack of private-sector involvement in the regional response has been addressed by UNAIDS and the Volunteer Youth Corps in Guyana, where the Guyana Sugar Corporation established a comprehensive workplace policy developed with technical guidance from the International Labour Organization. UNAIDS has also encouraged the development of a strategic plan for the entire sugar industry. Volunteer Youth Corps now implements an industry-wide workers’ AIDS-education programme, and together with the United Nations Development Programme conducts sessions for peer educators and leadership training for managers.

## **Strengthening strategic information in Latin America and the Caribbean**

Strengthening the use of strategic information in the region requires UNAIDS support for: data collection in order to inform national, regional and Intercountry strategies; systematic reviews of local responses to identify gaps in policy and programme areas, and; the development and strengthening of in-country capacity to identify, document, disseminate and apply best practices.

The power of information is illustrated by a UNAIDS-funded analysis of financial flows for AIDS-related activities undertaken by the regional HIV and AIDS initiative for Latin America and the Caribbean in 20 countries of the region which found that programmes targeting high-risk groups (men who have sex with men, injecting drug users, sex workers and mobile populations) are severely under-funded. This data is now key for public policy debate. A national accounts study was also undertaken in Colombia.

A number of other efforts are looking at issues related to stigma, discrimination and populations at risk. One analysis, carried out by a consortium of unions and AIDS nongovernmental organizations, focuses on circumstances that contribute to the exclusion of HIV-positive individuals from the workplace and other discrimination related to AIDS in several Central



American countries, the Dominican Republic and Haiti. In Guatemala, UNAIDS is supporting the implementation of a multi-partner Central American study on men who have sex with men and commercial sex workers. The initiative, designed to influence policy-makers, will be documented in an upcoming UNAIDS Best Practice publication.

Dissemination of strategic information is as critical as its collection, and horizontal sharing is a key factor. In Guyana, for example, the country's revised structure for institutional management of AIDS benefited from the experiences in Barbados, Trinidad and Tobago, Jamaica, Botswana and Uganda. UNAIDS reaches out to the media to help reach larger audiences. The UNAIDS Caribbean Intercountry Team forged a partnership with the Media Association of Trinidad and Tobago for a special campaign on stigma and discrimination via electronic mail systems. The Haiti UNAIDS office and the "Centre de Communication sur le SIDA" jointly and systematically draw media attention to AIDS issues.

Epidemiological data is a classic category of strategic information for UNAIDS. In Colombia, UNAIDS provided technical and facilitation support for the design of the country's sixth sentinel study, the planning for a second generation surveillance system and a survey on HIV and AIDS services coverage.

Capacity-building for organizations of people living with HIV is as critical in the area of strategic information management as in other areas. Programme Acceleration Funds support the development of information systems for people living with HIV in Jamaica, the Dominican Republic, and Trinidad and Tobago. The work includes information technology training for in-country staff, database development for member organizations, and support to a greater involvement of people living with HIV and AIDS website in the Caribbean.

In Venezuela, one of the major achievements of the UNAIDS office in 2003 was its support to the development of the *National Report for the HIV and AIDS Millennium Development Goal*. Updating of epidemiological data for the country was one of many positive results that came out of this exercise, as was the inclusion of the armed forces, the National Institute of Health, academia and the private sector as data sources. The UNAIDS office there also supported the first Council of Universities dedicated to fighting AIDS. The universities involved are the oldest and most respected academic institutions in the country. The Council is to promote research on biomedicine, social and cultural issues and human rights to inform public policies on HIV and AIDS.

## Building monitoring and evaluation capacities in Latin America and the Caribbean

There is a tremendous need for capacity building in the areas of monitoring and evaluation. In 2003, three monitoring and evaluation and Country Response Information System training sessions were organized for technicians from 19 Caribbean and Latin American countries. Five countries have so far begun using the Country Response Information System software (Argentina, Chile, Dominican Republic, Paraguay and Uruguay), and others are expected to start soon. A number of Programme Acceleration Fund activities focus on national monitoring and evaluation capacity building.

At the regional level, the Caribbean Intercountry Team played a key role in the establishment of an monitoring and evaluation Task Force to work with a variety of national, regional and international organizations. The UN Secretary-General's Special Envoy for the Caribbean acted as a catalyst in bringing the organizations together and in moving the agenda forward.

Country-level efforts were led by Haiti, where UNAIDS designed a database of interventions and funding which will soon be transferred to the National AIDS Programme, and Guatemala, where a monitoring and evaluation system was established in 2003 in time for the formulation of the country's next strategic plan. The system's creation was led by a monitoring and evaluation advisory group comprised of representatives of the government, civil society, UNAIDS and other international agencies. The UN Theme Group on HIV/AIDS and the UNAIDS office in Honduras have provided financial and technical support for the establishment of a monitoring and evaluation unit within the Ministry of Health and have helped to put in place a joint participatory review process.

UNAIDS is also supporting participatory reviews of progress at country level. In Honduras, technical and financial support was provided for the national strategic planning process, implementation and regular review. In Costa Rica, UNAIDS and the National AIDS Council (CONASIDA) held a three-day workshop for the review of the National Strategic Plan and the UNAIDS/CONASIDA joint plan for 2003. In Colombia, UNAIDS assisted an intersectoral working group that reviewed the progress under the National Strategic Plan for 2000–2003 and found a markedly low implementation rate. The working group designed a new plan for 2004–2007 and was successful in re-establishing AIDS as a priority within the public agenda.



## Accessing financial and technical resources in Latin America and the Caribbean

A trends analysis on external support for Central America and the Caribbean reveal a fourfold increase in external resources for AIDS programmes since the beginning of 2001. Despite this effort, a doubling of financial resources is still required for the two sub-regions, according to conservative estimates of actual needs. Important new resources were channelled to the region in 2003: 20 Global Fund proposals were approved in the first three rounds for a combined grant amount of US\$ 456 million over five years, and 13 countries benefit from ongoing or newly approved World Bank loan or grant agreements for AIDS prevention and control programmes. The UNAIDS Secretariat invested heavily in helping national authorities prepare and submit 19 of the successful Global Fund proposals. One of the main challenges now is to move to effective implementation. Most countries need essential technical and managerial support for monitoring and evaluation, resource tracking and policy support.

In Central America, a subregion which the UNAIDS' Programme Coordinating Board highlighted as requiring increased support, UNAIDS facilitated three meetings of bilateral and multilateral donors in 2003. A mapping of AIDS programmes supported by the international community as well as a resource flow estimate has been prepared by UNAIDS and was shared at the 2<sup>nd</sup> Central American Congress on HIV/AIDS (CONCASIDA) held in Guatemala City in November 2003.

Increased technical capacity is required for the implementation of scaled-up programmes. In terms of human resources, a full range of professional skills and expertise is available in Latin America, which has a long tradition of technical cooperation among countries. In 2003, UNAIDS reinforced its strategic alliances with Latin American technical networks in order to promote horizontal technical cooperation and capacity-building and thereby help the region to be less dependent on external support. UNAIDS also nurtured partnerships with Inter-country technical networks and initiatives such as The Regional AIDS Initiative for Latin America and the Caribbean (for capacity building on national accounts, resource flows and measuring socioeconomic impact), the Latin American Network on Strategic Planning and AIDS (REDPES) and the Horizontal Technical Cooperation Group.

In Guyana, the UNAIDS office, as a member of a planning working group, provided technical support to the development of various projects by donors, including a project on the prevention of mother-to-child transmission of HIV that has been earmarked for US\$ 1 million from the US President's Emergency Plan for AIDS Relief (out of a total US\$ 10 million support plan for Guyana over five years).

Advances have also been made on the procurement of AIDS drugs, which are now available in a number of countries at a considerably reduced cost. In addition to 15 Caribbean Community (CARICOM) and three Central American countries (Honduras, El Salvador and Panama) that successfully concluded antiretroviral price negotiations in 2002 under the UNAIDS-led Access Initiative, 10 Latin American countries have also successfully reached substantive price reductions with the help of the World Health Organization and Pan American Health Organization in 2003 (Argentina, Chile, Bolivia, Colombia, Ecuador, Mexico, Paraguay, Peru, Uruguay and Venezuela).

In 2003, the UNAIDS office in Haiti provided technical support to the William J. Clinton Presidential Foundation for the preparation of a comprehensive AIDS and Treatment Plan for Haiti. The UNAIDS Secretariat also facilitated national access to resources from the Japanese Embassy, US Centers for Disease Control, United Nations Population Fund and the World AIDS Foundation.

Twenty-five countries in the region received core UNAIDS Programme Acceleration Funds totalling US\$ 2.7 million for catalytic projects executed by UNAIDS cosponsors during the 2002–2003 biennium. Of the projects 53% address sensitive and/or neglected issues; 27% address multisectoral and multilevel strategic planning and coordination; 14% address partnership development and resource mobilization; and 6% address development of monitoring and evaluation/Country Response Information System and/or UN joint planning.

## **Section 3.** **Achievements in Regions and Countries**

### **Middle East and North Africa**



UNAIDS/G. Pirozzi

*HIV test, Ministry of Health, Amman, Jordan*

## Middle East and North Africa

Despite increased prevention and care efforts in the 21 countries that make up the Middle East and North Africa region<sup>4</sup> over recent years, a self-perpetuating cycle of limited information, low awareness and lack of urgency, has yet to be broken. Adult HIV prevalence in the region is dramatically lower than in sub-Saharan Africa (0.2–0.4%, compared to 7.5–8.5%), but there are fears of a considerable rise in the number of infections in the coming years. Inadequate surveillance may be hiding outbreaks in specific populations. In Iran and Libya, for example, there is evidence of increasing HIV infection among injecting drug users and their sexual partners. In all countries interrelated factors such as mobility, consequences of conflict, socioeconomic disparities, and changing behaviour among younger generations, are increasingly recognized as increasing vulnerability and risk to AIDS. The highest prevalence in the region is found in Djibouti and Sudan, at 2.9% and 1.6% respectively.

Faced with the challenge of how to accelerate an AIDS response across this varied context, in 2003 UNAIDS focused on supporting countries in their efforts to develop a strategic framework for action and coordination across all sectors, building partnerships at regional, national and community levels, and mobilizing advocacy, financial and technical resources. These have been shown by global experience to be essential “building blocks”. Details and examples are provided below.

For 2004 and the rest of the biennium, the critical challenges to progress concern competing political realities and the continued “invisibility” of the epidemic in the region. Accordingly, UNAIDS will support efforts in the region focusing on the expansion of actions at national level, using these “building blocks” as a base. Priorities include:

- improving data collection and analysis from the region, especially of vulnerable groups;
- building capacity of partners, government and civil society; and
- engaging in regional initiatives as a way to accelerate national responses and address needs of specific populations (for the Horn of Africa, countries bordering the Sahara and countries in western Asia).

To date very few countries in the region have support groups or associations of people living with HIV. Voluntary counselling and testing services are rarely available and stigma and discrimination result in the isolation and lack of support for infected people. UNAIDS will continue to prioritize support for people living with HIV, and to build on the experiences of those countries where notable progress has been made in breaking down denial and discrimination. Countries themselves have limited experience of reaching out to vulnerable groups, and it is unlikely many will succeed without substantial UNAIDS assistance. Consequently, UNAIDS is committed to focusing on a number of selected priorities, including programmes aimed at sex workers, the uniformed services and displaced or mobile populations, and will use facilitate the adoption of established methodologies and assist with programme implementation.

In countries that do have AIDS programmes, these have hitherto largely been confined to the health sector. In 2004 and beyond, UNAIDS will work in collaboration with UN partners to focus on building capacity in key sectors and encouraging coordination through formulation of National Strategic Frameworks. UNAIDS will also to encourage changes to legislation and policies to ensure that the human rights of infected people are upheld, especially where there are large populations of migrant labourers, refugees or displaced people. A specific initiative is now under development focusing on identification and reinforcement of potentially effective best practices in the region and promoting exchange of technical information between countries.

Above all, the continued lack of information on the determinants, scale and impact of the epidemic on the region, substantially undermines and hinders any possible effective response. It is imperative that adequate strategic surveillance systems are put in place and that sociobehavioural data is collected and analyzed, and UNAIDS will offer technical assistance to ensure that this is urgently addressed.

<sup>4</sup> Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE, and Yemen.

## Empowering leadership in the Middle East and North Africa

During a year of increasing political instability in the region, mobilizing high-level leadership on AIDS remained a daunting challenge. Competing sociopolitical concerns, the invisibility of the epidemic and its impact in many countries, as well as the inaccessibility or non-existence of data, continue to make high-level political commitment the exception, rather than the rule. High-level public statements on the epidemic were made, however, by heads of government in Algeria, Iran, and Sudan in 2003. On the occasion of World AIDS Day, the presidents of Algeria and Sudan called for the widening involvement of public sectors and civil society, and an end to the exclusion of people living with HIV. Slowly, increased engagement on the part of ministers and other officials is growing in other countries as well. The region is a leader, for example, in the area of treatment, with antiretroviral drugs being provided in Algeria, Lebanon, Jordan, Morocco, Oman, Syria, Tunisia, and most of the Gulf countries.

UNAIDS supports the national strategic planning process as a basic tool of multisectoral mobilization, and specifically supported situation assessments in Algeria, Egypt, Lebanon, Libya, Morocco, Somalia, Sudan, Syria, and Tunisia. Sectors, such as education, labour, interior, youth, religious and social affairs, military, and drug control in these countries are increasingly recognized as legitimate partners in the AIDS response.

### UNAIDS Country Focus

#### Expanding the Response Beyond the Health Sector in Sudan

Sudan faces a challenging situation. The war-ravaged country has low prevalence by sub-Saharan African standards (1.6%), but high prevalence for North Africa. The peace process – welcome as it is – is bringing with it a significant increase in population movement and mobility, and all actors are narrowly looking to the health sector for “the answer” to AIDS, even though society-wide change is needed. In response, the UN Theme Group on HIV/AIDS mobilized Programme Acceleration Funds to reach out beyond the health sector to engage critical groups. The first targets were the military, the police and the education system. Advocacy was undertaken to obtain ownership from the highest levels. Efforts quickly revealed, however, the need for the health sector to take the lead in coordinating a multisectoral response, as well as the value of investing in media to ensure they articulate clearly the necessity of a broad social response. Finally, for a sustainable multisectoral response, the involvement of the Ministry of Finance was determined to be essential. After more than a year’s worth of efforts – the National Strategic Framework was finalized in 2003 – the Ministry of Finance agreed to provide strict guidance to non-health ministries that plans for HIV interventions in their sectors must be included in the submission of annual budget requests.

The UNAIDS Secretariat in the region – led largely by the Intercountry Team in Cairo as there is currently minimal country-level presence – also fostered increased leadership on the part of the UN. Nearly all Cosponsors have elaborated regional support plans in their areas of work through the UNAIDS Unified Budget and Workplan mechanism, a mobilization of over US\$ 6 million dollars over the biennium. At country level, the number of Theme Groups grew to 16, out of 21 countries in the region, including their establishment in Libya, the Palestinian Territories and Saudi Arabia. Leadership of many Theme Groups was rotated to engage a wider representation of UN agencies, many were expanded to include new stakeholders, and their functioning evolved from simple information-sharing to joint support to national partners. For 2004, UNAIDS will build on these positive developments to foster the creation and use of Implementation Support Plans.

#### Mobilizing partners in the Middle East and North Africa

National responses are most successful when they benefit from leadership from beyond governments, and the Middle East and North Africa region is no exception. Using the Global Fund processes as an entry point, UNAIDS has encouraged the participation of civil society. The real breakthrough in leadership in the Middle East and North Africa will come from those in direct contact with local communities: youth and the so-called “Arab street”, including celebrities in media and the arts, religious figures, nongovernmental organizations and most crucially, people living with or affected by HIV and AIDS.

Increasing the involvement of civil society in the region presents a major challenge. A solid foundation for further work really only exists in Morocco, where several organizations have worked alongside the Ministry of Health for several years, and in Lebanon, where there is a strong tradition of community-based organizations. In response to this pervasive weakness, UNAIDS has worked with UN agencies over the last few years to try and stimulate increased engagement with Cosponsors to

encourage their traditional partners to become involved in the AIDS fight. The United Nations Development Fund for Women has helped to enlarge national responses beyond a health focus, for example. The United Nations Development Programme and UNAIDS have supported the establishment of the Regional Arab Network Against AIDS. Subsequently, in 2003, national networks have been created in Algeria, Djibouti, Egypt, Lebanon and Tunisia.

Despite relatively high levels of stigma and discrimination associated with AIDS across the region, support groups and associations of people living with and affected by HIV and AIDS are slowly emerging. UNAIDS, the United Nations Children's Fund and the United Nations Development Programme have provided capacity-building support to such groups in Algeria, Djibouti, Egypt and Sudan.

Finally, although there have been some attempts to engage the private sector in the AIDS response, the involvement of the region's business community and labour unions is limited.

### UNAIDS Country Focus

#### Strengthening the Role of Civil Society in Egypt

In 2003, UNAIDS responded to an assessment of AIDS awareness and programmes in Egypt by assisting with the creation of the Egyptian nongovernmental organization Network Against AIDS (ENNAA). The assessment found that there was a major gap in civil society responses to HIV and AIDS. Nongovernmental organizations are in a unique position to reach and work with vulnerable groups in the community because they can react in a way the government cannot, as the authorities are constrained by the illegal nature of some of the risky behaviours, such as drug usage. As a result, UNAIDS supported the coming together of a number of nongovernmental organizations already working with such vulnerable groups, giving support to people living with HIV, and working with young people to raise awareness about AIDS, to form ENNAA. The priority of the Network is to build capacity and coordinate experiences of dealing with AIDS issues amongst the nongovernmental organizations. UNAIDS has drawn up a plan of action for the network's infrastructure, promotion, and learning by exchanging experiences and training.

Although Egypt enjoys low prevalence rates, the formation of the nongovernmental organization Network has come at an opportune time, with Egyptian political leaders and the media are taking an increasing interest in HIV and AIDS. The National Strategic Plan is currently being formulated, so civil society will now be able to have an input, with capacity-building assistance from UNAIDS.

#### Strengthening strategic information in the Middle East and North Africa

Lack of information on trends and patterns presents another serious obstacle. Inadequate surveillance systems and few sociobehavioural research projects, coupled with very limited testing services, impede understanding of the full extent of HIV infection and its impact. This, in addition to other barriers, potentially leads to overlooking epidemics among vulnerable groups such as sex workers, injecting drug users and men who have sex with men.

In late 2003, UNAIDS began an initiative to generate, consolidate and utilize strategic information produced in the region. This initiative aims to build technical competence through the documentation and exchange of effective experiences, as well as linking countries in joint work in specific thematic issues, such as vulnerability in prison settings, uniformed services and sex work. It will build on situation assessments of risk and vulnerability done in particular countries, and provide examples of effective HIV interventions from the region.

The UNAIDS Secretariat is also working with its Cosponsors to break the silence on AIDS through collection of improved data. In Egypt, The United Nations Office on Drugs and Crime conducted a survey on injecting drug users and HIV-related risks in the region, providing data where there was practically none before. The United Nations Office on Drugs and Crime supported another in-depth analysis, this time in Libya, focused on risk practices and the potential for HIV transmission among injecting drug users. In Tunisia, the United Nations Children's Fund, the World Health Organization and the UNAIDS Secretariat supported a comprehensive external evaluation of the HIV surveillance system. Based on the recommendations, the Ministry of Health is in the process of developing a second-generation surveillance system that focuses on young people and risk groups such as injecting drug users, men who have sex with men, sex workers and their clients.



## Building monitoring and evaluation capacities in the Middle East and North Africa

Over the last year, countries have recognized the urgent need to establish a common monitoring and evaluation system, a development which has been reflected by the integration of monitoring and evaluation into national strategic frameworks and proposals to the Global Fund. To support capacity building in this area, UNAIDS supported regional training covering the development of monitoring and evaluation systems, and the utilization of the Country Response Information System, in Algeria, Djibouti, Morocco and Tunisia.

UNAIDS systematic support for situation assessments across the region will also help with the establishment of monitoring and evaluation systems by providing baseline data on social and cultural behaviours as well as the legal and programmatic environment. For example, UNAIDS conducted the *Assessment of the HIV/AIDS Situation and Response in Egypt*, which mapped the national AIDS response for the first time and presented data on the social and legal context of the epidemic. Capacity building and the inclusion monitoring and evaluation frameworks in national strategic plans remain the monitoring and evaluation priorities in the region. To reinforce its own capacity to help in this area, UNAIDS will recruit monitoring and evaluation advisers in Morocco and Sudan and reinforce the Inter-country Team capacities.

## Accessing financial and technical resources in the Middle East and North Africa

Competing social and political priorities and the generally low prevalence of HIV has resulted in limited national and international resources allocated to fight AIDS in the region. Public resources are mostly channelled through the Ministry of Health. Public funds have been allocated, however, to provide treatment, including antiretroviral drugs, in many nations in the region.

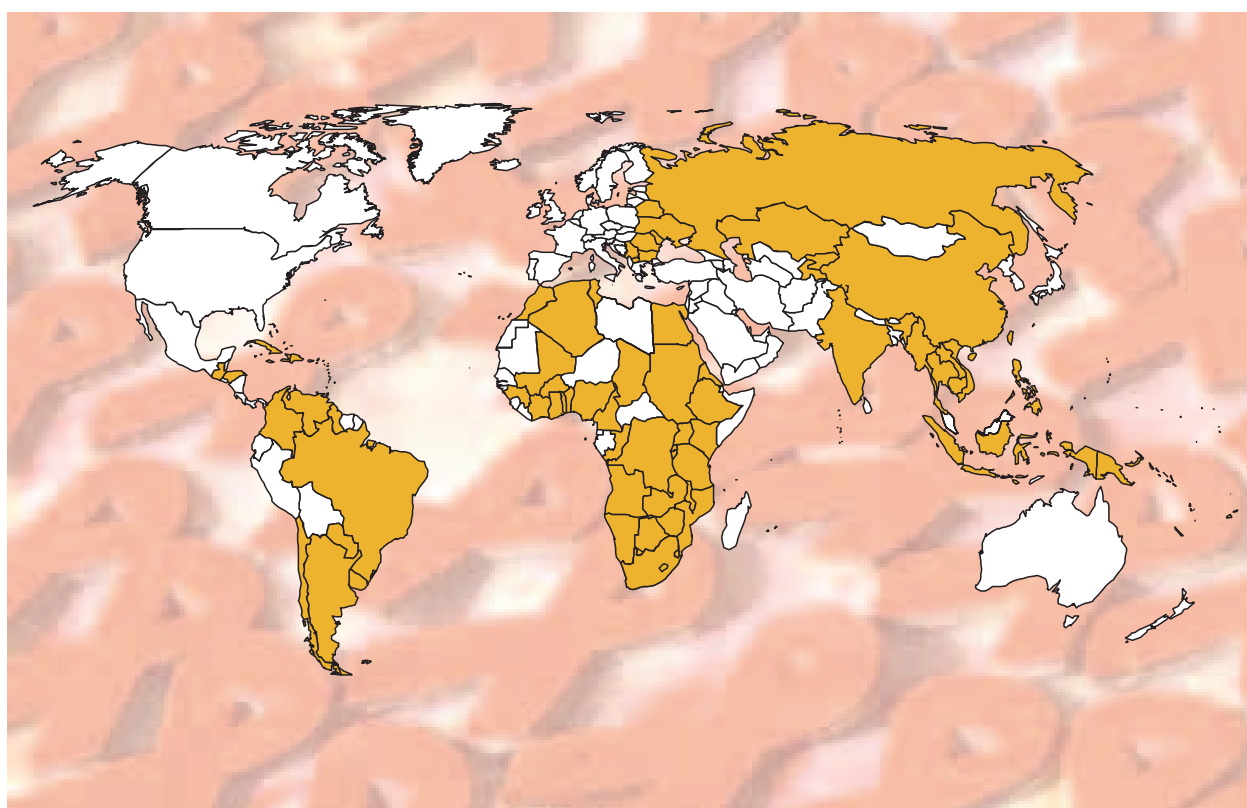
Though still relatively modest, interest from international sources is growing. New investments have been made from bilateral donors including the Netherlands, United Kingdom Department for International Development, the German Agency for Technical Cooperation (GTZ), Belgium, France and the United States Agency for International Development. Six countries of the region had Global Fund proposals approved, resulting in US\$ 40 million to fight AIDS. UNAIDS supported four of these countries – Algeria, Jordan, Morocco, and Sudan – with technical assistance during the proposal process. In Morocco, UNAIDS assisted the Country Coordinating Mechanism and associated working groups established for the Global Fund. The Global Fund has subsequently decided to highlight the Moroccan Country Coordinating Mechanism experiences as a best practice.

UNAIDS is also seeking to raise resources from new donors that might have particular interest in the region. For example, UNAIDS is working with the Organization of Petroleum Exporting Countries (OPEC) to identify activities that address AIDS issues related to post-conflict situations, mobility and migration.



# Country Annexes

**Country situation and progress summaries  
in 70 of the 134 countries with  
UN Theme Groups on HIV/AIDS**



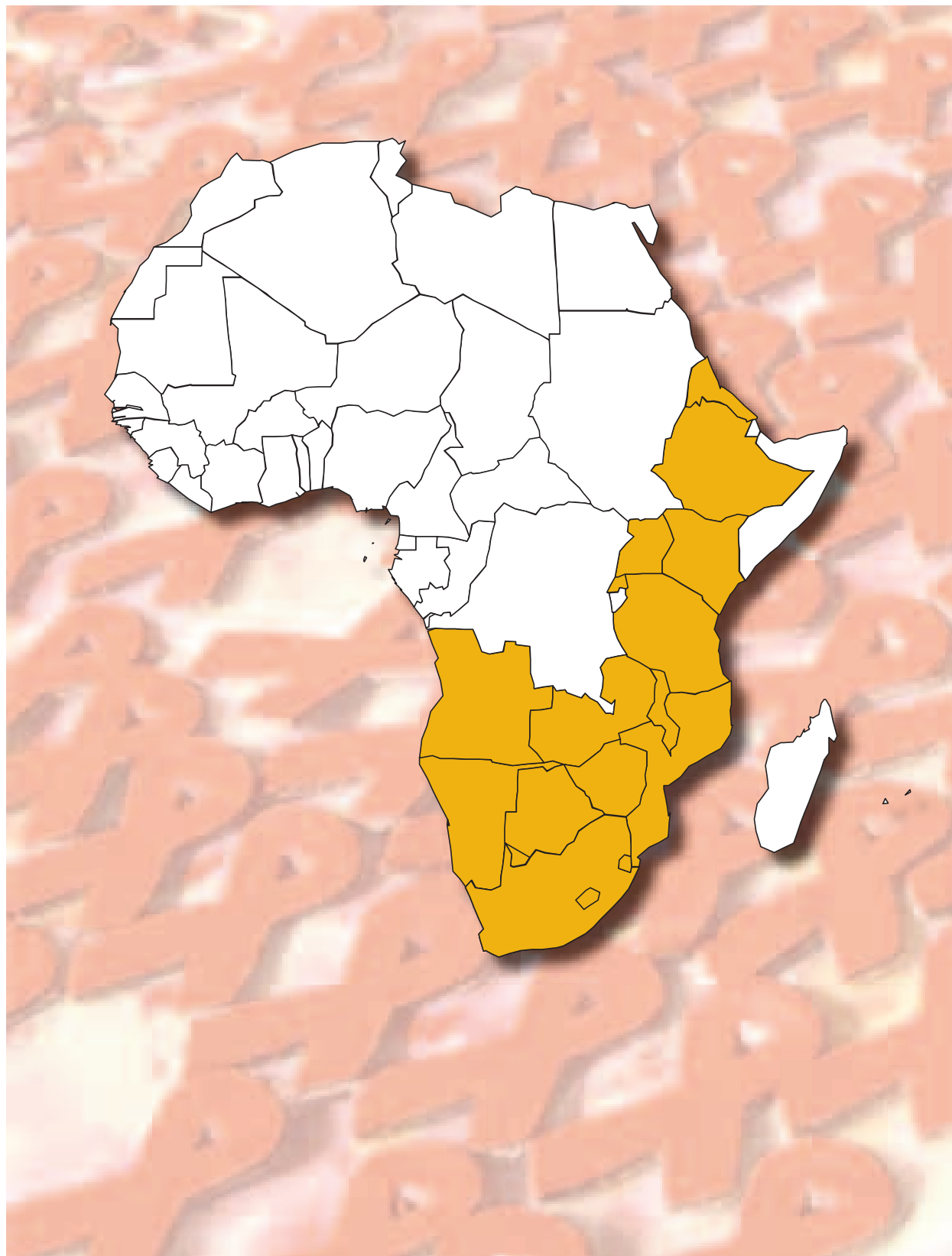
## Abbreviations and acronyms

APLF	Asia Pacific Leadership Forum on AIDS and Development
ARV	Antiretroviral drugs
ART	Antiretroviral treatment
CARICOM	Caribbean Community
CASCO	Coordinadora de Animación Socio-Cultural
CCA	Common Country Assessment
CCMs	Country Coordinating Mechanisms
CDC US	Centers for Disease Control and Prevention, United States of America
CHAYN	Caribbean HIV/AIDS Youth Network
CIDA	Canadian International Development Agency
CIS	Commonwealth of Independent States
CONASIDA	Conformación del Consejo Nacional de Atención Integral al VIH/SIDA (Costa Rica)
CONCASIDA	Central American Congress on HIV/AIDS
CRD	UNAIDS Country and Regional Support Department
CRIS	Country Response Information Systems
DFID	United Kingdom Department for International Development
FAO	Food and Agriculture Organization
FHI	Family Health International
FNCCI	Federation of Nepal Chambers of Commerce and Industry
GIPA	Greater Involvement of People Living with HIV/AIDS
HIPC	Heavily Indebted Poor Countries
HTCG	Horizontal Technical Cooperation Group
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
ICT	UNAIDS Intercountry Team
ILO	International Labour Organization
KAPB	Knowledge, attitudes, perceptions and behaviour (study)
MDG	Millennium Development Goal
M&E	monitoring and evaluation
MAP	World Bank Multi-country HIV/AIDS Programme
NORAD	Norwegian Agency for International Development
ODA	Overseas Development Assistance
OSI	Open Society Institute
PAF	UNAIDS Programme Acceleration Funds
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership on HIV/AIDS
PEP	Post Exposure Prophylaxis
PEPFAR	The US President's Emergency Plan For AIDS Relief
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
PRSP	Poverty Reduction Strategy Paper
RAAP	Rapid Assessment Analysis Action Plan

RANAA	Regional Arab Network Against AIDS
RIASCO	Regional Inter-Agency Coordination Office
REDPES	Latin American Network on Strategic Planning on HIV/AIDS
SADC	Southern African Development Community
SAFCO	Sida en Afrique du Centre et de l'Ouest
SAPA	South Asia Political Advocacy project
SIDALAC	The regional HIV/AIDS initiative for Latin America and the Caribbean
STI	Sexually Transmitted Infection
UCC	UNAIDS Country Coordinators
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UN-ISP	United Nations Implementation Support Plan on HIV/AIDS
UNITAR	United Nations Institute for Training and Research
UNMEE	United Nations Mission in Ethiopia and Eritrea
UNTG	United Nations Theme Group on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
UNV	United Nations Volunteers
USAID	United States Agency for International Development
VCT	Voluntary and confidential counselling and testing
VDH	Volontariat pour le Développement d'Haïti
WFP	World Food Programme

## Country Annexes

### Eastern and Southern Africa



# ANGOLA

## Country Situation Analysis

Post-war Angola faces numerous challenges, including overcoming poverty and hunger; reconstructing the economic and social infrastructures at the local level, the reintegration of demobilized soldiers, their families and displaced populations into the civilian population, and developing the national economy. The available data indicate that HIV prevalence is 5.5% in Angola, considerably lower than in neighbouring countries. This suggests that the lack of mobility during the 25-year internal armed conflict may have slowed the spread of HIV in the country. This current window of opportunity may enable Angola to avoid the high prevalence of other sub-Saharan countries.

Taking into account the socioeconomic position of Angolans and the current internal and external repatriation, there is no doubt that the epidemic will continue to spread in the foreseeable future. Therefore, policies and strategies for combating HIV/AIDS should be in keeping with the government's development plans: the Interim Poverty Reduction Strategy (IPRS) for the period 2003–2005 and the Intermediate Plan of Development for 2004–2005. Additionally, these actions should be consistent with the objectives of the Millennium Development Global Strategy which aims to stop the expansion of HIV/AIDS and turn back present trends in Angola by 2015. Current estimates put the number of orphans at 82 000, with an estimated increase to 120 000 by 2006.

In 2002, US\$ 7 393 063 was provided and US\$ 23 558 358 was planned for in 2003, indicating the strong interest and growing engagement of the national government and the various partners in fighting the epidemic. The capacity of the government and its partners to spend the money is approximately 60% for both years (68.2% equivalent to US\$ 5 041 209 in 2002, and 60.5% or US\$ 14 254 910 in the first half of 2003). The growing availability of financial resources and the presence of more actors from different sectors mean there is a great need for coordination mechanisms to facilitate partnerships in a major multisectoral strategy. The Angolan proposal to the Global Fund third round for malaria was recently approved, and HIV/AIDS and TB components were resubmitted for the fourth round. A total amount of US\$ 104 500 000 has been allocated for TB and HIV over five years, of which US\$ 91 000 000 is for HIV/AIDS. The World Bank MAP recently approved US\$ 8 000 000 to support the national response.

With more than 500 000 HIV-infected people in Angola, the capacity to treat and care for that number is very limited. For instance, the number of activists involved in the Coalition for the Rights of Sero-positives is fewer than 100, and this includes health workers already treating and caring for people living with AIDS. Each activist is expected to cover an average of 5 000 HIV-positive people, which is clearly not possible. In reality, each works with about 20 infected people, thus only 2 000 people living with AIDS are being assisted.

Major External Funding Sources (US\$, million) 2001-2003	
World Bank	8.0
Global Fund	91.0
UN agencies	Approximately, US\$ 42 162 082
Bilateral Donors (USAID, CDC, DFID, Swedish SIDA, Italian Cooperation, Spanish Cooperation)	
International NGOs: PSI, GOAL	

## UNAIDS Support to the National Response

UNAIDS actively participated in the elaboration and decentralization of the new National Strategic Framework to Fight HIV/AIDS 2003–2008. Through this exercise, it effectively enhanced the efforts for joint programming and multisectoral approaches. It assisted the organization of the National AIDS Commission (NAC) by providing guidelines, strategic information and supporting the preparation of the First Open Forum of the NAC with representatives from the different national partners. Support was given for the development of IEC capacity at the national level with particular involvement of the mass media.

UNAIDS also provided overall support in critical areas such as policy development, resource mobilization, best practice, GFATM proposal and the costing of MTPIII and Monitoring and Evaluation (M&E). It also improved adolescent sexual health information and provided services support to the first ever National Conference on Youth and HIV/AIDS.

UNAIDS supported the Association of People Living With AIDS through capacity building, project design and resource mobilization for a greater involvement of people living with AIDS. Civil society was involved in strengthening the Angolan network of AIDS services and support was given to organizing the internal process and elections. It also mobilized the private sector for HIV/AIDS prevention and care.

In addition to leadership and technical support for the UN Theme Group on HIV/AIDS (UNTG), UNAIDS was actively involved in organizing and leading the international community.

## Functioning of UN System

The Theme Group has established a Partnership Forum on HIV/AIDS that brings together a variety of actors including bilateral donors, diplomatic missions, 13 permanent secretaries from ministries working closely with the UN agencies and people living with HIV/AIDS. This group meets quarterly and is chaired by WFP, the current chair of the UNTG. A Technical Working Group comprising technical staff from UN agencies and UNAIDS Secretariat meets on a monthly basis to provide technical support to the UNTG. The chair rotates annually. The UNAIDS Secretariat provides technical and management support to the Partnership Forum, UNTG, UN Technical Working Group and the Expanded Technical Working Group. HIV/AIDS features prominently in UNDAF and Common Country Assessment (CCA). UNAIDS Secretariat has presented the National Strategic Plan (NSP) to the Theme Group, enabling the group to develop a logical framework for a UN-ISP, and identifying a responsible lead agency for each intervention area. The UN-ISP will be completed in early 2004.

UNAIDS Programme Accelerated Funds (PAF) are being used to strengthen the epidemiological surveillance system, operationalize and decentralize the 2003–2008 NSP and build the capacity of the NAC.

## Emerging Issues and Challenges for the National Response

Areas that need to be addressed include the relatively weak structures, systems and processes for inclusive policy development, coordination and monitoring of the response at central and regional levels. The main challenges are:

- limited capacities for providing holistic care to people living with HIV/AIDS;
- weakness of programmatic links between various HIV/AIDS related issues, such as sexual/reproductive health and rights, sexually transmitted infections, HIV/AIDS and TB infections;
- limited understanding of the vulnerability factors such as socioeconomic conditions (poverty), gender inequality, violence against women including rape, substance abuse, etc;
- limited capacity (human resources and skills) for HIV/AIDS/TB programme planning, management and implementation;
- insufficient multisectoral response, particularly in the public and private sector, where HIV/AIDS is not yet systematically mainstreamed;
- limited support to a structured decentralization of the response at provincial level; and
- weak mechanisms for M&E, information and best practice sharing.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to support the national coordination bodies, providing technical assistance for increased effectiveness, strategic information and partnership building. It will also continue to support and advocate for increased political commitment in various sectors.

**Partnerships:** UNAIDS will continue to mobilize various actors in a collaborative and synergic way.

**Strategic Information:** UNAIDS supports/facilitates the development and implementation of information systems such as CRIS in order to steer action and track the use of resources. It will also support research as a means to generate data that inform programme planning and implementation strategies.

**Monitoring and Evaluation:** UNAIDS provides technical assistance for a national M&E framework, and CRIS as part of the NAC.

**Technical/Financial Resources:** Capacity development is a clear challenge that the country needs to address. UNAIDS will ensure that the development of technical resources remains a high priority by supporting its integration into interventions as a major component. UNAIDS will also step up efforts to support the government in mobilizing the necessary resources for the implementation of the recently launched National Strategic Plan.

## UNAIDS In Country

### UN Resident Coordinator

*Pierre Francois Pirlot*

### Chairperson, UN Theme Group on HIV/AIDS

*Oscar Sarroca* (WFP Country Director a.i.)

**Staff** UCC, *Alberto A. Stella*

Programme Officer *Jenny Berg*

Administration Assistant *Paulo Manassi*

Driver *Domingos António*

*With DFID funding, UNAIDS will soon recruit the following additional staff: one Management and Organizational Development Adviser and one Monitoring and Evaluation Adviser*



# BOTSWANA

## Country Situation Analysis

Botswana is a middle-income country with a per capita GDP of US\$ 3 300 and a sustained growth of up to 9% per annum. Mineral wealth, prudent economic management and democratic governance have driven the country's economic growth. Notwithstanding, the country faces three major development challenges namely HIV/AIDS, poverty and environmental degradation. Since the first HIV/AIDS case diagnosis in 1985, the overall prevalence rate has risen dramatically. Surveillance results show a rise from 18.1% in 1992, to 35.7% in 1998 and 37.4% in 2003. In 2003, for more than two thirds of the country, the prevalence was over 30% and in over one third of the country it exceeded 40%. The report estimates that a total of 283 764 adults aged 15–49 are infected. The highest prevalence is among the 25–29-year-old adults. While prevalence in the older age groups appears to be increasing, the prevalence among the 15–19-year-olds has remained fairly stable.

The government, driven by the president's efforts, has put in place a strong multisectoral response through the National AIDS Council (NAC). The National AIDS Coordinating Agency (NACA) provides technical support to the NAC and coordinates the national response. Strong political commitment has been galvanized. This led to the integration of HIV/AIDS into national development planning and budgeting (National Development Plan 9). In 2003, the National Strategic Plan on HIV/AIDS (2003–2009) was developed to foster a broad-based mechanism to achieve an expanded multisectoral response. To effectively monitor and evaluate the response, the Botswana HIV Response Information Management System was developed. The system utilizes the UNGASS indicators and seeks to gather data from all levels of the response.

Civil society and the private sector have become increasingly involved and play a vital role in the national response. In 2003, the private sector coordination unit was set up by the NACA with support from the UN and other development partners. The National Partnership Forum was revitalized in 2003 and representatives from all sectors were invited to join. The Country Coordinating Mechanism (CCM), originally established to manage the Global Fund resources, was mandated to also manage other donor funds.

Major External Funding Sources (US\$, million)	
ACHAP	100
Global Fund	18.7
Botswana Harvard Partnership	23.5
CDC/BOTUSA Project (2002–2003)	10.83
SIDA (2001–2004)	1.08
UN and Partners, ISP (2003–2007)	17.4
UNAIDS PAF funds (2000–2003)	0.5

## UNAIDS Support to the National Response

UNAIDS provided support to the finalization of the National Strategic Framework that was approved by the cabinet in early 2003. A six-year operational plan was then developed for all sectors by the end of the year. UNAIDS participated in training sectors to develop their six-year operational plans.

UNAIDS provided guidance in the routine testing consultative process. After the adoption of the policy on routine testing, the office provided support in designing and implementing the Information, Education, Communication (IEC) campaign for routine testing. The office also provided administrative support to the IEC Committee and facilitated the sensitization workshops for media and health workers.

UNAIDS provided technical leadership in several areas such as the review of the Global Fund proposal that was approved for funding, the development of the draft reviewed HIV/AIDS policy, development of the UNGASS report for Botswana, and development of private sector coordination structure amongst others.

UNAIDS provided technical support to the development of the Botswana HIV Response Information System by placing an M&E specialist in the NACA. This assistance provided support in the development of the BIAS protocol, second generation sentinel surveillance reporting, development of a training curriculum for the Botswana HIV Response Information Management System, BHRIMS, UNGASS reporting amongst others.

UNAIDS was a key partner in the establishment of a private sector coordination unit. As alluded to earlier, UNAIDS mobilized technical and financial resources for a consultancy to develop the operational structure and workplan for the unit.

## Functioning UN System

The Theme Group has been very effective in meeting on a monthly basis to discuss issues pertaining to the national response. It has been an important source of advocacy for the UN, speaking with one voice and as a source for joint UN programming. Through the Theme Group meetings duplication of efforts has been reduced with a greater shift towards collaborative programming occurring. The Technical Working Group (TWG) has not been functioning effectively. Meetings have been irregular occurring only as and when there is an issue. However, through those irregular meetings, the TWG managed to develop two PAF proposals in 2003. By jointly monitoring the projects, it is hoped that greater collaboration among the members will be achieved in 2004. The greatest achievement of the TWG was the support to the successful National HIV/AIDS and Other Related Infections Conference, which was held in December 2003. This was the first major research conference on HIV/AIDS organized by the NACA and driven by the UN TWG, albeit from the shadows.

Through the Theme Group, a UN HIV/AIDS advocacy document has been developed. The document is based on the UNDAF objectives on HIV/AIDS and is instrumental in bringing about joint UN HIV/AIDS programming. Beyond the advocacy document, the UN wishes to develop an Implementation Support Plan. These tools are important in harmonizing the UN's advocacy efforts.

Through the PAFs, new areas have been explored such as refugees and fighting stigma and discrimination. The success of these projects has been a boost to the relevance of the UN in the country. Through the projects, greater involvement of people living with HIV and refugees in the national response is being sought and their capacities are being built.

## Emerging Issues and Challenges for the National Response

At the end of 2003, Botswana adopted routine testing of HIV/AIDS as a measure to increase the number of persons knowing their status. This was after extensive consultation with all relevant stakeholders including the Law and Ethics sector representatives. With this in place, it is expected that the demand for antiretroviral treatment and other clinical services will increase. This poses a challenge to the national response to accelerate the roll out of the antiretroviral treatment programme nationwide.

Lack of sufficient human resources has remained a challenge to the effective implementation of programmes under the national response. This continues to inhibit coverage and success of programmes. A weak civil society remains a major challenge in the national response. Capacity for coordination and management of the civil society input into the response needs to be continually strengthened. The private sector response also needs to be strengthened, as it is weak and uncoordinated at the moment.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will strengthen the link between national coordinating structures and district level structures. The office will also strengthen the link between the Department of Multisectoral AIDS Committees (DMSACs) and the village AIDS coordinating structures that is currently very weak. The role of the chief in mobilizing the village HIV response through the Kgotla (traditional court) will be strengthened. The involvement of the district health teams (leaders of the DMSACs) will be stepped up to ensure that HIV/AIDS programme coordination processes are reinforced. This will ensure that programmes and services such as prevention of mother-to-child transmission, antiretroviral therapy, and routine testing are more utilized.

**Partnerships:** The office will continue to advocate for a more effective working partnership forum, strengthen and regularize the HIV donor partnership forum, strengthen NGO coordination in the country and increase involvement of the uniformed forces in the national response.

**Monitoring and Evaluation:** UNAIDS will provide technical support to assist in the implementation of the BHRIMS. Further support will be provided to analyse the data collected from the Botswana AIDS Impact Survey.

**Resource Mobilization:** Financial and technical resources will be mobilized especially for the BHRIMS.

**UN System:** UNAIDS will facilitate the development and implementation of a joint UN HIV/AIDS ISP 2004.

## UNAIDS In Country

**UN Resident Coordinator**

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# ERITREA

## Country Situation Analysis

Eritrea is one of the poorest countries in the world with an estimated Gross National Product per capita of US\$ 200. A 2001 survey found a 2.4% HIV prevalence among the general population of 3.6 million; the rates were 4.6% and 0.1% among military personnel and students respectively. The HIV prevalence among female bar workers has decreased to 22.8% in 2001 compared to 35% in 1997. Eritrea is now confronting a complex emergency as the HIV/AIDS epidemic is unfolding in the midst of a post-conflict situation with the impending demobilization of around 200 000 troops. This is compounded by poverty and drought.

Eritrea has already mobilized an effective multisectoral response to HIV/AIDS. In March 2001, the president addressed the issue at the launching of the HIV/AIDS, Malaria, sexually transmitted infections and Tuberculosis (HAMSET) Control Project financed by a World Bank IDA soft loan. The National Strategic Plan (NSP) on HIV/AIDS/sexually transmitted infections 2003–2007, built upon nine priority areas identified during the situation and response analysis, was adopted in April 2003. In 2002–2003, the government made three submissions to the Global Fund and the HIV/AIDS component of the third submission was approved in October 2003 for the total amount of US\$ 17 354 035 for five years. For that purpose, a Partnership against HIV/AIDS, Tuberculosis and Malaria Country Coordinating Mechanism (CCM) was established, chaired by the Minister of National Development. Finally, in early 2003, the Ministry of Health restructured itself to make optimal use of available resources and to improve the efficiency and effectiveness of its management units. The National AIDS Control Programme has been combined with the National Tuberculosis Control Programme and promoted to the status of Division.

Since 2002, the government has been able to significantly scale up the national response to the HIV/AIDS epidemic, through the implementation of the HAMSET/World Bank Project and with support from its partners (mainly UN Agencies and USAID).

Major External Funding Sources (US\$, million)	
World Bank, MAP I (2001–2006)	40.0
Global Fund (2004–2008)	17.35
UN and Partners (including USAID), ISP 2003	4.68
2004	4.58
US Department of Defence (2001–2004)	1.56
Norway (CAP 2002)	0.44
UNAIDS (PAF, 2002–2003)	0.14

## UNAIDS Support to the National Response

The UN and partners assisted the government with the finalization and dissemination of the NSP (2003–2007) and the development of a National Monitoring and Evaluation (M&E) Framework. Additional support was provided to facilitate the functioning of the HIV/AIDS-related coordination mechanisms and ad hoc task forces. UNAIDS capacities were used to mobilize technical and financial resources to assist the government with the costing and budgeting of the NSP (not completed), the submission of the third round Global Fund proposal and securing resources for pilot initiatives on greater involvement of people living with HIV (GIPA) and commercial sex workers, and for the Eritrean Defence Force HIV/AIDS Programme (voluntary counselling and testing and M&E). In addition, they advocated for long-term technical assistance posts on voluntary counselling and testing, sexually transmitted infections/commercial sex workers, care and M&E.

Since accelerated HIV/AIDS interventions in the post-conflict situation remain a priority, the implementation of the United Nations Mission in Ethiopia and Eritrea (UNMEE) HIV/AIDS Programme is continuously supported and technical assistance was provided for the launching and implementation of the Eritrean Defence Force HIV/AIDS Outreach Activities in the Community. The UN contributed to the establishment of an ad hoc Task Force on HIV/AIDS and Humanitarian Response, which has ensured UNAIDS representation in general humanitarian coordination meetings and regular donor meetings. With the support of Population Services International (PSI), a project for marketing and management of voluntary counselling and testing facilities in military barracks across the country has been developed and is about to be initiated.

The implementation of key national HIV/AIDS/sexually transmitted infections programmes/projects was accelerated by coordinating the HAMSET Control Project (World Bank MAP I) with all concerned partners. UNAIDS brokered technical assistance from UNDP for a leadership-training programme for people living with HIV and the Community Capacity Enhancement Programme (CCE). In addition, it supported the launching and implementation of the World Bank Rapid Results Initiative (RRI) in the Central Region (Zoba) and its replication to other regions/zobas. It also provided assistance for the implementation and monitoring of the Ministry of Health/UNFPA Community-Based Care and Support Project.

Partnerships with public and civil society organizations were strengthened through the organization of at least two high-level HIV and Development Training Workshops for senior government officials and representatives of key civil society organizations. The increased involvement of NGOs and faith-based organizations was enabled through Technical Working Group (TWG) meeting/activities, regular mailing of relevant best practice documents, invitations to participate in technical task forces, and research projects among other activities.

## Functioning UN System

HIV/AIDS has been a standing agenda of monthly head of UN agencies' meetings since December 2002. In January 2004, the Theme Group membership Theme Group was extended to USAID. The UN TWG members, in close consultation with the National HIV/AIDS/STIs and TB Control Division (Ministry of Health) and other concerned national counterparts, developed the UNDAF Workplan on HIV/AIDS 2004 based on the review of the 2003 ISP and the recommendations of the UN Country Team/Government Retreat on Joint Programming, Harmonization and Simplification of Procedures. The joint

programmes represent 26.8% (US\$ 967 543) of the total resources committed for 2004 (US\$ 4 584 466). The UN system has strategically allocated PAF resources for 2002–2003 to support for the development of the Five-Year National Strategic Plan on HIV/AIDS, to promote the greater involvement of people living with or affected by HIV/AIDS, to support the development of interventions for commercial sex workers, and to produce a booklet on nutritional care and support for people living with HIV adapted from the WHO/FAO “Living well with HIV/AIDS” manual.

The dynamic HIV/AIDS Learning Team (HALT), formerly the “Caring for Us” Task Force, with members from all UN agencies and a number of partner organizations (e.g., USAID, Family Health International (FHI), Oxfam, Catholic Relief Service (CRS) has trained staff members as peer educators and established workplace-based HIV/AIDS programmes that are operational in six UN agencies (FAO, UNDP, UNFPA, UNHCR, UNICEF, WFP). This process has also allowed the ongoing support for peer leaders, provision of voluntary counselling and testing services within the UN compound and the drafting of guidelines for access to antiretroviral treatment for UN staff and their families. HIV/AIDS workplace programmes have been established in a few NGOs (Norwegian Church Aid, NCA, and CRS) as well. The Theme Group approved the HALT Workplan 2004 in January. UNAIDS has documented and disseminated two best practices. The first is the UNAIDS case study “Fighting AIDS – HIV/AIDS prevention and care amongst armed forces and UN peacekeepers: The case of Eritrea” which was launched in Nairobi (the 13<sup>th</sup> International Conference on AIDS and Sexually Transmitted Infections in Africa). The second is the case study documenting the experience and lessons learned from the Eritrea UN HIV/AIDS “Caring for Us” Programme, established in late 2000. It served as the basis for the UN Country Team HIV/AIDS Learning Workplan for 2004.

To strengthen its capacity, the UNAIDS office in Eritrea established an internal policy that seeks to provide as many opportunities as possible for national staff and interns to upgrade their knowledge-base and skills, and to enhance their AIDS competency in one technical area. In addition, the recently developed UNAIDS Eritrea website will be a useful resource for staff and outside users.

## Emerging Issues and Challenges for the National Response

There is a need to establish a national HIV/AIDS body to lead the national response and strengthen the multisectoral approach. The strong push from the government to further concentrate and channel all HIV/AIDS funding through one mechanism (e.g., Project Management Unit (PMU)/Ministry of Health) need to be addressed. The national policy for antiretroviral therapy has to be finalized and adopted in order to initiate roll-out. Leaders need to be engaged to speak openly about HIV/AIDS in order to address the prevailing issues of stigma and discrimination. Safety nets capable of delivering holistic home-based care and referral mechanisms need to be supported in light of the national context, where both the drought and the border conflict have exhausted household coping mechanisms, resulting in an estimated 1.7 million people depending on humanitarian assistance throughout 2004. Strategic information needs to be generated to better monitor trends in the epidemic and understand the impact of HIV/AIDS on households and the public sector. Comprehensive life skill education programmes need to be established at both primary and secondary school levels. Another emerging issue is the provision of voluntary counselling and testing services and follow-up of demobilized military personnel.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will advocate for the establishment of a national AIDS coordinating body and provide assistance for the development of sectoral plans through the training of senior government officials. It will also support the development and monitoring of results-based UNDAF workplans and the ISP, as well as the implementation of joint programmes. To ensure coordination between UN and key partners and the government, UNAIDS will continue to facilitate the functioning of relevant HIV/AIDS coordination mechanisms (UNTG, TWG, CCM, etc.).

**Partnerships:** UNAIDS will provide assistance, as necessary, for the effective functioning of the CCM. Since there is limited involvement of civil society in the national response, UNAIDS will continue to advocate for the meaningful involvement of civil society organizations, especially faith-based organizations, and national and international NGOs, through various HIV/AIDS coordinating bodies and working groups/committees, and that of the Eritrean community of artists through various cultural initiatives. UNAIDS will also seek to identify adequate support and technical assistance for workplace-based initiatives from the national associations of workers and employers.

**Strategic Information:** UNAIDS will continue to provide support for the documentation and dissemination of best practices, such as the UN Eritrea “Caring for Us” Programme or the World Bank-sponsored RRI. Upon request, technical assistance will be given to assess Eritrea’s strategic information needs on the socio-economic impact of HIV/AIDS, especially at household level. Since there is a lack of reliable and organized sources of information on HIV/AIDS outside the UNAIDS office, support will be provided to establish HIV/AIDS information centres within the Ministry of Health and the Association for People Living with HIV, BIDHO (Tigrigna: Challenge), central office.

**Monitoring and Evaluation:** With technical assistance from FHI/USAID, UNAIDS will support the finalization and dissemination of the National M&E Framework and the establishment of CRIS in the National AIDS Technical Committee (NATCoD) office (Ministry of Health). UNAIDS will also provide assistance for the costing and budgeting of the NSP 2003–2007 and identify adequate support to strengthen surveillance and M&E within the Eritrean Defence Force.

**Technical/Financial Resources:** UNAIDS will assist the government in securing technical assistance for the implementation of the Global Fund Round Three proposal, as well as long-term technical assistance on care and treatment, including antiretroviral therapy. UNAIDS will also support the expansion to other zobas of the RRI and of the Community Capacity Enhancement Programme, and assist in securing additional resources, especially for AIDS Competency, GIPA, care, treatment and support for people living with HIV and affected families.

## UNAIDS In Country

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# ETHIOPIA

## Country Situation Analysis

Ethiopia has a total population of 67 million (CSA 2002 projection). It is one of the poorest countries in the world with a per capita income of US\$ 100. Since the identification of the first AIDS case in 1986, the epidemic has been spreading in all segments of society in both urban and rural areas. The Ministry of Health's fourth AIDS in Ethiopia report put the number of people living with the virus at 2.2 million, 200 000 of whom were children below the age of 15. This 2002 report showed an overall 6.6% HIV prevalence rate with 13.7% and 3.7% prevalence rates in urban and rural areas respectively.

Ethiopia has put in place the necessary coordinating and decision-making bodies: the National AIDS Council (NAC) is chaired by the president of the country and includes all stakeholders; the HIV/AIDS Prevention and Control Office (HAPCO) was legally established in 2002, both at federal and regional levels; and district (woreda) and lower district (kebele/community level) coordination mechanisms were established in 262 woredas (44% of the total districts). The National Strategic Framework (NSF) for 2000–2004 is now being updated after the joint midterm review of the National Response. Antiretroviral therapy is accessible on payment in most regions. Prevention of mother-to-child transmission guidelines have been developed and the implementation is under way. The National M&E Framework, Communication Guidelines and HIV/AIDS Behavioural Surveillance Survey have been developed.

The Country Coordinating Mechanism (CCM) Ethiopia has submitted the fourth round proposal to the Global Fund for US\$ 139 million over two years, of which the HIV/AIDS component of US\$ 108 million, focuses on treatment and care.

Major External Funding Sources (US\$, million)	
World Bank (MAP, IDA soft loan)	59.7
Global Fund (2 years)	55
USAID – PEPFAR (2003 and 2007)	43 of which 16m is additional
UNDP (2004)	1.4
UNICEF (2004)	1.45
DFID/ Action Aid (2004)	1.6
Development Cooperation Ireland (2004)	1.3
UNAIDS (PAE 2002-03)	0.298
Government of Ethiopia (2004)	1.6

## UNAIDS Support to the National Response

UNAIDS provided support to the development of the National Strategic Framework (2001–2005) and the development of federal and regional implementation plans.

UNAIDS Ethiopia facilitated and supported the preparation, revision and submission of all proposals to the Global Fund; the first, for US\$ 55 million was approved recently. UNAIDS is a member of the Country Coordinating Mechanism for the Global Fund. Moreover, the Ethiopian Multisectoral AIDS Programme (EMSAP), supported by the World Bank, is a result of collaborative work between the UN family and the government, to scale up the response to HIV/AIDS. The Donors' Sub-Forum is coordinated by its chair, with UNAIDS as secretary.

The National Partnership Forum (NPF) against AIDS in Ethiopia has been established and launched. Apart from being an integral part of the overall process, UNAIDS/Ethiopia is secretary and permanent member of the forum. UNAIDS, UNFPA, and HAPCO supported associations of people living with HIV to form the Network of Associations of People Living With HIV, which is a sub-forum of the Partnership Forum. UNAIDS, in collaboration with UNDP and UNICEF, supported religious groups in organizing National Religious AIDS Week aimed at mobilizing the religious organizations to use their extensive networks, goodwill and influence among followers to strengthen future collaboration and fight stigma and discrimination.

UNAIDS participated in several national studies and assessments, including: 1) Assessment of the status of the epidemiology of HIV/AIDS in Ethiopia; 2) HIV/AIDS Communication Framework and Guidelines; 3) Situation Assessment of voluntary counselling and testing and Development of Guidelines; 4) Assessment and Proposal for Voluntary Counselling and Testing to Establish Centres of Excellence; 5) Situation Assessment of Prevention of Mother-to-Child Transmission; 6) Accelerating Access to Care and Support; 7) Scaling-up of Community and Home-Based Care for People living with HIV in Ethiopia; 8) Knowledge, Attitudes, Perceptions and Behaviour (KAPB) Study among Internally Displaced Persons; 9) Gender and HIV/AIDS; and 10) Mapping of HIV/AIDS Activities.

The UN Country Coordinator serves as the UNAIDS focal point for the African Union (AU), UN Economic Commission for Africa (ECA), New Partnership for African Development (NEPAD) and other regional organizations. In support of the AU, UNAIDS is facilitating the development of a strategy on HIV/AIDS to focus the AU's programme and directions. UNAIDS has agreed with NEPAD to include HIV/AIDS in the Peer Review Mechanism of NEPAD and to mainstream HIV/AIDS in all NEPAD's sectors. With the ECA, UNAIDS provides regular support to the Commission on HIV/AIDS and Governance in Africa.

## Functioning UN System

The Theme Group on HIV/AIDS is working on the UN-ISP to support the national response in 2004–2005. The UNTG coordinating group (a small group of heads of UN agencies composed of UNICEF/WHO, UNFPA and UNAIDS) meets weekly to follow up the progress of the ISP. All UN agencies and programmes within the ISP will focus on advocacy, district level capacity-building, and UN learning strategy. Building the UN agencies and their staff's competence to better respond to HIV/AIDS has been one of the core strategic areas of the UN TG.



The UN System has strategically allocated PAF resources for 2002–2003 to support the formation of the Network of Associations of People Living With HIV, support the assessment of regional implementation plans, assist the establishment of CRIS at national and regional levels, and to prepare the UN Workplace HIV/AIDS Plans for 2004.

## Emerging Issues and Challenges for the National Response

The low efficiency of fund transfer, utilization and reporting as well as replenishment has been identified as a serious constraint for the national response; there is a need to revisit the existing financial management system in HAPCO and its strengthening through technical support and training; and encouraging donors/partners to harmonize their financial systems is essential. In December 2003, HAPCO, in collaboration with its partners, developed the National M&E Framework for the Multisectoral Response to HIV/AIDS in Ethiopia. The next steps in this regard would be its implementation, the development of the M&E operational manual, familiarization, and customizing CRIS in selected regions. Establishing woreda (district) HIV/AIDS coordinators and M&E focal points in all woredas is critical. With respect to treatment and care, challenges exist in the policy guidelines, equity in ART access and the harmonization of different initiatives like PEPFAR and the WHO “3 by 5” strategy. The Ministry of Health has started training and deploying health extension workers in the past year, but there is additional need to fill the human resource gap.

## UNAIDS Key Result Objectives 2004-05

The key strategic focus areas and core activities of the UN in Ethiopia, including the ISP are:

**National Leadership:** UNAIDS will give technical assistance and training to strengthen the national coordinating organizations, including HAPCO. It will advocate to ensure that policy-makers and key opinion leaders at the national level stay informed and make appropriate and timely decisions regarding the epidemic. It will support the national advocacy strategy to increase commitment among political leaders, religious leaders, the business community and opinion leaders. It will work to bridge the coordination and networking gap existing among various partners of the government, as identified by the Joint Midterm Review (2003). UNAIDS will provide assistance for the smooth functioning of CCM/Ethiopia. Within a given timeframe, it will also advocate for a better articulated strategy and institutional accountability. HIV/AIDS will be mainstreamed into the core mandate of all sectors.

**Partnerships:** UNAIDS will play a proactive role in the smooth functioning of the NPF and its sub-forums and help replicate the forum in selected regional states. UNAIDS, UNFPA, and HAPCO, in collaboration with associations of people living with HIV, will soon form the Network of Associations of People Living With HIV and will do the follow-up for a smooth functioning of the network.

**Strategic Information:** UNAIDS will support HAPCO, universities and other bodies to conduct studies on the socioeconomic and sociocultural impact of HIV/AIDS on key sectors and target groups. The findings will be used to devise policies in areas such as agriculture, finance, trade and industry, education and health. Support will be given to research in areas such as policy, behavioural surveillance surveys, unmet needs, girls' vulnerability, public expenditure, epidemiological and biological surveys on the prevalence of HIV/AIDS and demographic and health surveys. Up-to-date information will be disseminated to all partners in bi-weekly bulletins and by other means.

**Monitoring and Evaluation:** UNAIDS will support the implementation of the M&E framework, development of an M&E manual and customization of CRIS at the regional level. It will also facilitate the dissemination of research findings.

**Technical/Financial Resources:** The resource gap for the next two years (2004 and 2005) is estimated to be more than US\$ 240 million; to bridge this huge gap and better cope with the epidemic, the UNTG in collaboration with partners will work rigorously through the CCM and other channels of funding.

## UNAIDS In Country

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# KENYA

## Country Situation Analysis

As a result of the new information from the 2003 Kenya Demographic and Health Survey and new antenatal clinic data, Kenya's HIV prevalence estimates have recently been revised downward. According to the Ministry of Health's National AIDS and STI Control Programme (NASCOP), the estimated HIV/AIDS prevalence in adults (15–49 years) is currently 7% (with a range from 6.1% to 7.5%). This means that there are approximately 1.1 million adults infected with HIV, and about two thirds of those infected are women. HIV infection among adults in urban areas (10%) is almost twice as high as in rural areas (5–6%). Trends indicate that the annual number of AIDS deaths is still rising steeply, and has doubled over the past six years to about 150 000 deaths per year. However, the number of new infections each year may be dropping to around 80 000. The majority of new infections occur among youth, especially young women aged 15–24 years and young men under the age of 30.

The president and his government have demonstrated strong political leadership in the battle against HIV/AIDS, exemplified by the president's personal engagement and his declaration of "Total War on HIV/AIDS" in March 2003. President Kibaki has also established a Cabinet Committee on HIV/AIDS, which is comprised of 12 ministers and serves as the highest-level HIV/AIDS policy and leadership body of the government.

The National AIDS Control Council (NACC), located in the Office of the President, was established in 1999. This body provides overall coordination and leadership to the multisectoral response to the epidemic. In a continuing effort to enhance the effectiveness of the national response, the NACC recently undertook a Joint Institutional Review. The outcome of this review is an enhanced understanding of the roles and relationships of the Government of Kenya decentralized structures, and how they can more effectively and efficiently contribute to the overall national response.

Kenya is the recipient of US\$ 129 million through the Global Fund for HIV/AIDS over five years. The project will finance scaling up of voluntary counselling and testing service provision, and antiretroviral therapy for pregnant women, their children and their partners, and a limited number of people living with HIV. Kenya also benefits from PEPFAR, which will provide US\$ 75 million for prevention and treatment increase in 2004 alone. In addition to these relatively new contributions, Kenya negotiated a World Bank credit for US\$ 50 million for the period 2000–2005 under the Multi-country HIV/AIDS Programme (MAP) for Africa. The UN System has pledged approximately US\$ 15 million in 2004 for HIV/AIDS initiatives.

### Major External Funding Sources (US\$, million)

World Bank MAP (5 years)	50
World Bank Reproductive Health and HIV/AIDS (5 years)	30
Global Fund (5 years)	129
PEPFAR (2004)	75
UK (2003–2005)	23
JICA (2001–2006)	5
UN (2004)	15

## UNAIDS Support to the National Response

The UNAIDS Programme in Kenya actively supports a wide range of government and civil society partners in the national response. Virtually all UNAIDS cosponsors are, in accordance with their organizational mandates and in conjunction with their respective governmental and nongovernmental partners, engaged in the effort to prevent new infection, to provide care and support to those that are infected or affected, and/or to mitigate the impact of the epidemic.

In addition to direct support for prevention, treatment/care and mitigation initiatives, several UNAIDS cosponsors and the UNAIDS Kenya Secretariat provide technical support to the Government of Kenya through participation on various NACC Technical Groups. For example, the UN is actively represented on: a) the HIV/AIDS Interagency Coordination Committee; b) the Technical Group for M&E; c) the Technical Group for Institutional Development; and, d) the Technical Group for Prevention. In support of "3 by 5", both WHO and the UNAIDS Kenya Secretariat are active partners on the antiretroviral task force of the Ministry of Health and other Ministry of Health committees, and in the efforts to plan for the roll-out of the Global Fund project, which has a substantial treatment and care component. Both the UNAIDS Kenya Secretariat and WHO serve as full members of the CCM.

UN partners are also actively engaged in the broader policy and programme review processes of the national response. For example, while the UNAIDS Secretariat was instrumental in brokering an agreement to conduct the Joint Institutional Review of the NACC, and in the subsequent provision of strategic guidance for this effort, UNICEF assisted the effort through financial support to the pooled funding arrangement for the review.

Finally, a number of UN partners are now fully engaged in the planning activities for Kenya's third Joint Annual Programme Review (JAPR) process, to take place in September 2004. This year, and in addition to the overall review, the primary output of the JAPR will be the next generation National Strategic Framework (2005–2010) and its associated annual workplan for the first year (2005). It is envisioned that the linking of a prioritized, costed and operational workplan to the new National Strategic Framework will assure the document's use as an effective management tool and a basis for M&E.

## Functioning UN System

The UN Theme Group on HIV/AIDS in Kenya is comprised of the heads of each of the following organizations: UNICEF, UNDP, UNIFEM, UNODC, WHO, UNESCO, UNFPA, UNHCR, WFP, FAO, and the UNAIDS Secretariat. Currently, the Theme Group chair is the UNICEF Representative. The Theme Group meets on a quarterly basis and membership is restricted to UN organizations. The Theme Group is supported by a TWG on HIV/AIDS, which is comprised of the HIV/AIDS focal points working within each UN organization represented in the Theme Group and meets on a monthly basis.

The UN System has strategically allocated PAF resources for 2002–2003 to provide strategic support for HIV/AIDS intervention programmes for truck drivers and for populations residing near truck routes, and for the implementation of CRIS. PAF resources for 2004–2005 will be used for the development and implementation of a UN System Joint Advocacy Platform on issues related to girls, young women and HIV/AIDS.

In addition to an active workplace programme under the auspices of the UN Learning Strategy on HIV/AIDS, the UN in Nairobi is implementing an innovative policy for the provision of care and treatment services to UN staff members, which is called the “3 Cs” (Confidentiality, Counselling, and Care) policy. This policy aims to provide a comprehensive care and treatment policy to all staff members.

## Emerging Issues and Challenges for the National Response

Given the significant funds that are now available for HIV/AIDS, there is a need to urgently step up the pace of implementation, while at the same time ensuring that these new resources are utilized effectively and transparently. This will assure the sustained flow of Global Fund resources to Kenya over the long term, and will have implications for other sources of funds such as PEPFAR. With regard to treatment scale-up, there is a need to rapidly enhance both management systems (procurement, drugs logistics management, etc.) and health systems in general. At the same time, it will be vitally important to scale-up prevention efforts, and to initiate mitigation efforts (especially those addressing the needs of orphans) at a coverage level that will make a meaningful difference. All of this will require a closer and more effective working relationship among partners than currently exists; a more effective and comprehensive civil society engagement will be of particular importance if Kenya is to succeed in meeting the significant challenges it now faces.

On a more general level, there is a clear gap in knowledge about the overall cost of the national response, and therefore it will be important to include a full costing and budgeting of the new National Strategic Plan when it is developed near the end of 2004. It is also not clear how current available resources are actually being used, and a particular gap lies in the area of public expenditure on HIV/AIDS. Therefore, it will be important for the Government of Kenya to conduct a separate Public Expenditure Review for HIV/AIDS for the first time in 2004. A planned effort toward harmonization of development partner contributions will also help in this regard.

## UNAIDS Key Result Objectives 2004-05

**National Leadership and Capacity-Building to Plan, Track, Monitor and Evaluate Country Responses:** The UNAIDS Programme will continue to support the strengthening of the NACC, through the provision of technical, policy and financial support for the JAPR and the strategic planning process for the development of the next National Strategic Framework (2005–2010). It will also continue to support the mainstreaming efforts of several key ministries, and will provide general implementation support to the MAP and to the Global Fund project.

**Partnerships:** UNAIDS will also provide support to the review and further development of the national partnership forum, which in Kenya is the JAPR and its associated working groups. It will be particularly important in 2004 to analytically review the effectiveness of this mechanism, and to modify it as necessary as part of the September JAPR meeting. In addition, the UNAIDS Secretariat continues to work closely with the Network of People Living with HIV and AIDS in Kenya (NEPHAK) in order to help strengthen this body managerially and organizationally. The UNAIDS Secretariat was also one of the founding members of the NACC-convened Private Sector Working Group, which aims to more fully engage and offer coordination to Kenya's significant private sector in the area of HIV/AIDS.

**Strategic Areas:** In order to enhance the nation's capacity to monitor and evaluate the national response, the UN system will assure that CRIS is fully implemented by the end of 2004. UNDP, through a contribution from the SIPAA project, will support a CRIS officer in the NACC for a two-year period. In addition, UNDP has received a PAF allocation of US\$ 65 000 for CRIS establishment and implementation. The UNAIDS Kenya Secretariat will provide the overall oversight for CRIS establishment and implementation. In addition, the national M&E framework is well on its way to being finalized, but it is not at all clear that the system is in place to actually implement this framework. While NACC and NASCOP both have established M&E units, few line ministries have M&E capacity in the area of HIV/AIDS. Resources for M&E do not appear to be constrained, but it will be important to make sure that M&E efforts are well coordinated. The UNAIDS Programme, including the UNAIDS Secretariat, have an important role to play in this regard.

## UNAIDS In Country

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# LESOTHO

## Country Situation Analysis

AIDS constitutes an alarming threat to Lesotho and its people. With the reported 31% prevalence rate (UNAIDS estimates) in a population of about 2.2 million people, HIV/AIDS is a crisis of tremendous proportions. Denial, stigma and ignorance about the epidemic are rife and have stifled the response. HIV/AIDS is not the only barrier to Lesotho's recovery from crisis. Land degradation, capacity depletion and economic decline are major obstacles to short- and long-term responses to humanitarian and development needs.

In an attempt to prioritize the government's central role in the fight against HIV/AIDS, it was agreed during a Cabinet meeting in October 2003 that HIV/AIDS be core-streamed in various sectors/ministries and development planning processes to ensure a long-term response to the epidemic. This approach complements an earlier government decision to allocate 2% of sectoral budgets to HIV/AIDS programmes and interventions.

Concrete actions to address the epidemic have been taken by the government through the declaration of HIV/AIDS as a national disaster, the development of a National AIDS Strategic Plan (NASP) and the establishment of the Lesotho AIDS Programme Coordinating Authority (LAPCA) under the Prime Minister's Office. The LAPCA was set up in 2001 to coordinate the multisectoral response to HIV/AIDS. Its mandate was defined in the NASP. Due to several factors, the LAPCA has not fulfilled its strategic role of coordinating the national response. Lack of technical staff and the weak state of this coordinating body have undermined its effectiveness and adversely affected the national response. Most of the key posts remain unfilled including that of the chief executive, which has been vacant since March 2003. Most recently, in 2003, the strategy policy document on scaling up and the proposed establishment of an autonomous National AIDS Commission (NAC) were both adopted. The move to establish a semi-autonomous national commission on HIV/AIDS is a timely and a corrective measure.

Though small in number and short of resources, NGOs and community-based organizations have provided the mainstay of the response to HIV/AIDS in the country, especially in the area of community mobilization. Most of their operations are small and localized to specific geographical areas in urban centres. People living with HIV have formed support groups and are making a contribution to the fight against HIV/AIDS. The biggest challenge lies in the establishment of national networks/forums of civil society organizations on HIV/AIDS, most important of which is People Living With HIV and the NGO network.

In spite of the strong government commitment to tackling the crisis and the various roles played by civil society and the private sector, much more needs to be done to address the non-functional or absent systems and structures critical to service delivery, the human resource gaps, and more importantly the denial, stigma and ignorance that continue to stifle the response.

Major External Funding Sources (US\$, million)	
Global Fund (5 years)	34.0
UN and Partners 2003	3.00
UNAIDS (PAF funds, 2002–2003)	0.30

## UNAIDS Support to the National Response

The UN and its partners through the Theme Group mechanism have continuously engaged and supported the government in the battle against HIV/AIDS. One of the outstanding areas of support is assisting the Government of Lesotho in developing a comprehensive strategy in scaling up the fight against HIV/AIDS. A detailed document, "Turning a Crisis into an Opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho", was produced and adopted as the official policy document on HIV/AIDS by the government in October 2003.

UNAIDS made significant input into the SADC HIV/AIDS summit hosted by the Lesotho Government in July 2003. During the summit, UNAIDS staff contributed major amendments to the following documents: SADC HIV/AIDS Strategic Framework, Recommendations of the Summit, and the Maseru Declaration.

UNAIDS provided substantial technical support to the preparations of the Global Fund Proposal on HIV/AIDS and Tuberculosis that resulted in funding of US\$ 34 million (for five years) from the Global Fund. The approved funding addresses areas of treatment access, orphans and vulnerable children and prevention. More technical support is required to help the government develop and implement operational plans for implementing the Global Fund commitments in 2004.

UNICEF supported the training of over 8 000 out of 10 000 teachers in HIV/AIDS, gender and life skills and a curriculum review process. An impact assessment of HIV/AIDS on the education sector is ongoing with support from the UNICEF Country Office. UNDP supported training in Seven Habits of Highly Effective People, designed by Stephen Covey, for Principal Secretaries and key ministries staff in an attempt to promote a more effective and transparent service delivery. UNDP mobilized international expertise to scale up the fight against HIV/AIDS countrywide using the transformational leadership methodology. The first in the series of social mobilization campaigns, bringing together community leaders, was held in December 2003. WHO provided administrative, logistical and technical support to conduct the 2003 HIV sentinel survey.

## Functioning UN System

The Expanded Theme Group is one effective and functional mechanism addressing HIV/AIDS in the country. In addition to the resident UN agencies, the composition of the Theme Group includes resident donors that together form what is nationally called the International Partnership on HIV/AIDS. The Theme Group meets once a month, co-chaired by one of the cosponsor agency heads and one representative of the donor agencies. Internally, the UN Country Team meets once a month and HIV/AIDS is a standing agenda item. The CCA and UNDAF have been revised and updated giving priority and focus to HIV/AIDS.

## Emerging Issues and Challenges for the National Response

One of the immediate challenges is to quickly establish the proposed NAC and its secretariat. Further delay in implementing this decision will hamper the response. Support to the establishment of the Commission is one of the key priorities of UNAIDS in 2004.

The Government of Lesotho requires considerable support to ensure that the grant from the Global Fund is used effectively and efficiently. The poor track record of the government in absorbing donor funds is a major worry, as is the lack of adequate human resources to implement funded activities to tackle the AIDS problem.

The M&E component is by far the weakest element within the response. The weak human resource capacity in M&E in government, the UN and development partners/donors has constrained progress in a number of areas, most notably the development of a national HIV/AIDS M&E system.

Other than the Expanded Theme Group and the CCM, the country does not have forums that one would describe as “partnership forums”, most especially within civil society. This is the biggest drawback in the response. UNAIDS will support civil society empowerment activities that lead to the building or establishment of civil society forums on HIV/AIDS.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will provide support to the establishment of the proposed National AIDS Commission and its Secretariat, the HIV/AIDS Directorate in the Ministry of Health, the CCM and organizations of people living with HIV.

**Partnerships:** There is very limited involvement of civil society organizations in the national response. UNAIDS will provide the required support to the formation of a National Partnership Forum on HIV/AIDS comprising government, UN, bilateral donors and civil society. Also, immediate assistance will be provided to the establishment of a national network/forum for people living with HIV in 2004.

**Strategic Information:** Support will be provided to the government to plan and manage the joint midterm review of the National Strategic Plan. The findings and recommendations of this review (planned for late 2004) will be used to further refine the UN's support roles and the capacities and resources required to fulfil them and also update the CCA/UNDAF results matrix.

**Monitoring and Evaluation:** Technical assistance will be provided to the government for the development of the national HIV/AIDS monitoring and evaluation M&E system and an M&E framework for activities funded by the Global Fund. A Country Response Information System will be established in the proposed National AIDS Secretariat.

**Technical/Financial Resources:** Technical assistance will be provided in the critical area of increasing antiretroviral treatment in the country, and one of the priorities will be the development of a national treatment access plan currently not in place. Technical assistance will be provided to the finalization of the proposal for orphans and vulnerable children to be submitted to the Global Fund during the fourth round submission.

## UNAIDS In Country

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# MALAWI

## Country Situation Analysis

Malawi is a very poor country with recurrent episodes of food insecurity exacerbating the HIV epidemic. In 2002, an estimated 30% of the population (3.2 million) required relief assistance. As of 2003, the national adult HIV prevalence rate was 14.4% with 760 000 infected adults. In addition, there are an estimated 80 000 infected children below 15 years old and 60 000 infected adults who are 50 years old and above. The urban adult prevalence is 23% compared to 12.4% in rural areas. The average life expectancy has dropped to just 39 years. However, there is evidence indicating that HIV prevalence has stabilized over the past seven years at 14–15%. Lilongwe has demonstrated a decline in HIV infection rates among young women (15–24 years) attending antenatal care from 26% in 1996 to 17% in 2003 and among all attendees from 26% in 1998 to 17% in 2003.

The government launched a National HIV/AIDS Strategic Framework (2000–2004) and established the National AIDS Commission (NAC) in 2001 to foster an independent and broad-based mechanism to achieve an expanded multisectoral response. Starting in April 2003, a new Minister of State Responsible for HIV/AIDS Programmes, within the Office of the President and Cabinet (OPC), began overseeing the NAC. Since then HIV/AIDS has been given higher priority and visibility on the national agenda, with direct access to high levels of government and full ministerial attention to the national response. There is one country-level M&E system, which entails national and international partner agreements to align their data and accountability needs to a core set of indicators and progress monitoring systems under NAC leadership. Reporting directly to the OPC, the NAC is the principle recipient of the Global Fund (US\$ 196 million) and contributions from the pooled funding partners (US\$ 72 million).

### Major External Funding Sources (US\$, million)

World Bank (2003–2008)	63.5
Global Fund (2003–2007)	196.0
USAID (2000–2004)	37.5
CDC (2000–2004)	3.5
UN (ISP), 2003	17.07 (annual average)
2004	17.07 (annual average)
DFID (1999–2008)	63.2
NORAD (2000–2008)	18.8
CIDA (2000–2008)	15.4
EU (2000–2006)	9.6
UNDAF Theme Group	178.2
UNAIDS (PAF funds, 2000–2003)	0.68

## UNAIDS Support to the National Response

UNAIDS provided extensive management support, facilitation and technical leadership for the government-led Joint Review of the National Strategic Framework (NSF), with the participation of more than 100 stakeholders including UN agencies, donors, civil society, private sector and people living with HIV. Out of 14 sub-groups that reviewed the NSF, the UN provided technical leadership for seven. The review revealed low coverage in key programmatic areas, including voluntary counselling and testing, prevention of mother-to-child transmission, condoms and treatment. The review also showed that the issues of treatment and gender were not adequately addressed in the NSF. Furthermore, because the NSF is organized according to thematic areas, the review concluded that it did not provide adequate guidance for programming. It also provided an opportunity to galvanize HIV/AIDS stakeholders and to realign them with the NSF.

UNAIDS provided expertise to develop the National HIV/AIDS Policy that was approved by government in November. The policy addresses complex issues including an expanded basis for HIV testing, beneficial disclosure and condoms for prisoners. UNAIDS facilitated various consensus building forums and processes to ensure that the policy was ‘home-grown’ and emphasized a public health approach and respect for human rights. Capacity building, technical advisory and financial support were given to NAC for systems and modalities development (e.g., restructuring into a coordination body, development of strategic management plan, annual work plan, procurement plan, joint reviews mechanisms). In addition, UNAIDS provided technical leadership and assisted in programme development (e.g., development of voluntary counselling and testing guidelines, guidelines and programme manuals for prevention of mother-to-child transmission, antiretroviral therapy guidelines and national policy for orphans and vulnerable children). UNAIDS advocated for and facilitated the reestablishment of an AIDS Unit in the Ministry of Health including the facilitation of funding and recruitment for key positions within the unit; plans are under way for the deployment of 33 UN volunteer medical specialists at district level, as part of the health sector’s emergency capacity improvement plan in response to the “3 by 5” Initiative.

UNAIDS brokered negotiations and provided technical assistance that resulted in extensive mobilization of resources for the next five years: US\$ 96 million from the Global Fund, US\$ 35 million from the World Bank’s MAP funds and US\$ 37 million from bilateral donors (CIDA, NORAD and DFID). It also facilitated negotiations leading to the signing of a memorandum of understanding (MOU) between government, World Bank, CIDA, NORAD and DFID for the pooling of their funds for HIV/AIDS prevention. The MOU, signed in June 2003, aims to streamline donor demands on NAC and cut transactional costs for all concerned.

Active participation of civil society and private sector organizations in the fight against HIV/AIDS has been increased. UNAIDS advocated and provided technical support for the formation of a Partnership Forum on HIV/AIDS to be launched in the second quarter of 2004. A State Faith Task Force on HIV/AIDS was established with UNAIDS facilitation to enhance the involvement of religious organizations, and a Business Coalition Against HIV/AIDS was also put in place to mitigate the impact in the private sector. For example, UNAIDS collaborated with Coca-Cola to utilize their distribution routes for



HIV/AIDS information, education and communication materials. There has also been increased involvement of people living with HIV, including their participation as UN volunteers in company workplace programmes. UNAIDS is reviewing the submission of a Malawi Armed Forces project to integrate comprehensive HIV/AIDS training into the curriculum of the Defence College and different units of the armed forces.

UNAIDS supported the establishment of a national M&E system, with integrated CRIS/UNGASS. It helped develop the first UNGASS Malawi report and supported institutionalization of the first generation HIV sentinel-surveillance system. Technical advice was given for the 2003 prevalence projections/estimations and report finalization. Support was also given to establish a second-generation HIV surveillance system to provide behavioural and social science data. Technical advice in the preparatory stages of the Demographic Health Survey for 2004, including advocacy for the inclusion of HIV testing, was another component of the support given to the national response. UNAIDS also provided technical assistance for annual work planning, annual reviews and management of a technical assistance pool within the NAC.

## Functioning UN System

The UNTG on HIV/AIDS is the lead mechanism for UNAIDS in Malawi. Members from Heads of Agencies of both cosponsors and non-cosponsors meet once a month under the chair of a cosponsor elected by the entire membership of the UN Country Team (UNCT). The UN Joint Programme on HIV/AIDS is guided by the UNDAF, which incorporates into its HIV/AIDS component priorities from the National Strategic Framework, the Millennium Development Goals and the Poverty Reduction Strategy Paper. Renewed UN system advocacy to incorporate HIV/AIDS in the tracking of PRSP indicators and ensuring proper linkages with MDG monitoring, Medium-Term Expenditure Framework (MTEF) and the HIPC initiative. The UNTG has drafted an advocacy strategy linked to the Millennium Development Goals to decrease HIV transmission rate.

UNAIDS PAF and Secretariat support are being used to strengthen partnerships with religious organizations, increase the involvement of the private sector in the response to HIV/AIDS, expand the response through community mobilization and mainstream HIV/AIDS into the public sector, and to build capacity for community financing of HIV/AIDS Projects. Other projects include the enhancement of youth-friendly support services for tested youths in Blantyre and Mwanza Districts, the Acceptable Language Study in Sexual Reproductive Health Programmes, and addressing “Men, Culture and HIV/AIDS”. The joint programme is also supporting the Department of Human Resources to facilitate human capacity development in the public sector and assisting members of the Malawi Network of People Living With HIV.

Global best practices such as “Substantial Resource Mobilization for the Malawi National HIV/AIDS Response” and “Pool Funding – A New Way of Doing Business in Malawi” have been identified; UNAIDS has compiled these reports and submitted them for publication in the 2004 Global Report. UN support for the study of the “Impact of HIV/AIDS on Human Resources in the Public Sector” stands out in terms of its impact on the thinking and future directions of the government on the issue.

## Emerging Issues and Challenges for the National Response

The new and exceptional amounts of resources allocated to Malawi provide the country with a unique opportunity. However, the real challenge now is how to match this rare opportunity with commensurate absorptive capacity, first in terms of ‘fiduciary requirements’ to receive and account for the funds; and, secondly, in terms of availability of trained human resource capacity to scale up responses and be able to show results in the short- to medium-term? In this regard, the role of the UN system in directly supporting national absorptive capacity (e.g., with respect to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Theme Group) has been raised, in addition to advocating for capacity development and technical assistance to be included in the various sector specific responses. With increased funding for HIV/AIDS outside the UN system, the Malawi Joint Programme on HIV/AIDS views its comparative advantage as lying in areas other than direct investment of huge financial resources, e.g., ensuring antiretroviral equity and addressing the huge treatment gap in the country. Finally, given Malawi’s high dependence on external support for the national HIV/AIDS response, donors’ commitment to the “Three Ones” will be another major emerging issue.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will support the capacity building of the national HIV/AIDS coordinating bodies, in particular the National AIDS Commission, the Ministry of Health and organizations of people living with HIV. It will provide guidance for government-led participatory reviews (including the six-monthly and annual reviews of the national HIV/AIDS workplan), development of a new National HIV/AIDS Strategic Framework and dissemination of the new National HIV/AIDS Policy.

**Partnerships:** It will continue to strengthen, expand and rationalize partnerships at country level, including facilitating the formation of a Partnership Forum, advocating for greater involvement of people living with HIV and strengthening of the Business Coalition Against HIV/AIDS. There will be an explicit focus on advocating for the adoption of the “Three Ones” among the major donors.

**Strategic areas:** It will provide advocacy and technical leadership to accelerate mass response organized around five key areas with current low programme coverage: 1) voluntary counselling and testing or knowledge of serostatus among 15–49 years age group; 2) consistent condom use; 3) prevention of mother-to-child transmission; 4) antiretroviral therapy; and 5) greater involvement of people living with HIV. In particular, human capacity support will be emphasized for the national antiretroviral therapy roll-out programme, along with the associated issues of antiretroviral therapy equity and voluntary counselling and testing generalization.

**UN System:** The Joint UN Programme on HIV/AIDS will be strengthened through the development of a UN-ISP that better harmonizes and expands UN HIV/AIDS work programmes across agencies. In addition, UN Advocacy Strategy that packages more effectively UN achievements in HIV/AIDS will be finalized and implemented. Also, emergency response will be mainstreamed into regular country programmes, including impact mitigation for people living with HIV.

## UNAIDS In Country

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# MOZAMBIQUE

## Country Situation Analysis

Mozambique has one of the highest HIV prevalence rates in the world, with the majority of new infections occurring among those under 29 years. According to the 2003 HIV surveillance report, 13.6% of the adult population (15–49 years) was HIV-positive in 2002 (Ministry of Health/National Institute of Statistics, 2003), by region 14.8 % in the South, 16.7% in the Centre, and 8.4 % in the North. An estimated 1.4 million Mozambicans of all ages were living with HIV/AIDS, of whom approximately 6% were children (0–14 years of age) infected primarily through vertical transmission. The compounding effects of HIV/AIDS and repeated natural disasters have significantly increased the vulnerability of an already impoverished population. Without an aggressive response to HIV/AIDS, life expectancy is projected to drop from 50.3 to 36 years by 2010.

Appreciating the seriousness of the epidemic, major political leaders consistently refer to HIV/AIDS as a major threat to the nation's development. A National AIDS Council (NAC), chaired by the prime minister, was established in May 2000. A National Strategic Plan (2001–2003) was launched the same year. The plan for 2004–2009 is expected to be revised by June 2004, providing an opportunity to align national targets with those of the UN Declaration of Commitment on HIV/AIDS and respond to the evolving situation of the epidemic by applying the lessons learned. The NAC established a Partners' Forum in 2003. Civil society's weak institutional and technical capacities, as well as lack of financial resources, have limited their effective involvement. The World Bank has allocated US\$ 5 million to develop the capacity of civil society organizations and an additional US\$ 25 million to support their initiatives. The private sector will be mobilized and the Business Against AIDS network will be better supported with the World Bank grant and UN support.

More than US\$ 500 million have been pledged or committed by the Global Fund, the Clinton Foundation and the World Bank MAP for the next five years. Mozambique will also benefit from the US Emergency Plan for AIDS Relief (PEPFAR), enabling a significant scale-up. In addition, the country benefits from the Highly Indebted Poor Countries Initiative (HIPC). UN agencies have pledged to contribute at least 25% (approximately US\$ 20 million per year) of their anticipated core and non-core resources to support the national response. In 2003, the UN System had budgeted US\$ 23 million in support of the national response.

Major External Funding Sources (US\$, million)	
World Bank (MAP II 5 years)	55.0
TAP (2004 – 2007)	20 (to be confirmed, WB)
Global Fund (5 years) – HIV/AIDS component	109.0
Clinton Foundation Business Plan (2003-2007)	290 (funds not yet available)
PEPFAR	27.0
EU(2002–2006)	40.81
United Kingdom (2002–2006)	63.5
Ireland (2002–2004)	17.75
UN and Partners (ISP), 2003	23.0
UNAIDS (PAF), (2002–2004)	0.31

## UNAIDS Support to the National Response

UNAIDS provided technical support and/or advisory services to facilitate the government's access to resources, e.g., Global Fund; World Bank MAP, Clinton Foundation, AIDS Common Fund, the "3 by 5" Initiative and PEPFAR. It participated in initiating and is currently supporting the revision process of the National Strategic Plan which will be finalized by June 2004; the operational plan will be developed in 2004. UNICEF and the UNAIDS Secretariat were also instrumental in supporting the NAC with the revitalization of the HIV/AIDS Communication Forum which has close to 60 representatives from more than 40 organizations. There are plans to decentralize the forum to the provincial level to support the implementation of the National Communication Strategy on HIV/AIDS.

The UN, through the UNAIDS Secretariat, provided technical support to the NAC in preparation for World AIDS Day 2003. The UN reaffirmed its commitment to the fight against stigma and discrimination by mobilizing UN staff in Maputo and the provinces to take part in the event. It has continued to provide institutional and technical support to the national network of associations of people living with HIV in Mozambique (RENSIDA), supporting the network to acquire its legal status, train members of the associations in management and organizational skills and initiating the strategic planning exercise. Funding was secured from UNAIDS PAF to enhance the faith-based organizations' involvement. Three regional workshops are planned to take place in 2004 to develop 'AIDS competency' among faith-based organizations and to lay the ground for greater collaboration between them and the UN in areas of prevention, care and support, and the fight against stigma and discrimination.

UNAIDS strongly supported the creation of the Partnership Forum which involves all the constituencies interacting with the NAC. In collaboration with other UN agencies and partners, it is also supporting the development of a multisectoral plan of action to ensure access to basic services and care and treatment of children orphaned or made vulnerable by HIV/AIDS.

UNAIDS Mozambique has helped to translate more than 50 UNAIDS Best Practice series titles in Portuguese and 30 of these publications have been distributed in Mozambique and other Lusophone countries. They have also been produced in CD-ROMs, disseminated to partners and are available on the UNAIDS website. The Theme Group on HIV/AIDS carried out an inventory of HIV/AIDS services and made the information available to UN staff as part of the UN workplace programme ("We Care Initiative"). The inventory is currently being updated and will be jointly published with the Ministry of Health for dissemination to government, non-government and other partners.

UNICEF, the UNAIDS Secretariat and the World Bank provided technical and financial support for the National M&E Framework which will be finalized in 2004. Support was provided to the NAC through the PAF to decentralize the system to the provinces. This complements UNICEF's support to hire

CRIS/M&E assistants in each province. The NAC has made close to 1000 entries and produced maps on “who is doing what” in HIV/AIDS. There are also ongoing efforts to track external resources

## Functioning UN System

The Theme Group, composed of UN Heads of Agencies and the UNAIDS Country Coordinator, is supported by a Technical Working Group; it collaborates in particular with the UN Disaster Technical Working Group, the UN Operations Group on matters related to HIV/AIDS in the UN workplace, and the Gender Technical Working Group. In 2003, the “Joint/Common” section of the 2004 Workplan, to be finalized, was structured on the basis of UNAIDS key strategic functions. HIV/AIDS, which is one of the two overall priorities of the 2002–2006 UNDAF in Mozambique, together with the reduction of gender disparity, is coordinated through the Theme Group on HIV/AIDS. Led by the UNAIDS Secretariat, a UN Integrated Framework on HIV/AIDS was developed through the UNTG to operationalize the strategies outlined in the UNDAF. The framework addresses: 1) HIV Prevention, with a focus on youth and children; 2) Care and Treatment, including care of affected children and families; and 3) the creation of an enabling environment for a multisectoral response through Leadership, Policy Planning and Monitoring.

The UN system has strategically allocated PAF resources for 2002–2004 to provide institutional and technical support to the RENSIDA national network, to strengthen the involvement of faith-based organizations in the fight against HIV/AIDS, to improve the NAC information system by supporting the national tracking database of “who is doing what, where” to track HIV/AIDS interventions in the country as well as resources for HIV/AIDS

UN Learning Strategy on HIV/AIDS, as part of the UN workplace programme, will be implemented in 2004; building the competence of UN agencies and their staff to respond to HIV/AIDS is one of the core strategic areas of the UNTG under the ISP. Substantial progress has been made in promoting joint programming in the area of youth and HIV/AIDS through the UN Foundation /United Nations Fund for International Partnerships (UNFIP) joint projects on HIV/AIDS – the UN joint project in Zambezia and the “South/South” joint project on sharing of best practices on HIV/AIDS and youth between Mozambique and Brazil, involving UNAIDS, UNFPA, UNICEF and UNESCO. In the last three years, the project in Zambezia, coordinated by UNAIDS, has made major strides in providing information and critical life skills to youth to negotiate safer sexual behaviour. Youth-friendly health services are offered in most of the districts and the majority of schools in the Zambezia province are implementing the sexual reproductive health curriculum for in-school youth.

## Emerging Issues and Challenges for the National Response

There is a need to rethink the role of the UN System in the context of the changing development funding environment. The UN common advocacy thrust and plan in the area of care and protection of orphans and other children made vulnerable by HIV/AIDS needs to be better articulated. Gender issues, in particular those identified by the UN Secretary-General’s Task Force on Women, Girls and HIV/AIDS, need to be addressed more specifically and follow-up provided to the Task Force’s recommendations. The response to the humanitarian crisis has created some opportunities for greater inter-agency collaboration around specific issues such as the prevention of sexual exploitation and the care and protection of orphans and other vulnerable children. Greater and more strategic support is needed from the UN to ensure that civil society organizations have the capacity and means to respond to HIV/AIDS, building on the ongoing initiatives supported through the World Bank and UNDP. Weak health infrastructure, lack of human resources and poor capability to manage and supervise can undermine the provision of quality care and treatment if a proper structure is not in place. The scale up of antiretroviral treatment will be carefully supported

## UNAIDS Key Result Objectives 2004-05

The Theme Group has identified the youth, children and orphans as priority target groups. The decision was based on National Priorities and the National Strategic Plans. Food security and gender issues are to be included in all interventions.

**National Leadership:** UNAIDS will continue to provide technical and financial support for the revision of the National Strategic Plan and the implementation of the multisectoral communication and advocacy strategy. It will continue to support the implementation and monitoring of the World Bank MAP initial grant, Global Fund initial grant, as well as other funding initiatives involving in particular the Ministry of Health. UNAIDS, with UNDP, is currently supporting the development of a comprehensive project to mainstream HIV/AIDS in the uniformed services.

**Partnerships:** It will continue to provide institutional and technical support to the people living with HIV network and faith-based organizations. UNAIDS will also reinforce partnership with the private sector on AIDS in the workplace.

**Strategic Information:** UNAIDS will continue to support the translation and sharing of UNAIDS Best Practices publications and ensure completion and follow-up of HIV/AIDS impact studies.

**Monitoring and Evaluation:** UNAIDS will ensure finalization and implementation of the national M&E framework and continue to support the NAC tracking database.

UNAIDS is currently providing technical leadership, together with WHO, for antiretroviral therapy roll-out in the country. WHO/UNAIDS through the “3 by 5” Initiative, will in particular support the Ministry of Health to ensure good coordination of various interventions as well as the necessary technical support and provision of tools to assist the country in scaling up the treatment programme: policy guidelines, equity of access to antiretroviral therapy, training and deployment of health workers. UNAIDS will strengthen or establish inter-agency coordination mechanisms around specific issues such as education, home care, orphan and management of the multisectoral response, and will develop and monitor the UN Annual Integrated Workplan on HIV/AIDS. It will continue to coordinate and monitor UN joint projects such as the WHO/UNAIDS Home-based Care and Opportunistic Infections Treatment (International Programme for AIDS in Africa (IPAA)/Belgian funds)

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# NAMIBIA

## Country Situation Analysis

With an estimated total population of 1.8 million, Namibia's Gross Domestic Product per capita was US\$ 1173 in 2000; there is a significant disparity in income distribution across the population. Half of Namibia's population survives on approximately 10% of the average income, while the ratio of per capita income between the top 5% and the bottom 50% is approximately 50:1. The national unemployment rate is 35%.

Existing and anticipated poverty levels have significant implications for the spread of HIV and other diseases. Poverty is associated with food insecurity; parents of about 30% of all children are unable to provide nutritious food of adequate quality and required frequency. Based on the report of the 2002 National HIV Sentinel Survey published by the Ministry of Health and Social Services (MHSS), the HIV/AIDS prevalence rate among pregnant women attending antenatal care is estimated at 22%. At the end of 2001, UNAIDS estimated 230 000 adults and children to be living with HIV/AIDS. The greater burden of the epidemic falls on women. HIV infection amongst young women accounts for 50% of all reported HIV infections. Current estimates put the number of orphans at 82 000, expected to rise to 120 000 by 2006.

Namibia's proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria second round was approved in January 2003. The government has responded to the request for revision of some components of the proposal. The total amount for the three components for five years is US\$ 113 157 021, of which US\$ 105 319 841 is for HIV/AIDS. Namibia is one of the priority countries to benefit from the US Presidential Plan for AIDS Relief (PEPFAR).

Major External Funding Sources (US\$, million)	
Global Fund (5 years)	105.3
PEPFAR (2004–2005)	2.44
UN Agencies 2001–2003 Bilateral Donors: USAID, CDC, DFID, SIDA, Embassy of Finland, Netherlands, Belgian Committee, French Cooperation, US Peace Corps, Spanish Cooperation  International NGOs: Oxfam Canada	Approximately 42.1

## UNAIDS Support to the National Response

UNAIDS enhanced the efforts towards joint programming and multisectoral approaches. It provided overall support in critical areas such as policy development, strategic information, resource mobilization, best practice, the Global Fund proposal and the costing of Medium Term Plan III (MTPIII) and M&E. In addition, UNAIDS supported the acceleration of multisectoral implementations of the Medium Term Plan on HIV/AIDS (MTPII), mid-term review of MTPII and preparation of MTPIII. It assisted in the regional and sectoral planning and supported the development of the IEC capacity at the regional level.

Support was given to the development of an HIV/AIDS workplace policy for the Ministry of Basic Education, Sports and Culture. Similarly, UNAIDS helped to improve adolescent sexual health information and services. UNAIDS assisted with the provision of home-based care kits for the regions.

UNAIDS supported the civil society engagement by strengthening the Namibia Network of AIDS Services organization and assisting the creation of Lironga Eparu, the national association of people living with HIV. It also mobilized the private sector for HIV/AIDS prevention and care.

UNAIDS also supported the operations of the Small Grant Fund initiative; it manages and coordinates the funding that has been availed by SIDA and the Finnish Embassy for small NGOs and community based organizations.

## Functioning of UN System

The Theme Group on HIV/AIDS has established a Partnership Forum on HIV/AIDS that brings together a variety of actors including bilateral donors, diplomatic missions, and 13 permanent secretaries from line ministries working closely with the UN agencies and people living with HIV. This group meets quarterly and it is chaired by the Theme Group Chair, currently WHO, with UNFPA as Theme Group deputy chair. A Technical Working Group comprising technical staff from UN agencies and UNAIDS Secretariat meets on a monthly basis to provide technical support to the Theme Group. The chair rotates annually. HIV/AIDS features very prominently in UNDAF and CCA. The HIV/AIDS Theme Group is the most visible and active Theme Group, setting an example for others.

The Expanded Technical Working Group on HIV/AIDS is an emanation from the Partnership Forum. It is comprised of focal points of the UN agencies, the National AIDS Coordination Programme (NACOP), representatives from key donor agencies and international NGOs. Membership of this group has been expanded to civil society umbrella organizations, the organization of people living with HIV and the private sector. The chair rotates annually.

The UNAIDS Secretariat provides secretarial support to the Partnership Forum, Theme Group, UN Technical Working Group and the Expanded Technical Working Group. The UNAIDS Secretariat is responsible for the management, coordination and M&E of the Small Grant Fund Mechanism. PAF are being used to support the National AIDS Executive Committee to strengthen management capacity in national structures and to support the follow-up of the mid-term review of the national plan.

## Emerging Issues and Challenges for the National Response

There are relatively weak structures, systems and processes for inclusive policy development, coordination and monitoring of the response at central and regional levels. The following elements stifle the national response:

- Weakness of programmatic links between various HIV/AIDS related issues, such as sexual/reproductive health and rights, sexually transmitted infections, HIV/AIDS and TB infections;
- Limited understanding of the vulnerability factors such as socio-economic conditions (poverty), gender inequality, violence against women including rape, substance abuse, etc;
- Limited capacity (human resources and skills) for HIV/AIDS/TB programme planning, management and implementation across the board (within MHSS and outside government structures);
- A relatively underdeveloped multisectoral response, particularly in the public sector, where HIV/AIDS is not yet systematically mainstreamed; and
- Limited support to a structured decentralization of the response at regional, district and local levels, leading to weak local responses.

In addition, the mechanisms for M&E, information and best practice sharing need to be strengthened.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to support inclusiveness of national coordination bodies and to provide assistance, as necessary, for increased effectiveness. It will also continue to support and advocate for increased political commitment in various sectors as a means to strengthen a multisectoral approach.

**Partnerships:** UNAIDS will continue to mobilize various actors and to broker partnerships that enhance effectiveness through collaboration, not competition.

**Strategic Information:** UNAIDS will support/facilitate the development and implementation of information systems such as CRIS in order to steer action and track the use of resources. It will also support research as a means to generate data that inform programme planning and implementation strategies.

**Monitoring and Evaluation:** UNAIDS will continue to provide technical assistance and training for the National M&E Framework and CRIS, especially at the MHSS.

**Technical/Financial Resources:** Capacity development is a clear challenge that the country needs to address. UNAIDS will ensure that the development of technical resources remains a high priority by supporting its integration in interventions as a major component. UNAIDS will also step up efforts to support the government in mobilizing the necessary resources for the implementation of the recently launched Third Medium-Term Plan on HIV/AIDS (2004–2009)

## UNAIDS In Country

### UN Resident Coordinator

*Dr Jacqui Badcock*

### Chairperson, UN Theme Group on HIV/AIDS HIV/AIDS

*Dr Custodia Mandlhate* (WHO Representative)

### Staff

*UCC, Salvator Niyonzima*

*Programme Assistant* (1) supported by UNDP

*Small Grants Fund Administrator* (1) *Driver* (1)

*Admin Assistant/ Secretary* (1)

*Driver/messenger* (1)

# RWANDA

## Country Situation Analysis

Rwanda emerged from a period of mass displacement, war and genocide to face an HIV/AIDS epidemic that further threatens the survival of Rwanda's population of 8.1 million. The annual growth rate has been estimated at 2.1%. The national adult HIV prevalence rate was an estimated 8.9% at the end of 2001 with 430 000 adults and 65 000 children infected. In the 2002 antenatal clinic sentinel survey, median HIV prevalence rates were 6.9% and 3.0% in urban and rural sites respectively. Due to the war and widespread poverty, the impact of HIV/AIDS on the vulnerable population (including orphans, child-headed households, widows, victims of systematic rape during the war, etc.) has increased. The current goal for the Government of Rwanda is to stabilize the spread of HIV/AIDS during the period 2002–2006.

Around 60% of the population still lives below the poverty line (less than US\$ 1 per day). Rwanda has a rural subsistence economy with a weak tertiary and secondary sector, strong religious influence and illiteracy problems. Progress has been made in the political, social and international arena. In 2003 Rwanda held the first democratic presidential election in its history and a referendum on the new constitution that guarantees a minimum of 30% of parliamentary seats to women.

Political commitment regarding HIV/AIDS is high with the personal involvement of the President and the First Lady. A Ministry of State in charge of HIV/AIDS, TB and related diseases has been created within the Ministry of Health. The National AIDS Control Programme was changed to the National AIDS Commission (NAC) in March 2001 and moved from the Ministry of Health to the Office of the President. The Treatment and Research AIDS Centre (TRAC) was also created to define treatment and care standards as well as to provide training and certification in HIV/AIDS care provision.

The National Strategic Framework (2002–2006) is being implemented. The Ministries of Youth and Sports, Defence and Education have developed HIV/AIDS programmes. Six coordination bodies have been created. They are the NGO Forum, National Network of People Living With HIV, the faith-based organizations, the private sector umbrella organization, APELAS, public sector bodies concerned with HIV/AIDS and HIV/AIDS donor organizations.

During the past year Rwanda benefited from all major international HIV/AIDS initiatives such as the Global Fund, World Bank supported MAP and US PEPFAR.

### Major External Funding Sources (US\$, million)

World Bank (2003–2008)	30.5
Global Fund (2003–2008)	71.5
US-PEPFAR (2000–2004)	100-150
DFID-SIPAA(2003–2005)	5.3
UNDAF Theme Group (2002–2006)	43.6
UNAIDS PAF (2000–2003)	0.6

## UNAIDS Support to the National Response

UNAIDS supported the NAC in formulating strategies/policies for coordination of the national response and management of programmes.

UNAIDS also provided institutional and technical support to the NAC for the creation of the civil society coordination bodies. They are the umbrella organizations/networks of NGOs, people living with HIV, faith-based organizations, the private sector and donors. UNAIDS has regular contacts with all these forums and provided extensive support to the NAC and the private sector in the organization of an International Private Sector Conference in Kigali.

UNAIDS is supporting the M&E unit of the NAC to improve the generation of information on better monitoring and evaluation of the national response. The national M&E, plan including UNGASS indicators, was approved.

UNAIDS, in collaboration with the Theme Group on HIV/AIDS, provided technical support to the Government of Rwanda for applications to the Global Fund. Thus far, Rwanda has had approval of Global Fund HIV/AIDS proposals for a total of US\$ 71.5 million.

UNAIDS provided institutional and technical support to the Great Lakes Initiative on AIDS Secretariat for the preparation of an application to the World Bank for a regional MAP grant. The MAP grant would finance sub-regional or cross-border HIV/AIDS issues related to mobile populations. It would also complement national MAPs.

UNAIDS supported the NAC in the organization of World AIDS Day activities which included organization of a national contest for youth/children on stigma and discrimination and media campaigns for the public. The objective of the contest was to raise awareness on how children are refused access to basic rights because they are infected or affected by HIV/AIDS. UNAIDS participated in the mobilization of resources to support associations of people living with HIV and their families.

## Functioning UN System

The Theme Group on HIV/AIDS and its Task Force have been meeting regularly. Heads of agencies of both cosponsors and non-cosponsors participated in the Theme Group meetings. The Theme Group was involved in the update of the Common Country Assessment (CCA), which will be the basis for the UNDAF review in 2004. The Theme Group and Task Force were also involved in giving technical support for development of successful Global Fund proposals. The Task Force played an important role in the 2003 World AIDS Day activities and in the preparation of PAF proposals.

UNAIDS PAF are being used for a sociocultural behaviour study of community response to HIV/AIDS; the increase of HIV/AIDS awareness for children at primary schools; the initiation of home-based care activities for people living with HIV; assistance in food security and household nutrition of people infected and/or affected by HIV/AIDS; and the technical assistance and resource mobilization process of the Great Lakes Initiative on AIDS.



## Emerging Issues and Challenges for the National Response

The presence of many partners and the availability of large financial resources scaled up the fight against HIV/AIDS in Rwanda. However, the limiting factor seems to be lack of staff both at national and decentralized levels to implement the many programmes. There is also an urgent need for better coordination of the national response and harmonisation of the M&E systems of different partners.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will further support the NAC to better coordinate the national response. Support will also be given to the NAC for this year's World AIDS Campaign theme "Women, Girls and HIV/AIDS".

UNAIDS will also support the HIV/AIDS focal points of ministries to mainstream HIV/AIDS in their respective activities, in particular the Rwanda Defence Forces to increase the involvement of uniformed services in the national response.

**Partnerships:** UNAIDS will continue to strengthen civil society organizations, in particular the network of people living with HIV. This will gradually lead to their greater involvement in reorganising and expanding the national response on HIV/AIDS. The network of people living with HIV is quite fragile and thus requires support to effectively contribute to the national response.

**Strategic Information:** UNAIDS will continue to disseminate to key audiences scientific/technical information on the epidemic and the response to it.

**Monitoring and Evaluation:** UNAIDS will support the national M&E working group, assist in reviewing the national M&E plan and build local capacity to establish the country response information system.

**Technical and Financial Resources:** UNAIDS will continue to give technical support to the development and follow-up of GF projects.

**UN System:** UNAIDS will facilitate the implementation of the UN learning strategy including the UN system workplace policy.

During the period 2004–2005 strengthening partnerships and monitoring and evaluation of the country response are the two main priorities of UNAIDS.

## UNAIDS In Country

### UN Resident Coordinator

*Macharia Kamau*

### Chairperson, UN Theme Group on HIV/AIDS

*Bintou Keita*

### Staff

UCC, *Dirk van Hove*

JPO (supported by the Belgian Government)

Assistant/Admin Secretary (1)

Driver/messenger (1)



# SOUTH AFRICA

## Country Situation Analysis

South Africa has 45 million people and a Gross Domestic Product (GDP) of US\$ 130 billion. It is Southern African Development Community's largest economy accounting for 66% of the regional GDP. By the end of 2002, an estimated 5.3 million South Africans were infected with HIV, the largest number of individuals living with the virus in a single country. The national HIV infection rate among pregnant women attending antenatal services in 2002 was 26.5% with variation among the country's nine provinces from as high as 36.5% in KwaZulu-Natal to as low as 12.4% in the Province of Western Cape. Based on 2002 estimates, over 20% of adult (15–45 years) South Africans are HIV-positive. However, over the past four consecutive years, the rate of HIV infection among young people below the age of 20 has remained stable.

The degree of commitment to tackle the epidemic in South Africa is high. The South African government fulfils the 2001 Abuja commitment to allocate 15% of government expenditure to health. In 2003, South Africa allocated US \$1.7 billion from its national treasury to fight HIV/AIDS over a three-year period. On the policy front, South Africa has a national strategic framework for 2000–2005. In 2003, the government approved a Comprehensive National Plan on HIV and AIDS Care, Management and Treatment, which aims amongst other things to provide access to antiretroviral treatment to over 1.4 million South Africans by 2008. To mark the end of the first decade of democracy, the government published its 10-year review of its achievements and challenges. On HIV/AIDS it concluded that “addressing HIV/AIDS and other emerging diseases by reducing the incidence of infection among high-risk groups, treatment of those infected and increased access to home-based care” will be a challenge for the coming decade. South Africa has a multisectoral National AIDS Council chaired by the deputy president. Civil society and private sector engagement in shaping, influencing and implementing policies and programme interventions is dynamic and robust. This is in large measure due to South Africa's open and progressive constitutional democracy.

South Africa has a plethora of international bilateral organizations, foundations and NGOs working in HIV/AIDS. Most of these organizations bring additional resources to the national response against HIV/AIDS. Among the lead HIV/AIDS funding initiatives in South Africa is the Global Fund to fight AIDS, Tuberculosis and Malaria and the American Government Emergency Plan for AIDS Relief. Bilateral donors bring significant additional resources to complement government and of civil society efforts.

Major External Funding Sources (US\$, million unless otherwise stated )	
DFID (2004–2008)	Pounds sterling 30.0
EU (2002–2008)	Euro 133.5
USAID (1996–2005)	89.5
Global Fund (Round One & Two)	65.0
PEPFAR (2004)	52.5 – 70.0 (Tentative)
Belgium (2003–008)	Euro 10.2
KFW Germany (2003–2005)	Euro 9.0
AusAID (2003–2008)	AU\$ 52.7
GTZ Germany (2000–2008)	5.5
CDC (2003–2005)	4.3
UNCT Theme Group (2003)	6.5
UNAIDS (PAF funds, 2000–2003)	0.75

## UNAIDS Support to the National Response

UNAIDS was one of the main sponsors of the first South African National AIDS conference, providing US\$ 25 000 from the Secretariat. The UNAIDS Executive Director addressed, via video, the opening of the conference. The Theme Group led the joint UN participation at the conference. Activities included a presentation on UN support to the national response at a government organized symposium and a joint UN exhibition stall. UNAIDS mobilized £0.5 million from DFID South Africa to strengthen the Country Coordinator's office over a two-year period. The funds will support two professional level staff; an M&E and Strategic Information Adviser (International); a Partnership Development and Support Adviser (National) and two support staff. UNAIDS continued to support the government coordination function by serving as the secretariat to the government-led Donor Coordination Forum (DCF) whose composition includes government, bilateral partners and the UN. The Theme Group and the secretariat supported and facilitated a one-day DCF retreat organized to discuss strengthened coordination with the National AIDS Council and broadening of the DCF by transforming it into a partnership forum that includes civil society and the private sector. UNAIDS supported the Resident Coordinator in organizing a briefing meeting of ambassadors by the Minister of Health on the government Comprehensive Plan on HIV and AIDS Care, Management and Treatment.

UNAIDS provided extensive technical support to the National HIV/AIDS and STD Directorate in several areas including: facilitating the government, labour and employer summit to develop an HIV/AIDS strategy for the mining sector; participating in a government-appointed task force to draw up terms of reference and oversee the government-led review of the National Strategic Plan (NSP); served in the National Voluntary Counselling and Testing Steering Committee; participated in the National AIDS Council-Technical Review Panel for the Global Fund proposals; facilitated the preparation of the 2003 South Africa UNGASS on HIV/AIDS Report; participated in technical studies and reference groups in the private and public sectors.

UNAIDS engaged in several advocacy strategies including promoting the adoption and use of the CRIS database for monitoring UNGASS indicators through the facilitation of a national training workshop for national and provincial departments. Several presentations of UNAIDS and Theme Group support to the national response were made to visiting delegations from donor countries and to sections of civil society. UNAIDS continued to engage with civil society and the private sector by participating, on invitation, at their planning meetings. These included, the Treatment Action Campaign, National Association of People Living With HIV, South African Business Coalition of HIV/AIDS and the American Chamber of Commerce.

## Functioning UN System

The UN Country Team in South Africa has 18 agencies. The Theme Group on HIV/AIDS consists of all UN Country Team members e.g., heads of agencies of both UNAIDS cosponsors and non-cosponsors. The Theme Group is exclusively UN in its composition; there is no Expanded Theme Group in South Africa. It meets as part of the monthly UN Country Team meeting and the Theme Group agenda is a standing item in the UN Country Team meetings. In 2003, the Resident Coordinator held the chair of the Theme Group. There is an active Technical Working Group, which meets monthly under the chair of the Country Coordinator and is composed of HIV/AIDS programme officers and focal points from the Theme Group agencies. UNDAF is the basic programme document that drives most of the UN programme support to government including HIV/AIDS. In August, in support of the UNDAF review process held with government, the Theme Group produced an activity report on how the HIV/AIDS aspects of UNDAF were operationalized. The Theme Group annually develop and implement the UN Joint Work Plan on HIV/AIDS (UN-ISP) which is aligned to UNDAF, the NSP and the Millennium Development Goals. The annual UN Country Team retreat reviewed this joint work plan and included it in the Resident Coordinator's annual report. Its findings fed into the development of the 2004 annual work plan and the Country Coordinator's annual result report.

Additional to the Theme Group Joint Work Plan on HIV/AIDS, the South African UNCT is implementing a UNFIP Joint Programme on Youth and HIV/AIDS, which involves UNICEF, UNFPA and UNDP. The programme has funds set aside to facilitate UN joint programming in HIV/AIDS by those other agencies that are not involved with the Youth and HIV/AIDS joint programme. Members of the UN Country Team have several HIV/AIDS programmes, which they are implementing as part of their agencies programmes of cooperation with the Government of South Africa. In 2003, the UN Country Team HIV/AIDS programme budget amounted to US\$ 6.5 million, of which US\$ 4.2 million was disbursed.

UNAIDS PAF remains a key source for supporting joint and catalytic UN action in HIV/AIDS. In 2003 the Theme Group received a total of US\$ 250 000 of PAF; \$150 000 to support the expansion of the principals of greater involvement or people living with HIV (GIPA) in the public sector; and US\$ 100 000 to co-fund the government review of the NSP. In addition, the Theme Group continued to implement the US\$ 300 000 PAF-funded donor database for tracking donor funding and support. The Country Coordinator's office and the UN HIV/AIDS Workplace Programme and GIPA Programme benefited from the Inter-agency Unified Operation expenses budget of the UN Country Team. The 2003 budget was US\$ 45 000 (Country Coordinator US\$ 14 000, UN HIV/AIDS Workplace Programme US\$ 26 000 and the UN GIPA Programme US\$ 5 000).

As part of advocacy and communication, the UN system jointly commemorated and participated in a number of international and national HIV/AIDS events in 2003. These included the national launch of the UNAIDS/WHO Epi update report; the in-house commemoration of the World AIDS Day by UN staff which included the launch of the Post Exposure Prophylaxis (PEP) tool kit; and participation in the national World AIDS Day activities. Staff training on the use of the PEP kit is an ongoing activity of the UN HIV/AIDS Workplace Programme.

## Emerging Issues and Challenges for the National Response

South Africa has embarked on the largest Comprehensive HIV and AIDS Care, Management and Treatment programme ever attempted. Programme management and coordination of this initiative is one of the cardinal challenges that requires urgent attention. The other main challenges include: inadequate human capacity for service delivery; weak infrastructure; tackling stigma to facilitate programme uptake and adherence to treatment; monitoring of programme implementation; and building of partnerships with the community and civil society to support the programme. Another key challenge is ensuring that the prevention agenda to protect the 40 million uninfected South Africans remains at the fore of the national response.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** Support National AIDS Council to strengthen coordination at national and provincial levels.

**Strategic Areas:** Provide technical assistance for and participate in the design and implementation of the review of the NSP and facilitate the preparations for the next generation NSP 2006–2010. Provide technical assistance to support the implementation of the Operational Plan for Comprehensive Care, Management and Treatment for South Africa as part of the “3 by 5” Initiative.

**Monitoring and Evaluation:** Advocate for an M&E framework and costing of the next generation NSP; advocate and support the establishment of a national M&E reference group. Support the introduction of CRIS at national and provincial levels. Complete the Orphans and Vulnerable Children Rapid Assessment, Analysis Action Plan (RAAP).

**Technical and Financial Resources:** Provide technical assistance to support the development and review of proposals to the Global Fund, PEPFAR, other funding initiatives and partners. Provide technical assistance for HIV/AIDS mainstreaming in public sector department programmes.

**Partnerships:** Advocate for the transformation of the DCF into a government led Partnership Forum.

**UN System:** Develop and implement the UN-ISP and a joint UN communication strategy for HIV/AIDS programmes. Review and support the implementation of the UN Workplace Programme. Facilitate a quarterly learning seminar on UNGASS, Millennium Development Goals, UN Corporate Strategy on HIV/AIDS, CCA/UNDAF.

## UNAIDS In Country

**UN Resident Coordinator**

*John Obiorbenuan*

**Chairperson, UN Theme Group on HIV/AIDS**

*Kenneth E Andob (ILO)*

**Staff** UCC: *Mbulawa Mugabe*

Programme Associate, Admin and Finance *Ashley Heslop*

M&E Strategic Information (International) *under recruitment*

Partnership Development and Support (NPO) *under recruitment*

Programme Assistant/Associate/Secretary *under recruitment*

Driver/clerk *Douglas Madisha*; Second driver, *under recruitment*

# SWAZILAND

## Country Situation Analysis

It is estimated that in 2001 over 30% of the adult population of Swaziland was living with HIV/AIDS, of whom 88 000 were women aged 15–49 years and 14 000 were children less than 16 years of age. Women of childbearing age make up 47.7% of women in Swaziland, or a quarter of the population (report of the 1997 Swaziland Population and Housing Census Vol. 4). This population is highly vulnerable to HIV infection, particularly the younger women. Periodic surveillance of antenatal clinics in the country has shown a consistent rise in the prevalence of HIV infection among women attending the clinics. The most recent surveillance report of 2002 gives an overall prevalence of 38.6%. The highest prevalence of 41.0% was among the younger age group of 15–29 years. The older women, 30 years and over, had a prevalence of 27.7% (Swaziland Ministry of Health Eighth HIV Sentinel Surveillance, 2002).

It is also estimated that there are over 60 000 orphans, with approximately four children per household with an average age of 11 years. It is estimated that at least 15 000 households are headed by orphaned children, living on their own or with a sick parent or relative, with no resources or skills to provide for their basic needs.

Major External Funding Sources (US\$, million, unless indicated)	
Global Fund	30.6
World Bank	0.4
European Union	2.85
DFID	£0.55
US Embassy	data not available
Italian Cooperation	data not available
Bristol Myers	data not available
UNDAF	3.7
UNAIDS (PAF 2002-2003)	0.11

## UNAIDS Support to the National Response

UNAIDS has given technical support to the National Emergency Response Council on HIV/AIDS (NERCHA) to advocate for the importance of having a national M&E plan that would not only help monitor and evaluate the actions that have already been financed, but also help Swaziland interest donors in backing them up.

UNAIDS brokered a technical assistant to support the government in preparing the Global Fund proposal for the third and fourth rounds.

In partnership with NERCHA and Support to International Partnership Against AIDS in Africa (SIPAA), UNAIDS has facilitated a rapid assessment of organizations/groups of people living with HIV by these people themselves. For them it has been a fulfilling exercise, while for our partners it is useful to know the groups of people living with HIV they are working with.

## Functioning UN System

The Theme Group on HIV/AIDS comprising all heads of UN agencies meets monthly while the Inter-Agency Technical Working Group comprising of HIV/AIDS focal persons from each agency meets weekly. In 2002 the Theme Group membership was extended to include other development partners, donors, and NERCHA, who meet quarterly. The Ministry of Health and Social Welfare was incorporated into this group recently.

In response to the Secretary-General's call in March 2003 for a reinvigorated campaign to confront the humanitarian crisis, the UNCT held a retreat and developed a six-month emergency workplan. At the end of the meeting it was decided that the UNCT should identify a few areas where it would support NERCHA and work together in a complementary manner to address HIV/AIDS as an emergency.

Currently the Theme Group is in the process of developing its 2004–2005 workplan on HIV/AIDS in support of the national response. It has identified five priority areas (antiretroviral therapy, orphans and vulnerable children, food security and nutrition, communication and capacity building and replenishment). It is in the process of consulting with partners.

## Emerging Issues and Challenges for the National Response

Depleted human resource, especially in the health sector, is a challenge that needs to be addressed in order to deliver the much needed care. There are ongoing food shortages due to the humanitarian crisis. The ever-increasing number of orphans and vulnerable children requires additional attention. The overall communication strategy to include information on antiretroviral therapy for the general public needs to be improved.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to provide support to strengthen NERCHA.

**Partnership:** UNAIDS has initiated the move from the current Expanded Theme Group to a Partnership Forum that will include partners from NGOs, the private sector, faith-based organizations, people living with HIV, the media, youth groups, key government ministries, etc. The process has started, and a concept paper has been developed to be shared with partners.

**Strategic Information:** The UNAIDS office has been sharing best practices documents, position papers and publications at country level and will continue to do so. We are looking into possibilities of continuing to provide this service more systematically. The NERCHA is at a preliminary stage of opening a resource centre/library and discussion is under way with UNAIDS on providing essential materials.

**Monitoring and Evaluation:** UNAIDS is planning to involve Swaziland in the creation of CRIS. Currently one staff member from NERCHA is in UNAIDS Geneva for training and will be utilized to facilitate the process.

**Technical Financial Resources:** There is a very serious human resource problem throughout the country. The Ministry of Health is hard hit as its trained nurses leave the country for better opportunities on a continuing basis. A major issue is who will implement the planned activities. Resources are also needed to assist work at community level by youth groups, people living with HIV and women as volunteering is difficult to sustain in a country where poverty is hitting hard due to the combined effect of drought and HIV/AIDS.

## UNAIDS In Country

**UN Resident Coordinator**  
*Elizabeth Lwanga*

**Chairperson, UN Theme Group on HIV/AIDS**  
*Alan Brody*

**Staff** UCC, *Mulunesh Tennagashaw*  
NPO (supported by SIPAA)  
Admin Assistant/Secretary  
Transport Assistant/Driver

# UNITED REPUBLIC OF TANZANIA

## Country Situation Analysis

The United Republic of Tanzania comprises Tanzania Mainland and the Island of Zanzibar with a total population of about 35 million people, the majority of whom reside in rural areas. Tanzania is among the poorest countries in the world with a Gross National Product per capita of US\$ 280. Since the first AIDS cases were discovered in Tanzania HIV prevalence has been on the increase from 1.3% in 1985 to 7.2% in 1990 and 9.6% in 2002. More than 2 million people are living with HIV/AIDS in Tanzania Mainland. Zanzibar, which has a population of about 1 million inhabitants, has a much lower prevalence rate, estimated at 0.6% in 2002. This shows an increase from 0.2% in 1990. Women are significantly more affected than men, with 60% of the new infections reported amongst youth aged 15–24 years.

The net effect and impact of the epidemic on per capita GNP growth is substantial and increasingly being felt by many families. Recent publications have revealed that the rate of economic growth has fallen by 2–4% in sub-Saharan Africa. In December 2003, the Economic and Social Research Foundation (ESRF) released a report entitled “The Economic and Social Impacts of HIV/AIDS in Tanzania”. The report paints a gloomy picture of the devastating impact of HIV/AIDS on scarce human resources and its effect on labour supply, labour productivity, time allocation, financial resources, delivery of social services, agriculture and food security, and the overall economy. While HIV/AIDS awareness among the population is high (above 80%), behaviour change is very slow with new infections being contracted. High levels of stigma and lack of access to services and information especially among young people has continued to propagate the transmission of the HIV virus mostly through heterosexual unprotected sexual relationship and other risk behaviours.

In 2000 the President of the United Republic of Tanzania declared HIV/AIDS a national disaster to be tackled by everybody. This resulted in the establishment of the National AIDS Commission (TACAIDS) in Tanzania mainland and the Zanzibar AIDS Commission (ZAC) in Zanzibar. These multisectoral bodies under the Prime Minister's and Chief Minister's Offices respectively are responsible for providing guidance on national efforts to fight HIV/AIDS. Since their establishment both commissions, with the assistance of partners, have successfully formulated a Multisectoral Strategic Framework to fight HIV/AIDS for the period 2003–2007.

TACAIDS became fully operational in January 2003 and has developed its three-year Midterm Expenditure Framework (MTEF), action plan and budget. The prime minister launched the National AIDS Policy in November 2001 and the National Multisectoral Strategic Framework (2003–2007) was launched in May 2003. Zanzibar has not yet developed its AIDS policy and MTEF. In the mainland multisectoral HIV/AIDS committees have been set up at local government council level and at ward and village level. Council HIV/AIDS plans have been submitted and approved for funding in the first half of 2003. Zanzibar is adapting existing DACOMS and SHACOMS to assume a similar role, however extensive capacity building will be required to enable them to function more efficiently and effectively.

Major External Funding Sources (US\$, million) 2003–2005	
World Bank – TMAP	70 (65 Mainland and 5 Znz)
Global Fund	5.4 (1 <sup>st</sup> Round) + 87 (3 <sup>rd</sup> Round) = 92.4
USAID + PEPFAR	89.56
CIDA	16.35
EU	3.34
SIDA	23.9
DFID	7.14
Norway / NORAD	15.39
Germany/GTZ	3.7
UNDAF Theme Group	1.55
UNAIDS (PAF Funds)	0.82
Other UN Agencies (UNDP, UNFPA, WHO)	(UNDP – 1.76) + (UNFPA – 5.09) + (WHO – 2.28) = 9.13

## UNAIDS Support to the National Response

The work of UNAIDS in the fight against HIV/AIDS has been multi-faceted and in close cooperation and collaboration with other development partners. At national coordination level, UNAIDS has provided extensive technical and financial support, facilitation and technical leadership and guidance to TACAIDS and ZAC. UNAIDS has facilitated and participated in the formulation of the current National Strategic Framework on HIV/AIDS and AIDS Policy. It has also supported advocacy initiatives to address stigma and discrimination and promote human rights among those infected and affected by HIV/AIDS. Jointly with other partners UNAIDS is supporting innovative approaches to participatory planning and management of local responses to HIV/AIDS at community and district level, commonly known as District Response Initiatives (DRIs). The Theme Group fully supports efforts being made to further integrate DRIs into the participatory planning process at district and community level to accelerate nationwide implementation of community-based processes, especially those involving marginalized groups such as young people and women. UNAIDS will continue to give technical support needed to enhance the utilization of the Global Fund and the significant grant funding from bilateral/multilateral donors including the World Bank to support priority interventions (including refugee HIV/AIDS response), care and treatment, prevention of mother-to-child transmission, support to orphans and marginalized groups, and condom procurement and promotion.

In February 2004, the Theme Group conducted participatory planning with TACAIDS to develop a strategically focused work plan to be supported collectively and collaboratively by all agencies. A similar process is being organized for Zanzibar as well. Recently the UN has been involved in the first government-led HIV/AIDS annual review of the National Multisectoral Strategic Framework on HIV/AIDS on 10<sup>th</sup> to 12<sup>th</sup> February 2004.

UNAIDS has made a significant contribution to improved financial management and resource mobilization by providing technical support to TACAIDS and key sectors and by strengthening the coordination of development partners' assistance.



UNAIDS has continued to empower civil society and the private sector to play an increasing role in the national response and to enhance its representation in decision-making bodies on HIV/AIDS. At national level, UNAIDS advocated for stronger representation of civil society in the Global Fund-CCM and for further expansion to include trade unions, employers organizations, the media and youth organizations. It has provided support for networking and capacity-building to the umbrella organizations of people living with HIV and to the national network of AIDS service organizations through workshops and training sessions, participation in conferences (ICASA; People Living With HIV Conference) and development of information/education materials. The faith-based organizations have been supported to consolidate their networking and coordination. It has also initiated the revival of the Business Coalition on HIV/AIDS.

UNAIDS supported TACAIDS in the establishment of a national M&E system, with integrated CRIS/UNGASS indicators.

The M&E Unit in TACAIDS became fully operational in late 2002. An M&E task force consisting of government, UNAIDS, bilateral development partners and technical experts initiated and monitored the development of a comprehensive M&E framework and plan, in line with the National Multisectoral Strategic Framework 2003–2007 and ensured that the UNGASS indicators have been fully incorporated into the M&E Framework.

Following a workshop for East Africa organized by UNAIDS, the armed forces of Tanzania, Kenya and Uganda are in the process of developing programmes for peer-education training aimed at young recruits, with the objective of turning them into agents for change.

## Functioning UN System

The UN system in Tanzania is working together through UNDAF(2002–2006), which is based on the Tanzania Assistance Framework (TAS), PRSP, and incorporates into its joint HIV/AIDS workplan priorities from the National Strategic Framework, the Millennium Development Goals and Medium-Term Expenditure Framework. In the UNDAF, HIV/AIDS is one of the six priority areas (the others are: poverty monitoring, community-driven development, health, education, agriculture and livelihood). Under the UNDAF, a UN joint programme on HIV/AIDS (2002–2006) has been developed with participation of 11 UN agencies (nine UNAIDS cosponsors plus FAO and UNHCR). An annual workplan for 2003 (not in the format of the ISP) was developed. The workplan addresses issues of national leadership and advocacy.

A Theme Group assessment was carried out in mid-2002 and resulted in a decision to integrate the Theme Group into the UN Country Management Team, which consists of all heads of UN agencies in Tanzania. HIV/AIDS is a permanent agenda in the monthly meetings and all policy and strategic issues are being discussed in this forum. However special meetings of the Theme Group on HIV/AIDS have been reinstated since November 2003. An expanded Theme Group has been established within the HIV/AIDS sub committee of the Development Assistance Coordination Group (DAC) with 26 bi and multilateral agencies, who meet monthly. The Chair is elected annually from among the members and UNAIDS is the permanent secretariat to the Group. Joint meetings of this group with government (TACAIDS) were initiated in May 2003 and are held quarterly. The coordination among development partners and with the government has considerably improved through this forum.

The Theme Group is assisted by a technical working group which has been functioning as three UNDAF working groups in the respective areas of UN focus: 1) Strengthening the leadership, strategic guidance, coordination and M&E function of TACAIDS and ZAC. The support to TACAIDS has been largely coordinated with the other development partners through monthly meetings of the DAC HIV/AIDS group. In Zanzibar the UN (currently UNICEF) chairs such meetings; 2) Supporting advocacy and networking initiatives to address stigma and discrimination and promote human rights of the infected and affected such as support for people living with HIV and youth participation, capacity building for journalists, material production to combat stigma and discrimination, World AIDS Day and World AIDS Campaign activities. UNAIDS has also been active in promoting the gender dimensions of the epidemic in various forums; 3) Developing innovative approaches to participatory planning and management of local responses at community and district level which involves empowering communities to take leadership and conduct HIV/AIDS risk/vulnerability assessment, mapping and planning of interventions and implementation.

## Emerging Issues and Challenges for the National Response

The Multisectoral Strategic Frameworks for Tanzania Mainland and Zanzibar are quite comprehensive and would require significant amount of funds to operationalize them. The challenge lies in mobilizing adequate resources to meet the requirements for the interventions while at the same time maintaining the required quality standards and effective coordination of the responses.

The engagement and ownership of the response (previously led by the Ministry of Health) by two key sectors, namely the Ministries of Local Government and Education, to oversee implementation of interventions in the districts/community and in schools respectively would require further support and strengthening.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to galvanize the UNTG to collectively and collaboratively support capacity building of TACAIDS and ZAC, including that of key sectors such as the President's Office, Regional Administration and Local Government, who are responsible for facilitating district and community responses to HIV/AIDS; the health sector for health interventions, education sectors for the school intervention and labour, youth and sports sector for the young people, informal sector and orphans responses.

**Partnerships:** UNAIDS will continue to strengthen and expand partnerships with NGOs, civil society organizations, faith-based organizations, networks, and private organizations at country level, including facilitating the formation and strengthening of national level coalitions/networks/forums to expand the response in a more coordinated manner, including partnership forums, advocating for greater involvement of people living with HIV and strengthening the Business Coalition Against HIV/AIDS and the civil society.

**Strategic Areas:** UNAIDS will provide technical leadership to existing and emerging priority interventions such as access to antiretroviral therapy ("3 by 5", etc.), national care and treatment plan, mainstreaming HIV/AIDS in sectoral plans including gender; continue to advocate for prevention of HIV transmission to run in tandem with current initiatives on treatment; focus on most vulnerable and risk groups; strongly advocate for the visibility of people living with HIV in HIV interventions including stigma mitigation.

**UN System:** UNAIDS will strengthen UN joint support to the national response to achieve the envisaged objectives in the joint UN HIV/AIDS workplan including UN Workplace Programme. UN agencies to take leadership of joint interventions that fall within their mandate. Continue to strengthen UNAIDS Secretariat and give it visibility and capacity to respond to the needs emerging from the national response and those from donors and other partners.

## UNAIDS In Country

**UN Resident Coordinator**

*John Hendra*

**Chairperson, UN Theme Group on HIV/AIDS**

*Dr. Edward Maganu, (WHO Representative)*

**Staff**

UCC: *Bernadette Olowo-Freers*

NPO (supported by Theme Group)

Administrative Secretary

Driver



# UGANDA

## Country Situation Analysis

Uganda is one of the least developed countries in the world and is resource poor. It was seriously affected by civil strife during the 1970s and 1980s, and is still experiencing an 18-year old insurgency that is ravaging northern and eastern parts of the country. The current population is just over 24.7 million (2002 census), with about 90% of Ugandans living in rural areas. The adult literacy rate stands at 64.3% for men and 47.5% for women. The projected life expectancy at birth is 42 years, which would have been 56 years without HIV. Physical access to basic health care is only 41%, exacerbated by the conflicts in northern and eastern Uganda. Only 57% of health workers are qualified, mostly in urban hospitals, with unqualified health personnel serving the vast majority of the population. These are major challenges for an effective roll-out of the “3 by 5” initiative, which in Uganda translates to at least 60 000 persons living with HIV/AIDS on antiretroviral treatment, by the end of 2005.

Since the onset of the HIV/AIDS epidemic in the early 1980s, a cumulative total of over 2 million people are estimated to have been infected with HIV in Uganda, with close to 900 000 deaths. AIDS is the leading cause of death for those aged 15–49 years. The overall antenatal HIV prevalence rate in 2002 was reported to be 6.5%. Approximately 120 000 of the 1.1 million persons estimated to be currently living with HIV/AIDS in Uganda are in urgent need of antiretroviral therapy. The country has an orphan population of more than two million, of which nearly half as a result of HIV/AIDS. Single, widowed surviving mothers and elderly widowed grandmothers have now become the predominant heads of households.

Even within this grim picture, Uganda has become a beacon of hope and an example of accomplishments in the area of HIV/AIDS for many countries all over the world. The government and the people of Uganda have consistently pursued a policy of openness about HIV/AIDS, backed by the strong political commitment and leadership of President Yoweri Museveni. By mainstreaming HIV/AIDS prevention and control into different sectors, in national plans, including the National Poverty Eradication Action Plan, all segments of society in all parts of the country have been encouraged to play a role. In addition, the government has been successful in mobilizing additional resources for HIV/AIDS. Uganda's history of a strong national commitment to awareness and health promotion about HIV/AIDS resulted in an average 18% decline in the prevalence rate in the early 1980s to its current stagnation around 6%.

Major External Funding Sources (US\$, million)	
World Bank MAP-1 (2001–2006)	47.5
Global Fund (2003–2005)	36.3
Global Fund (2004–2006)	70.4
Through general budget and health sector budget support, it is impossible to indicate how much of the donor Sector-wide Approach Programme (SWAP) contributions are allocated to HIV/AIDS DFID DANIDA DCI SIDA/NORAD Italian Cooperation Others (including Uganda HIV/AIDS Partnership Fund)	Direct HIV/AIDS support <u>in addition to the SWAP</u>  } approximately 23
[USAID/CDC (2001–2006)* (do not contribute to the SWAP)	182.5*
* now under US Emergency Plan for AIDS Relief (2004): USAID, CDC, DoD, NIH, Peace Corps and State Department	93.8
UN (direct support to the response) – actual figures in US\$	
UNICEF (2004)	3.8
UNDP (2004)	0.085
WFP (2004)	8.0
WHO (2004–2005)	1.3
UN Theme Group on HIV/AIDS (2004)	0.035
UNAIDS PAF (2002–2003)	0.4
UNAIDS PAF (2004–2005)	0.2

## UNAIDS Support to the National Response

In 2003, UNAIDS has increased its support to consolidation of the national coordination mechanism, the Uganda HIV/AIDS Partnership, which is an innovative public, private and civil society partnership comprised of the Uganda HIV/AIDS Partnership Committee, the Partnership Forum and the Partnership Fund, coordinated by one national authority: the Uganda AIDS Commission (UAC). In particular, the Partnership constituencies of people living with HIV, the private sector, the national and international NGOs, and government ministries have been supported to better engage in national policy, implementation dialogue and horizontal learning. This innovative coordination mechanism will be pivotal for fostering better transnational HIV/AIDS competence, building of human and institutional capacity for delivering quality HIV/AIDS-related services (including expanding voluntary counselling and testing and rolling-out “3 by 5”), and to assure that increased financial resources will indeed reach communities, households and individuals. UNAIDS has recruited two international professionals to support UAC in its coordination functions: a Partnerships Advisor and an Advisor on Knowledge Management, who are both based at the Commission.

Other important UNAIDS support to the Government of Uganda and its multitude of partners, has been to the midterm review and subsequent revision of the National Strategic HIV/AIDS Framework (NSF). This has resulted in a concise “One Comprehensive HIV/AIDS Framework” of national response needs

from government, civil society and the private sector, for current and prospective implementers to use as a guide, with suggested strategies for action. Tracking of this national response is through “One National M&E Plan”, which is fully attuned to the revised NSF.

UNAIDS participates in a number of national committees, such as the National Behavioural Sero-Survey Steering Committee, the Prevention of Mother-to-child Transmission Thematic Group and the “3 by 5” Core Team of the Ministry of Health; the Orphans and Vulnerable Children and HIV/AIDS and the World of Work Policy Committees of the Ministry of Gender, Labour and Social Development; the UAC Policy Committee and M&E Subcommittee; the CCM of the Global Fund; and the PEPFAR National Steering Committee.

Following a workshop for East Africa organized by UNAIDS, the armed forces of Tanzania, Kenya and Uganda are in the process of developing programmes for peer-education training aimed at young recruits, with the objective of turning them into agents for change.

## Functioning UN System

Since Uganda has an effective, multisectoral and multidimensional National HIV/AIDS Forum, under the aegis of the UAC, the expanded Theme Group on HIV/AIDS has reverted back to a UN-only composition of UN heads of agencies. HIV/AIDS is always on the agenda of the bi-weekly UN Country Team meetings, in which the UNAIDS Country Coordinator fully participates. The UN Technical Working Group on HIV/AIDS meets monthly, together with the bilateral development partners in Uganda, as the UN and bilateral constituency of the Uganda HIV/AIDS Partnership, chaired by UNAIDS. Inter-agency consultations on substantive issues are held regularly, convened by UNAIDS (e.g., UN joint programming, UN interventions in conflict areas, programming for youth, the UN Learning Strategy on HIV/AIDS, the World AIDS Campaign, and PAF project execution).

## Emerging Issues and Challenges for the National Response

While Uganda continues to serve as a model for participatory governance in HIV/AIDS coordination, a major challenge remains the effective mainstreaming of HIV/AIDS within a number of government ministries. Improvement of intra-sectoral coordination and better communication between national level representation on the HIV/AIDS Partnership Committee and constituencies in the districts remains challenging as well. Civil society and the private sector are well represented, and both constituencies now need to rise to the next level of HIV/AIDS competence and accountability, to better take on their important responsibilities in the national response. The UAC needs to be supported by all its partners', including UNAIDS, to put a number of robust and sensitive recommendations into practice, as a prerequisite for successfully rolling out its Operational Development Plan.

The concept of “the Three Ones” has been fully adopted among the HIV/AIDS stakeholders in Uganda. The challenge is now for all partners to abide by and respect this national coordination principle, and also follow the inferred principle of “One Harmonized Funding Mechanism for HIV/AIDS”.

The 18-year conflict in the north of the country is having a detrimental effect on national progress in the area of HIV/AIDS and all other areas of development. The UN, in tandem with the other development partners, is prepared to increase its joint humanitarian support to bring food and non-food relief to these areas, including psychosocial support to orphans, and to improve prevention messaging and condom distribution. Despite constant advocacy for and supporting peace, reconciliation and resettlement of the over 1.7 million internally displaced Ugandans who had to flee their homes, the situation is still deteriorating.

## UNAIDS Key Result Objectives 2004-05

**National Leadership and Partnerships:** UNAIDS will continue to support the capacity building of the UAC and the constituencies that make up the Uganda HIV/AIDS Partnership, to fulfil their national HIV/AIDS coordination functions

**Strategic Information and M&E:** Urgent mapping of the different services and interventions on HIV/AIDS throughout the country is a priority for 2004. The CRIS will be established within the UAC.

**Resources** (leveraging and harmonization): UNAIDS, participating in the most important national and subnational HIV/AIDS committees and working groups, including the Uganda HIV/AIDS Partnership Committee, and chairing the UN and bilateral HIV/AIDS partners' constituency, has unique opportunities to advocate for, promote and facilitate harmonization of the multitude of different financial mechanisms, driven by various funding sources, that are increasingly operational in Uganda.

UNAIDS, and the UN Country Team as a whole, will increase assistance to the Government of Uganda, in incorporating the Millennium Development Goals, and improve mainstreaming of HIV/AIDS in all five pillars of the Poverty Eradication Action Plan, Uganda's national development framework, during its current revision.

**UN System:** UNAIDS will offer technical backstopping to the UN Country Team to present its HIV/AIDS strategies, as much as possible, within a UN Country Team ISP to the national response, consistent with needs identified in the revised NSF. The UN-ISP will include: i) an integrated budget and finance plan for joint, integrated and individual agency efforts in support of the NSF; ii) specific objectives with monitorable indicators for individual agency efforts, reflecting their specific roles and responsibilities; iii) the coordinating work of the Theme Group on HIV/AIDS; and iv) priority areas in national capacity-enhancing and building. In addition, UNAIDS will assist the Country Team to provide an annual progress report on implementation of the UN-ISP, through the UN Resident Coordinator.

## UNAIDS In Country

### UN Resident Coordinator

*Daouda Touré* (UNDP Representative)

### Support Officer UN RC on HIV/AIDS

*Joseph Kamoga* (National Programme Officer)

### Chairman, UN Theme Group on HIV/AIDS

*Ken Noah Davies* (WFP Representative)

### Staff

*UCC, Ruben F. del Prado*

*Inge Tack* (Partnerships Advisor to Uganda AIDS Commission (DCI))

*Jennie van de Weerd* (Knowledge Management Advisor to Uganda AIDS Commission (DFID))

*Jane Batte* (Learning Officer Support to International Partnership against AIDS in Africa (ActionAID))

*Sheila Kawooya* (National Programme Officer Vulnerable Populations (UNTG))

*Barbara Sekasi* (Office Manager and Information Officer)

*Lilian Mutesi* (Office Administration Assistant)

*Alice Kabbauesa* (Office and Documentation Assistant (UNTG))

# ZAMBIA

## Country Situation Analysis

Zambia has a population of 10.3 million with an annual growth rate of 2.9%; over 50% of the population is aged less than 20 years (Census 2000). With a Gross National Income per capita of US\$ 330 in 2002 (World Bank), Zambia is a very poor country, and falls into the group of highly indebted poor countries. Since March 2003, there has been a major shift from emergency and crisis management to recovery and rehabilitation. Recently, Zambia launched a Consolidated Appeal Programme (CAP) whose main emphasis is on HIV/AIDS, education, water and sanitation, child-protection programmes for orphans and vulnerable children, school feeding and food-for-work programmes.

Zambia's most critical developmental and humanitarian crisis today is HIV/AIDS. Currently, 20% of the adult population (15-49 years) and 25% of pregnant women are living with HIV/AIDS. Of babies born to HIV-positive mothers 39.5% are infected with the virus. The projected life expectancy has reduced from 60 years at birth (without HIV/AIDS) to 37 years due to the scourge. The high mortality rate among adults has increased the number of orphans to about one million as at 2002. Over 50% of people with a sexually transmitted infection history become infected with HIV.

Zambia's government established the National AIDS Council (NAC) with the mandate to coordinate, identify financial and service gaps, support advocacy, strengthen networking, and monitor and evaluate the HIV/AIDS, sexually transmitted infections and TB activities in the country. In 2001–2003, a National Strategic Framework was developed. The National HIV/AIDS Interventions Strategic Plan with a budget of US\$ 558 702 000 for four years (2002–2005) has eight major objectives: promotion of behaviour change, prevention of mother-to-child transmission, safe blood transfusion, voluntary counselling and testing, care and support for people living with HIV and orphans and vulnerable children, an information system database, and coordination of multisectoral interventions at district, provincial and national levels. Implementation of the strategic plan is delegated to different stakeholders (line ministries, faith-based organizations, youth organizations, statutory bodies, cooperating partners, people living with HIV, civil society and NGOs).

A debt-for-AIDS advocacy campaign was initiated in 2002, but not yet concluded. In 2002, a first round proposal to the Global Fund of US\$ 192 million was approved for the period of five years (2002–2006). A proposal for the fourth round of the Global Fund, specifically for scaling up antiretroviral therapy, was submitted to the donors in April 2004. In June 2003, the majority of cooperating partners made pledges to support the NAC based on the needs assessment study which was conducted in late 2002, e.g., ADP funds were used for M&E plans. The government has made a commitment to provide antiretroviral drugs to 100 000 people infected with HIV by the end of 2005 under the WHO/UNAIDS “3 by 5” Initiative.

In March 2004, a meeting of the UNAIDS Committee of Cosponsoring Organizations (CCO) and some ministers from seven Southern African countries and UN heads of agencies was held in Livingstone, Zambia. The meeting was aimed at fostering efforts towards scaling up action against HIV/AIDS and responding to the threat of food insecurity and weakened capacity for governance.

Major External Funding Sources (US\$ million)	
World Bank (Zambian Response to HIV/AIDS Project, ZANARA)	42.00
Global Fund	192.00
USAID	data not available
UN and partners (ISP)	data not available
DFID	data not available
NORAD	data not available
CIDA	data not available
EU	data not available
Ireland AID	0.25
UNDAF	18.00
UNAIDS (PAF)	0.50

## UNAIDS Support to the National Response

UNAIDS produced a joint programme workplan (2002–2004) which outlined areas of responsibility and funds allocated by each UN agency. It facilitates the HIV/AIDS-related activities, which are outlined in the UNDAF, 2002–2006. UNAIDS provides support and coordinates the efforts of the UN Country Team through the Collaborative Programme which has six major objectives. It also coordinates the Collaborative Programme by collecting regular updates on implementation through the UN-only Technical Working Group (HIV/AIDS focal points).

UNAIDS monitors PAF resources which are earmarked for different projects: country response information system, coordination of condom advocacy, documentation of best practices, production of HIV/AIDS indicators, coordination of multisectoral response at district level, development of database for drug access, and implementation of the UN Declaration of Commitment on HIV/AIDS. UNAIDS is planning to collaborate with other agencies for a NAC/UN Joint HIV/AIDS Review.

## Functioning of the UN System

The UN System in Zambia has a joint HIV/AIDS policy and strategy. The joint and collaborative programme of cosponsors at the country level is reflected in the UN Implementation Support Plan to the national response to HIV/AIDS (UN-ISP).

The UN Collaborative Programme has provided one model on how different agencies can work together and enhance linkages between them. It is found to be an efficient mechanism for information-sharing and familiarization of working cultures within the UN System. The joint programming and mapping of HIV/AIDS activities is yet to be accomplished.

The heads of agencies constitute the Theme Group with rotational headship. Currently, the chair and deputy chair are the World Bank Country Manager and WHO Representative respectively. The Resident Coordinator ensures that the Theme Group functions effectively within the framework of UNGASS resolutions. The Theme Group combines with the highest-level representation of the government and all the bilateral and multilateral donor agencies to form the Expanded Theme Group. A corresponding Expanded Technical Working Group is composed of the UN-only Technical Working Group and the focal points of bilateral and multilateral donor agencies. The Theme Group meets once a month while the Expanded Theme Group meets four to six times in a year.

The UN Country Team mobilizes technical and financial resources to support the national response in priority areas: advocacy, partnership development, M&E, capacity-building, coordination of bilateral support and strengthening of the NAC, and proposal development to mobilize financial resources from Global Fund, MAP and PEPFAR.

## Emerging Issues and Challenges for the National Response

The slow pace of implementing the UN Collaborative Programme suggests a communication gap between the focal points and heads of UN agencies. There is lack of recognition by the agencies that coordination and collaboration require human resources. The NAC lacks the capacity (human resources) to function in its role. Cooperating partners lack flexibility in their funding procedures. A large proportion of project term is spent on planning, meetings and workshops and less time on actual implementation. The low absorptive capacity as a result of human resource constraints has slowed down implementation of programmes funded under the Global Fund and by bilateral donors.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS coordinates the UN-only Technical Working Group on HIV/AIDS and provides periodic reports to the Theme Group. There is an active involvement of UNAIDS in mobilizing support for the NAC from cooperating partners through the Expanded Theme Group.

**Partnership:** There is a plan to transform the Expanded Theme Group into a Partnership Forum and transfer the leadership to the government.

**Strategic Information:** Two national workshops on best practices were held in December 2003 and outcomes are being documented. UNAIDS has established a wide distribution network for UNAIDS materials and publications. The Country Office has a resource centre, which is accessible to the public. A plan is under way to order maximum numbers of available publications in English and some in French and Portuguese for refugees. There is also a request to make an order for some brailled documents and IEC materials for blind people.

**Monitoring and Evaluation:** There was a plan to establish a CRIS under PAE, for monitoring the country response. The plan is currently on hold due to human capacity constraints on the part of the NAC.

**Technical/Financial Resources:** UNAIDS gives technical support for the mainstreaming of HIV/AIDS into district plans and to the development of a training manual. It also gives support for ZANARA, PEPFAR and bilateral programmes through consultations. It will ensure that funds pledged to the NAC by cooperating partners are directed to the planned activities. UNAIDS also participated in the regional Inter-agency Task Force on Education and HIV/AIDS. In March 2004, it facilitated the Ministry of Education input to the Global Readiness Assessment Survey, which was conducted by EduAction GRR (Durban, South Africa) through the Zambian National Education Coalition, ZANEC.

## UNAIDS In Country

**UN Resident Coordinator**  
*Aeneas C. Chuma*

**Chairperson, UN Theme Group on HIV/AIDS**  
*Dr Obene Owusu Nyanin*

**Staff** UCC  
Project Officer (UNV supported by WFP)  
Finance/Admin. Assistant  
Secretary  
Receptionist/Clerk  
Driver

# ZIMBABWE

## Country Situation Analysis

Zimbabwe is a low-income country with a real Gross Domestic Product (GDP) per capita of less than US\$ 250 in 2003. The country has experienced a massive GDP contraction of around 30% since 1999. In 2004, the country was facing a humanitarian crisis for the fourth year in a row, with over 50% of the population receiving food or other relief aid. Zimbabwe is currently ineligible for financial assistance from the IMF and World Bank because of debt arrears. As of 2003, the national adult HIV prevalence rate was estimated to be 24.6 % with about 1 500 000 infected adults; 56.5% are women. In addition, 165 000 children below 15 were living with HIV/AIDS at the end of 2003. There are considerable differences in prevalence rates according to geographical location, age and sex, with young women and those living in semi-urban growth points, mining areas and commercial farms most vulnerable. Zimbabwe is confronting a complex crisis in which the impact of floods, drought, international isolation, land reform leading to substantial migration, and HIV/AIDS have all combined to further increase the numbers and size of vulnerable groups.

The government has shown significant political will and commitment. In 1987, the National AIDS Coordination Programme (NACP) was established to lead the national response. In 1999, the National AIDS Policy and National Strategic Framework 1999–2004 were launched; followed by an Act of Parliament that established a multisectoral National AIDS Council (NAC) in 2000. In 1999, Zimbabwe became the first country in the world to introduce a 3% levy on all taxable income to finance HIV/AIDS activities. The NAC manages the National AIDS Trust Fund and with its district structures, disburses the funds directly to beneficiaries for prevention, care and mitigation activities. By December 2003, approximately US\$ 2 million had been raised through the AIDS levy and about US\$ 1 million has been disbursed and utilized. Civil society and the private sector are playing an important role in the national response. Most donor support for prevention mitigation and home-base care is channelled through NGOs. In 2003, the Zimbabwe Business Coalition was established with support from the UN. A National Partnership Forum was established in 2003, with representatives from all sectors, but only one meeting has been held so far.

In June 2002, Zimbabwe declared HIV/AIDS and lack of access to antiretroviral therapy a national emergency. This declaration has set a foundation for improved AIDS care, importation of generic antiretroviral drugs and increased access to this therapy. The government, together with the NAC, has set aside US\$ 600 000 in 2003 and US\$ 2.5 million in 2004 solely for the procurement of antiretroviral drugs, while external donor funding for antiretroviral drugs has remained very limited. The NAC has been designated the principal recipient for the First Round Global Fund project (US\$ 14 million), for which the grant agreement will be signed shortly. However, most of the funds have been allocated for prevention. A Fourth Round Global Fund proposal with a much larger budget focusing on treatment has been submitted recently. Only 5 000 persons (less than 1% of those eligible) are currently on antiretroviral drugs in Zimbabwe.

A National Indicator Framework on HIV/AIDS, including UNGASS and CRIS indicators, is under development. Spearheaded by the National M&E Task Force, which comprises members from the NAC, government, NGOs, universities, UNAIDS and donors, a list with core national indicators has been reviewed and is now being put into operation. Despite persistent or even increasingly high vulnerability of large segments of the population, preliminary findings of recent surveys show some behavioural changes throughout the country (increase in the age of sexual debut, increased condom use and reduced numbers of sexual lifetime partners) as well as a decline of prevalence in young age groups.

### Major External Funding Sources (US\$, million)

Global Fund (2004–2005)	14.0
USAID (2000–2005)	40.0
DFID (2003–2006)	£68.00
CIDA 2002–2007	11.0
SIDA (2003–2005)	3.2
UN and Partners, ISP (2001–2003) (excluding UNAIDS)	12.4
UNAIDS, PAF and UNFIP (2003–2004)	3.5

## UNAIDS Support to the National Response

A very detailed UNDAF matrix will form the basis for UN assistance to the national response in the future. An updated donor directory, under preparation, will be part of UNAIDS resource mobilization work to supplement and operationalize the UNDAF. UNAIDS has provided assistance to the operationalization of the first round of the Global Fund project. The UNAIDS secretariat has also provided assistance to strengthen and develop partnerships with NGOs at all levels. The Zimbabwe AIDS Network (ZAN), comprising more than 300 NGOs, and the NAC have developed partnership forums in six provinces with the support of UNAIDS. Using the NAC-ZAN experience, the NAC has developed a strategy for partnership forums with faith-based organizations as well. UNAIDS has been a key partner in the establishment of the Zimbabwe Business Coalition, which is now in the process of elaborating a workplan.

UNAIDS has started to provide assistance for the 2004 review of the national response and is planning to assist in the elaboration of a new national strategic framework for 2005–2009. UNAIDS have also extended technical support to individual cosponsors, UN agencies and national counterparts, especially the NAC. Together with cosponsors, policies for the transport and public service sectors have been developed. Specific technical support is being provided to integrate HIV/AIDS into humanitarian assistance and to devise an action plan on women, girls and HIV/AIDS.

UNAIDS continues to provide technical support to strengthen the NAC at national and decentralized levels. As an effort to strengthen its decentralized structures, the NAC has employed 82 district AIDS coordinators, and the deployment of further staff such as programme assistants and M&E officers is being piloted. District and ward AIDS action committees have been formed, and UNAIDS and the Theme Group have been assisting the NAC to further



build the capacity of these local institutions to coordinate intervention strategies by supporting induction, M&E and financial management training. In addition, the Theme Group has endorsed the secondment of six staff to key positions at the NAC Secretariat in Harare.

UNAIDS has supported the strengthening of the M&E of HIV/AIDS interventions, including through membership in the National M&E Task Force, and the development of collection and data analysis plans and tools. Data collection tools, report forms and a database have been developed.

## Functioning of the UN System

The Theme Group has established a well recognized working relationship with the NAC, government, civil society and donor community. The UNTG has been meeting monthly at head of agency and programme officer level to discuss its coordination and assistance to the national response. Major joint activities include conducting the midterm review of the UNDAF, establishing a new UNDAF for 2000–2009, developing CAP proposals, defining Millennium Development Goals, developing a plan for humanitarian interventions, and developing a UN learning strategy on HIV/AIDS. Subsets of UNTG members have increasingly been organizing in working groups to address specific subjects and initiatives, including orphans and vulnerable children, “3 by 5”, women, girls and HIV/AIDS. Duplication of efforts has been reduced and a greater shift towards collaborative programming has been occurring. Through UNFIP and PAF funds, the UNAIDS secretariat and the Theme Group as a whole, are strengthening the NAC at national and decentralized levels, ensuring multisectoral participation and establishing a national M&E framework. These projects have been of major importance for the development of the NAC and their activities.

## Emerging Issues and Challenges for the National Response

The Zimbabwean situation may be characterized by the following challenges: a deepening economic crisis, severe attrition of key staff, lack of donor support for government programmes, including the public sector AIDS-treatment programme, a still-limited private sector response, mushrooming and partially uncoordinated NGOs despite all good coordination efforts; lack of government-led coordination and, as a result, an increased coordination and, in fact, resource mobilization role of the UN. The current impasse in dialogue between key Western donors and the government has increased the importance of the UN functioning as a gathering point for discussions, facilitating national and international HIV/AIDS partnership arrangements and joint programming. The Theme Group and particularly UNAIDS are experiencing increasing demands to further increase and strengthen their own coordination role and capacity. By the end of 2004, the national response will be thoroughly reviewed, and a new strategic framework will be developed, creating a structure for the UN System ISP, 2004–2005. The lack of sufficient human capacity is a major obstacle to managing, coordinating and scaling up the national response. The NAC has, like most sectors, experienced severe attrition affecting the implementation of the national strategy. UN agencies are now supporting or funding many key positions in the NAC and key sectors such as health. UNDP has offered to second more staff using UN volunteers and other modalities; these initiatives will have to be managed. The private sector response needs strengthening and better coordination. Faith-based organizations and religious leaders need to be well equipped to impact communities. While civil society has received significant support from donors, they need considerable input to create functioning coordination mechanisms at all levels. Very limited funding for the antiretroviral roll-out is a major challenge with the Global Fund as the only major potential external funding agent. A national antiretroviral therapy policy is in place and the government has started implementing antiretroviral therapy at three pilot sites. It is expected that the demand for antiretroviral therapy and other clinical services will increase during 2004.

## UNAIDS Key Result Objectives 2004-05

Having finalized the UNDAF for Zimbabwe, the Theme Group will start developing an Implementation Support Plan to harmonize and operationalize UN efforts for 2004–2005.

**National Response:** A government-led participatory review of the national response and the elaboration of a new National AIDS Strategic Framework 2005–2009 will be supported. In the spirit of the “Three-Ones”, UNAIDS will continue our work to seek support for the strengthening of the NAC. The Theme Group is developing a joint programme to offer a comprehensive capacity-building package to the NAC, which will include both human resources and technical capacity building.

**Partnerships and Donor Coordination:** A consultancy is under way which will explore options for an increased coordination role of the UN and UNAIDS *vis-a-vis* the government, donors and NGOs. UNAIDS will assist the NAC to strengthen and expand partnerships at the different geographical levels, including through a national-level partnership forum. The Zimbabwe Business Council will be strengthened and NGO/faith-based organizations’ participation in the NAC structures will be advocated for. Advocacy efforts will hopefully lead to a major increase in funding for antiretroviral drug provision. UNAIDS has been designated the main source of technical support for the upcoming Global Fund project, with a small project support unit to be placed in the UNAIDS office premises. This process will have to be managed. (Together with its leading role in PAF and UNFIP project implementation, UNAIDS de facto continues to be a major support player in its own right rather than just a facilitating coordinating programme).

**Monitoring and Evaluation:** In 2004, the National Indicator Framework will be finalized and training and piloting will take place in all provinces. The CRIS and District Response Information System (DRIS) will be integrated into the National Indicator Framework.

**Strategic Information:** Plans for the identification and documentation of local best practices will be developed, and one or two local response case studies implemented and published. Specific initiatives to reduce stigma and discrimination and address gender issues will be supported.

## UNAIDS In Country

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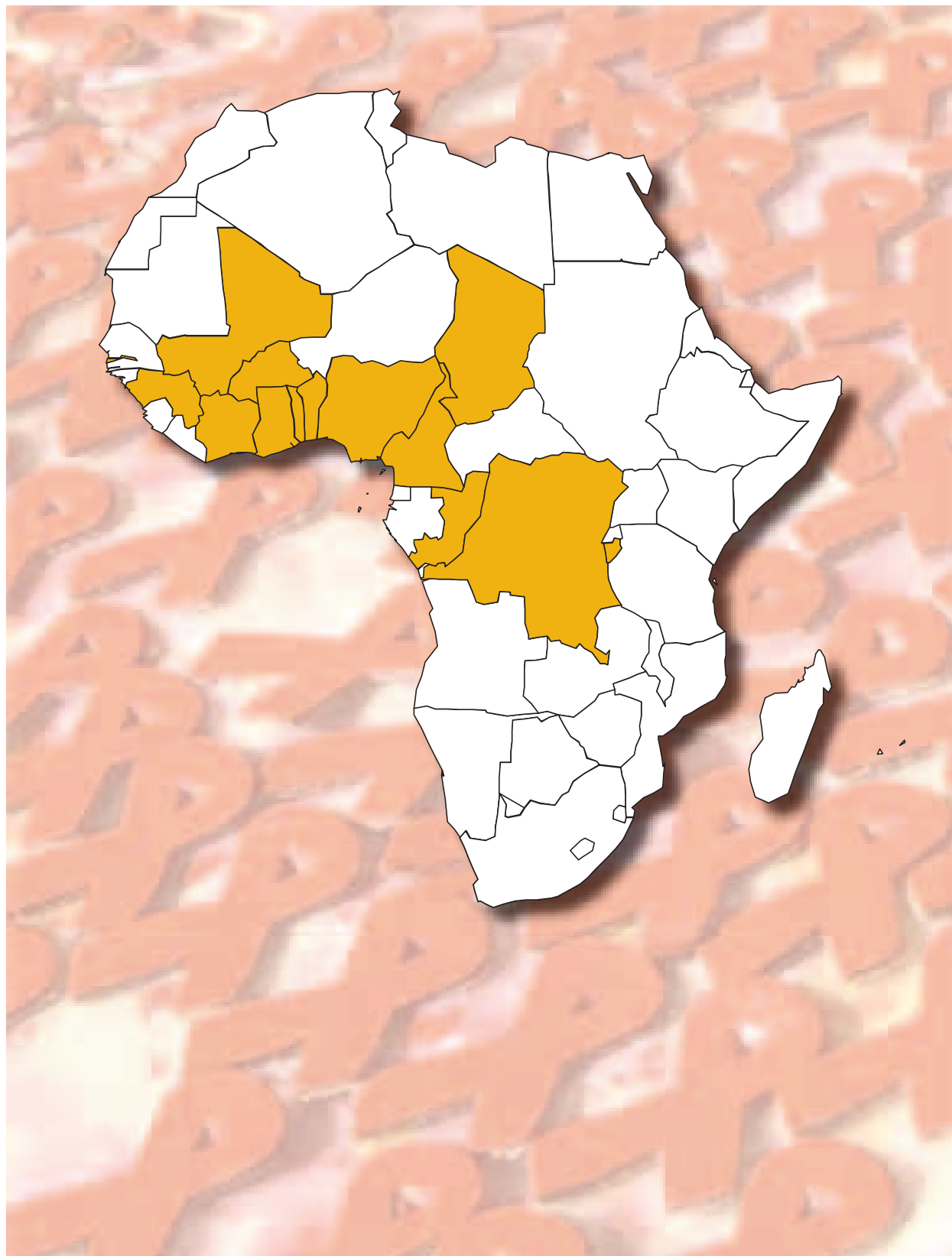
NPO Programme Assistant: Debbie Taylor

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## Country Annexes

### West and Central Africa



# BENIN

## Country Situation Analysis

In 2000, the estimated population of Benin was 6.3 million, of which 47% were under 15 years old. The estimated growth rate is 2.75% and the life expectancy stands at 54 years. With 70% living in rural areas, the average adult illiteracy rate is 39%, rising to 80% among women. The country is considered one of the world's least developed countries, ranking 147 out of 162 (HDI 1999) with a Gross National Product per capita of US\$ 380 (1990). The estimated HIV prevalence is 4.1% with very rapid progression: it rose from 0.36% in 1990 to 4.1% in 2001. Risk intensification factors include multiple sexual partners, lack of risk awareness, low socio-economic status of women and migration/mobility.

The government has made various concrete commitments including the integration of HIV/AIDS within the poverty reduction programme (DRSP) and the setting up of the National AIDS Control Committee (CNLS), under the chairmanship of the head of state. There is an increase in actual national resources to combat HIV/AIDS, rising from CFAF 80 million annually to 2 billion since 2001 (HIPC fund). In order to render the policy framework operational, Benin has drawn up functioning sectoral and departmental action plans. These plans evaluated sector requirements to combat HIV/AIDS/sexually transmitted infections (ministerial, community, decentralized, and coordination structures) before they were budgeted. A national strategy plan has been drawn up for 2002–2006 with an overall estimated cost of US\$ 79 346 250. Major projects were initiated at the end of 2002 and 2003, and are currently being followed through; they include the World Bank Project, the multisectoral Population and AIDS Project (PPLS), the Benin HIV/AIDS Prevention Programme (BHAPP)/USAID Project and the five-country Corridor Project (migration between Lagos and Abidjan). Other joint projects call on French, Belgian and Swiss aid, the European Union, PSI/ABMS (Association Beninoise pour le Marketing Social et la Communication pour la Santé), CIDA, together with the AIDS III Project and United Nations bodies. A strong partnership exists between civil society, government, the UN System (UNAIDS Expanded Theme Group and CCM), and multi- and bilateral partners.

Access to treatments remains restricted despite the efforts of civil society and government. There are no strategies to ensure equity to access for at risk or marginalized populations; hence only 700 persons are receiving antiretroviral treatment. With financial backing from the Global Fund, the objective set for 2005 is to raise this figure to over 2 000 persons.

Major External Funding Sources (US\$, million)	
Global Fund (3 years)	17.8
PPLS/MAP/World Bank Project	23.3
Five-country (Cote d'Ivoire, Ghana, Togo, Benin, Nigeria) Corridor Project (Lagos-Abidjan migration) for 3 years: 2003–2005	16.0
USAID Project BHAPP (3 years)	4.5
PSI/ABMS (3 years)	1.752
UN-ISP (2002–2003) for 2004–2006	plan being finalized
UNAIDS (PAF funds, 2002–2003)	0.08
French Cooperation (3 years)	0.98
Canadian Cooperation (3 years)	0.313
Other partners: Swiss, Belgian, GTZ, international NGO cooperation Canadienne, ACIDI : Project SIDA III and UNICEF, WHO, UNFPA, ILO	

## UNAIDS Support to the National Response

UNAIDS assisted in the preparation of the consensus meeting and the organization of a technical workshop to analyse and collate information provided by all the different partners; a clear map of all interventions was later drawn up in order to enhance coordination efforts. This work provided a map of interventions which highlighted activities already carried out in the 2002–2003 period of the strategy plan; the results were expressed in terms of financial resources and geographical coverage.

UNAIDS supported the expansion of the partnership forum. The Expanded Theme Group supported the development of the government-coordinated CCM National Coordinating Committee (NCC) consisting of 46 members, including all participants in AIDS control. UNAIDS PAF funds have been used to enlist people living with HIV. It organized the World AIDS Campaign within the framework of reducing stigmatization and discrimination throughout the country; there were notable contributions from civil society, participation of MPs in the national cycling race organized by the network of NGOs and the involvement of prominent public figures such as the First Lady. UNAIDS strengthened and promoted leadership within the religious communities with the support of the UNAIDS Theme Group and PAF Fund Board.

UNAIDS participated in the launching of the Corridor Project examining migration between Lagos and Abidjan, in which the president of the Republic, ministers of health and transport for the five countries of the corridor (Côte d'Ivoire, Ghana, Togo, Benin, and Nigeria), other members of the government, deputies, the media, the diplomatic corps of Benin and all development partners took part.

In 2003, UNAIDS distributed the main programme items and best practice procedures to all key participants and development partners. Examples of effective responses to HIV/AIDS/sexually transmitted infections presented as best practices are: cycling race involving MPs organized as part of the campaign against discrimination and stigmatization; intervention mapping document currently being finalized; and the advocacy document for fund raising and collating experience about AIDS for the management and monitoring of sex workers and their clients. UNGASS reports were produced in 2002 and 2003. UNAIDS assisted the network of health-related NGOs in the country to organize the regional NGO meeting which took place in Cotonou, as part of its effort to improve circulation of the UN Declaration of Commitment on HIV/AIDS in civil society. UNAIDS advocated for the inclusion of UNGASS indicators in the action plans of involved parties (UN and national systems) and setting out the millennium objectives for the development of the United Nations review "Joint response of the United Nations to HIV/AIDS." It is developing the advocacy document in order to raise resources.

UNAIDS is supporting the strengthening of the national response planning, surveillance, and M&E capacities. It has mapped all partners' interventions in order to improve coordination and determine the amount to be raised for the multisectoral national strategy plan funding. Support was given to mobilize

financial resources based on the national strategy plan in particular through: an expanded AIDS control campaign with funds of US\$ 17.8 million from the Global Fund; a multisectoral project against AIDS (PPLS) totalling US\$ 23 million, financed by the World Bank and initiated at the end of 2002; a USAID BHAPP Project costing US\$ 4.5 million first implemented in 2003; the five-country Corridor Project on migration between Lagos and Abidjan costing US\$ 16 million; and other projects with French, Belgian and Swiss Cooperation, European Union, PSI/ABMS, CIDA, AIDS III Project and the entire UN System are ongoing or being renewed.

## Functioning UN System

UNAIDS and the UN System enjoy a high degree of public exposure and credibility with national authorities and partners. The UNAIDS Theme Group functions with a presidency which rotates annually. Vice-chairs are now provided by bilateral partners outside the UN System. The Theme Group, supported by the Country Coordinator/UNAIDS inter-country coordinator, consists of all the UN agency heads and it has been expanded to include the government, major bilateral partners, AIDS III Project, international NGOs, civil society and the private sector. There is a UN technical working group (TWG) and an Expanded TWG with specific ad hoc groups which are assisted by different partners depending on their relative strengths: for prevention of mother-to-child transmission, management/care, advice/screening, and communication strategies. The UN system facilitated a workshop to validate the UNDAF plan document incorporating HIV/AIDS within the document and working framework. UNAIDS PAF funds were used to enhance the leadership and joint UN programming with development of an advocacy plan by the UNAIDS Theme Group. HIV/AIDS is integrated in the poverty reduction document, in the health policy document and in UNDAF.

The UN facilitated the meetings between members of the National Coordination Committee of projects financed by the Global Fund and the delegation from the fund chaired by the Minister for Public Health which has resulted in the signing of the funding agreement in the presence of various ministers, MPs, members of the diplomatic corps and other partners.

The World Bank, through the multisectoral project, supported the strengthening of the national coordination structures; this provided greater support for coordination and M&E by improving the capacities of the CNLS and decentralized CNLS structures (departmental, district, communal and village-based AIDS control committees).

PRETRAME project delegates and the UN organized and launched the Health Festival focusing on the prevention of mother-to-child HIV transmission in Houenoussou and Cotonou. UNAIDS-Geneva organized the Francophone Epidemic Projection Package (EPP) workshop, which was held at the regional public health institute in Ouidah. A joint mission involving UNAIDS, PGUD (Programme de gestion urbaine décentralisée and the UN/Mayors' Initiatives for Community Action on AIDS at the Local Level (AMICAALL) was conducted to engage mayors and municipal office holders on HIV/AIDS in Africa. The joint regional project for the prevention and management of HIV/AIDS/STI along the Abidjan-Lagos migration corridor was launched by the president. The Red Ribbon night on TV shows with attendance of all participants and partners was one of the activities organized for World AIDS Day.

UNDP and WHO are coordinating an HIV/AIDS programme for UN personnel. The joint UN system plan in support of the national response is currently developing this plan. With the support of UNDP, a "We care" mission has also supported its development. To date, all agencies have conducted awareness-raising campaigns for the benefit of their personnel.

## Emerging Issues and Challenges for the National Response

Leaders at all levels, including basic communities, need to assume the responsibility to combat HIV/AIDS by decentralizing activities. An effective multisectoral approach needs to be implemented in the fight against HIV/AIDS. The CNLS lacks capacities for coordination and M&E; it needs to be developed based on the review of plans, harmonization of indicators and supports for one unified system. It is still important that attention be given to advocacy and reinforcing existing capacities in order to strengthen national leadership and boost technical capacities, thereby allowing the national response to be extended, especially with regard to access to antiretroviral drugs, prevention of mother-to-child transmission and upgrading of positive actions at the national level with the support of partners through the ongoing projects. Religious obstacles to the promotion of condoms need to be addressed and eliminated. Other challenges include overcoming prejudice, combating HIV/AIDS-linked stigmatization and implementing legislative measures to protect people living with HIV/AIDS and the rights of vulnerable persons (women, uneducated, young apprentices, etc.)

## UNAIDS Key Result Objectives 2004-05

**Leadership and Advocacy:** UNAIDS will continue to lend support for a properly functioning National Committee against AIDS, particularly in regard to M&E and development of strategic information. It will support the effective implementation of sectoral plans by the different ministries and department plans through financial backing from the Global Fund, MAP, USAID and other bilateral cooperation partners. The comprehensive UN 2004–2006 plan for HIV/AIDS based on the operational framework of UNDAF with MDG/UNGASS indicators will be finalized.

**Partnership:** UNAIDS will reinforce civil society network capacities set up with the support of UNAIDS: the people living with HIV network, health-related NGOs network and the Benin anti-AIDS media network (REJEB).

**Technical and Financial Resources:** UNAIDS will advocate to increase political engagement and marshal technical resources required for effective implementation of all ongoing MAP/FM/BHAPP projects. It will organize consensus meetings to establish technical and financial resources.

**Strategic Information:** UNAIDS will provide technical support to validate the seroprevalence epidemiological survey which has just been concluded. It will support the documentation and distribution of best practice specific to the country. It will promote exchange with other countries, especially with the West African Monetary Union (WAMU) countries in the context of the Corridor Project

**Monitoring and Evaluation:** UNAIDS will strengthen national capacities for planning, following and evaluating the national response. Technical support will be given for the development of the functioning M&E mechanism through CRIS and harmonize existing support material.

## UNAIDS In Country

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**Chairperson, UN Theme Group on HIV/AIDS**

*Moustapha Soumare*

**Staff** UCC, *Yamina Chakkar Isgueni*

Interns (3)

Assistant/Admin Secretary and HIV/AIDS Counsellor (1)

Peer Educator and driver/messenger (1)

# BURKINA FASO

## Country Situation Analysis

An extremely poor Sahelian country (45.3% live below the absolute poverty threshold), Burkina Faso is one of the least developed countries in the world with an estimated HDI of 0.348 in 1998. The estimated population of Burkina Faso in 2002 was 11 889 600, a large proportion of whom are young (47.5%) and close to 52% are women. The estimated infantile-juvenile mortality rate is very high at 174.2 per thousand (1996). Burkina Faso is the epicentre of a very important migratory movement towards the coastal countries and simultaneously recipient of a large number of refugees, displaced or repatriated persons (+ 500 000) originating from Côte d'Ivoire, an area of greater than 10% HIV prevalence. Many factors have been identified which are worsening or propagating the epidemic.

Burkina Faso has a generalized epidemic with a prevalence rate greater than 1% in pregnant women in all five sentinel surveillance sites in 2002–2003 (Bobo-Dioulasso: 6.2%; Ouagadougou: 4.7%; Ouahigouya: 4.2%; Gaoua: 4.6% and Tenkodogo: 2.3%). According to the 2003 UNAIDS/WHO figures, the number of new infections climbed in all age brackets, both in children less than 15 and those between 15–49 years. This situation coexists with a relatively stable and perhaps even falling adult prevalence rate; the rate dropped from 6.5% in 2001 to 4.2% in 2003. The saw-tooth changes in the number of declared cases of AIDS by the health systems reflect a nationwide tendency towards under-notification of the epidemic.

Major External Funding Sources (US\$, million)	
Germany /GTZ (2001–2005)	7.5
France (2001–2005)	4.35
Canada (CIDA, 2001–2005)	1.9
USAID/USA (2001–2005)	1.1
UNTG (UN-ISP 2004–2005, including MAP, PAF)	31.214
Global Fund (2004–2005)	14.63
Netherlands (2001–2005), e.g., 2.5 annually	12.5
Belgium (2001–2005)	5.5
Denmark (2001–2005)	0.8
Italy (2001–2005)	0.5
Japan (2001–2005)	0.5
NGOs (2001–2005)	0.93
ADB (2004–2006)	Advanced negotiations
World Bank (ATM, 2005–2007)	Advanced negotiations
Global Fund /"3 by 5" (2005–2007)	(proposal submitted)

## UNAIDS Support to the National Response

UNAIDS support is based on implementation of a UN System International Support Plan (UN-ISP). In 2002–2003 UNAIDS improved the functioning of the National AIDS Control Committee (CNLS) by promoting decentralization in 45 provinces and involving 17 out of 22 ministries. It also improved the cohesion between the Ministry of Health acting through the Ministerial Committee on Health and the CNLS. Other areas of support include: better recognition of the National AIDS Control Programme (PNLS) in the strategy framework to combat poverty (September 2003); strengthening and promotion of leadership within religious, traditional and political communities: wide-scale awareness-raising campaign to counter stigmatization and discrimination; greater recognition of vulnerable target groups – young people, widows and orphans, sex workers – through targeted operations and provision of the female condom. There has been positive advocacy from actors and celebrities during the FESPACO 2003 film festival through a panel discussion on the role of actors in the fight against AIDS.

UNAIDS advocated for the selection of Burkina Faso as pilot country in the WHO/UNAIDS "3 by 5" Initiative; initiation of access to the health care process, including treatment of opportunistic infections and antiretroviral drugs; reinforcement of technical support in looking after patients (Theme Group and bilateral partners e.g., France/ESTHER); increase in the number of HIV/AIDS screening centres (28 HIV-detection centres) and a high level of NGO involvement.

UNAIDS assisted in the drafting of the UNGASS report and CNLS M&E plan and acknowledged the progress and gap in M&E.

## Functioning UN System

UNAIDS has given impetus to the UN Resident Coordinator's restructuring, joint efforts and dialogue between members of the Theme Group/TWG. There has been an effective UN System joint programming through scheduling, implementation and evaluation of the 2002–2003 plan. There is better coordination of AIDS control within the Theme Group and effective joint work between the TWG and CNLS leading to a better response. The Expanded Theme Group met once in 2003 and the partnership forum (PTF) was relaunched in January 2004. The joint effort led to the organization of the annual partnership forum that included the government, NGOs and other key partners during the third CNLS session chaired by the president of the Republic.

Bilateral and UN System joint action continues and was even expanded during the course of 2003. The TWG which meets regularly and strongly supported the redrafting of the application to the Global Fund and formulation of OPEC, MAP III and "3 by 5" Initiatives. Working together, the system has increased

mobilization of additional financial resources within the Global Fund framework. There has also been a significant increase in financial resources (Global Fund, MAP, ADB and bilateral support). PAF funds were used to enlist the private sector and there were 10 action plans for HIV/AIDS control in businesses. There was great involvement of people living with HIV and a network for this group was established with PAF 2003 support. Creation of the support programme for the associative and community world (PAMAC): a joint funding programme for this sector

The UN System strengthened the national HIV/AIDS control coordination structures. The Theme Group and TWG supported the CNLS in drawing up its communication and institution support plan. The continuous support has increased the commitment from civil society to engage in social dialogue, policy development and policy implementation.

The Gaoua experience has been identified as a best practice based on local responses; this experience of targeted interventions for prioritized groups has been applied in 13 regions.

## Emerging Issues and Challenges for the National Response

Due to the massive acceleration and expansions of access to treatment including antiretroviral drugs, organizational and technical capacities of health systems need to be supported for better management of people living with HIV. In addition, general and community management of people living with HIV and the development of screening centres need to be promoted in the national plan.

The CNLS management capacity needs to be strengthened. The national leadership needs support for greater involvement, domestic resource mobilization and development of multisectoral and decentralization strategies. The joint review of the CNLS needs to be conducted to evaluate the human and material resources requirements and provide concrete proposals to increase civil servant engagement.

Civil society (NGOs, networks of people living with HIV) participation and commitment in HIV/AIDS responses should be enlisted; there is little access to financial resources in the community sector.

UNAIDS will promote advocacy against HIV/AIDS-linked stigmatization and discrimination; for intensified and expanded coverage of prevention and management services to other vulnerable groups such as vulnerable children and orphans, men who have sex with men, displaced and repatriated persons; for more promotion for girls to attend school and female autonomy.

The inadequate M&E system for generating strategic information must be improved, and data collection systems harmonized and improved. UNAIDS will also ensure epidemiological surveillance of the second generation in the 13 sentinel sites; develop monitoring and research tools to determine the impact of the epidemic on individuals, families and communities; mobilize policy resources to hold the epidemic at its current level of stability and aim for a more significant reduction in prevalence rates and new cases of HIV infection before 2015.

UNAIDS will provide technical assistance for M&E, and strengthen domestic capacities; continue mobilizing resources, by improving the disbursement rates and level of absorption to cover essential services in the fight against HIV/AIDS and sexually transmitted infections; build up the M&E infrastructure and equipment and reinforce the capacities and skills of M&E personnel.

## UNAIDS Key Result Objectives 2004-05

Based on the UN-ISP for 2004–2005 and available budget of US\$ 31 214 108:

**Leadership Accountability:** UNAIDS will support multisectoral coordination for an effective national response. There will be an increase in national and local leadership initiatives in the fight against HIV/AIDS. The CNLS bodies will be strengthened at all levels. A joint review of the PNLS under the aegis of the government will be conducted and there will be an expansion of the multisectoral national response to HIV/AIDS. National decision-maker capability in the prevention and management of HIV/AIDS/STI will be reinforced by easing access to technical and financial resources.

**Partnerships:** Public-private and civil society partnerships will be mobilized at the country level. There will be an increase in the technical and financial assistance by means of a partnership forum including civil society, people living with HIV and the private sector.

**Strategic Information:** There will be an improvement in management and surveillance, M&E capacities for AIDS control; a functioning and performing M&E system will be established.

**UN System:** Facilitate the coordination of UN support to national AIDS control responses. A joint planning and action unit coordination with the UN System in the fight against HIV/AIDS

## UNAIDS In Country

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# BURUNDI

## Country Situation Analysis

After a decade of armed conflict, there is real hope that peace will return to Burundi, although the country is confronted with complex problems such as how to deal with refugees and displaced persons and, more generally, how to make good the burden of loss as well as the overriding problem of demobilizing former soldiers. Diagnostic analysis shows that there was a cumulative fall in the Gross National Product (GNP) of 20% between 1993 and 2002. This regression in the GNP has led to a reduced per capita income of no more than US\$ 110 in 2002. The proportion of the population living below the poverty threshold soared to more than 68% in 2002. The increasing proportion of women affected by poverty, which has become more marked every year, is principally due to sexual discrimination, in particular the difficulty which women have in acquiring rights to land and other production factors as well as to their own sources of income.

The estimated seroprevalence in urban areas was 1% in 1983, 6% in 1986, 11% in 1989 (first national survey) and 9.4% in 2002. In the countryside (92% of the population), the prevalence has risen considerably from 0.8% to 2.5% in a decade. The 2002 national study confirms that women are more vulnerable to the threat of HIV. Gender-correlated HIV prevalence reveals figures that are far higher in women than in men. This trend is replicated in all settings, although it appears to be less marked in the countryside.

High-level political engagement manifested itself very early in Burundi and has given rise to structures which should enable control instruments to be devised that are able to follow changes in the epidemic as well as measures and initiatives aimed at creating an environment conducive to AIDS control. To signal the high priority rating of the fight against AIDS, the AIDS control structure has undergone macro-organizational design. There is an AIDS control ministry directly liaising with the Office of the President of the Republic. One of its roles is to coordinate activities among all national and international partners. The National AIDS Control Committee (CNLS) overseen by a Coordinating Office consisting of the president of the Republic, the vice-president, and the minister to the President's Office in charge of AIDS control (MPLS) who takes on the role of coordinator. A permanent executive secretariat has been established under the tutelage of the MPLS with the task of coordinating implementation of the national programme. Sectoral AIDS control units have been set up within each ministry. Orientated towards liaison at all administrative levels, these units have developed sectoral AIDS control plans in their respective ministries. A new strategic plan against AIDS (PANLS) 2002–2006 has been devised in which AIDS control becomes an integral part of the general campaign against poverty. The Ministry of Health continues to play a leading part in managing and especially reinforcing the geographical and financial accessibility to antiretroviral drugs.

### Major External Funding Sources (US\$, million)

World Bank (MAP) (2002–2005)	36
Global Fund (2003–2005)	8.7
UN (excluding the World Bank) (2004)	13
Action Aid SIPAA (2002–2004)	3
UNAIDS (PAF funds, 2004–2005)	0.25

## UNAIDS Support to the National Response

The UN System is active in the 16 PANLS programmes particularly in the reduction of at-risk sexual behaviour through IEC actions directed at target groups and supporting the capacities for devising and monitoring decentralized action plans. Programmes in which the UN System is very poorly represented are: early diagnosis and treatment of sexually transmitted infections in health structures; reduction of risks of blood-borne HIV-AIDS transmission; prenatal screening and prevention of mother-to-child transmission of HIV; improvement of access to antiretroviral drugs effective against HIV-AIDS; and reinforcement of the system for monitoring, collecting and managing data.

A planning team (ActionAid SIPAA, UNAIDS, Permanent Executive Committee (SEP)-CNLS) reviewed the 2003 activities and planned the 2004 activities for the entire PANLS; the Expanded Theme Group is now using this monitoring tool to make PANLS more effective. UNAIDS (World Bank, UNICEF, UNDP) supported the SEP-CNLS in its decentralized structures and set up a databank. It supported the regional Great Lakes Initiative on AIDS (GLIA). A common programming for the UN System was devised by UNAIDS and the AIDS focal points of UN System agencies in Burundi.

In order to marshal and instil a sense of accountability among public, private and civil society partners, Expanded Theme Group meetings (chaired by the Minister for AIDS Control in the Office of the President) are held regularly in order to evaluate the implementation of the 2004 planning and to discuss problems as they arise. Partnership forums with the private sector and civil society are organized regularly by the SEP-CNLS. UNAIDS (UNESCO, UNFPA, UNDP, UNICEF), through its PAF projects (US\$ 200 000), supports partners within civil society so that they can take part in social dialogue, and policy formation and implementation.

UNAIDS has been extensively involved in the preparation of proposals for the Global Fund. The shared programme (including the World Bank) represents 77% (US\$ 24 000 000) of US\$ 30 000 000, the total 2004 budget.

Best practice has been put into action, especially in the framework of HIV/AIDS control for soldiers and police and the “Home care” project.

UNAIDS is supporting the initiative by the Burundi Government to merge the efforts of the armed forces, police and immigration officers in the prevention of HIV, particularly among young recruits. The first phase of the project was completed in September 2003.

## Functioning UN System

Five UNAIDS Theme Groups exist in Burundi. The UNAIDS Theme Group comprising all agency heads meets every week; the UN Expanded Theme Group, composed of funding bodies, members of the government (two ministers chair the group), heads of agencies, international and national NGOs and associations, and members of networks; the UN System TWG which brings together the 11 AIDS focal points; the Restricted TWG which is attended by the

chair of the Theme Group, the UNAIDS Coordinator and national coordinating authorities; the TWG consisting of the heads of the main international and national NGOs working for AIDS control in Burundi, technical personnel from SEP/CNLS, technical personnel from multi- and bilateral agencies, and AIDS focal points of UN agencies. These five groups have a chair and vice-chair entrusted with organizing the meetings as well as their working plan.

When UNDAF was being established, an HIV-AIDS working group was set up. HIV-AIDS has been made an integral part of programming.

An action plan for HIV/AIDS control has been prepared and is now being implemented for the benefit of UN System personnel and their dependents. All agency heads have undertaken to raise all available means in order to make this action plan optimally functional. They have undertaken to uphold and monitor the following personnel rights: regularly updated information, non-discrimination, access to the best health care for personnel infected and/or affected by HIV/AIDS.

## Emerging Issues and Challenges for the National Response

The cost of managing an estimated 25 000 AIDS patients at an annual cost of US\$ 10 000 000 for antiretroviral drugs is a major challenge. The increasing impact on communities, including the destruction of the family unit and reduction of the work force and the extreme vulnerability of women need to be addressed effectively. There is a risk of increasing prevalence in the countryside where 93% of the population lives; this is aggravated by the massive return of almost one million refugees. There is persisting discrimination against people living with HIV/AIDS.

## UNAIDS Key Result Objectives 2004-2005

**National Leadership Accountability:** UNAIDS will support midterm review by PANLS and conduct, with the Expanded Theme Group, three-monthly monitoring of the 2004 plan. It will follow and support the regional initiative of the GLIA. UNAIDS (PAF) will reinforce the Planning-monitoring-evaluation Unit of the SEP-CNLS. The UN System (UNICEF) will support the provincial AIDS control committees. UNAIDS Theme Group will more specifically follow how the action programme for UN System personnel is made operational in Burundi.

**Partnership:** UNAIDS will recruit a programme head to strengthen partnerships and support the organization of exchange forums and civil society coordination. It will continue to support civil society (and especially the Burundi association of AIDS control groups which brings together 50 NGOs) through the PAF projects

**Surveillance, Monitoring and Evaluation:** UNAIDS, through a PAF project and with the help of ActionAid-SIPAA, will reinforce the Planning-Monitoring-Evaluation Unit of the SEP-CNLS both at central and decentralized levels. UNDP will enhance the databank and decentralize it.

**Financial and Technical Resources:** UNAIDS will facilitate the enlistment of partners in order to expand management programmes, especially prevention of mother-to-child transmission programmes and the goal of looking after 5 000 patients before the end of 2004. In addition, it will help to draft the Global Fund proposal (proposal for US\$ 40 000 000)

## UNAIDS In Country

**UN Resident Coordinator**

*Sunil SAIGAL*

**Chairperson, UN Theme Group on HIV/AIDS**

*Dr Abdel Wabed El Abassi*

**Staff:** UCC, *Gaston Legrain*

Admin Secretary, *Bonaventura Manirakiza*

# CAMEROON

## Country Situation Analysis

Cameroon is a bilingual country (French and English are the official languages) with an estimated population of 15 million inhabitants and a growth rate of 2.9%; 53.5% of the population lives below the poverty margin. A triangular country situated at the base of the Gulf of Guinea, it borders on Chad, the Central African Republic, Congo, Gabon, Equatorial Guinea (all member countries along with Cameroon of the Central African Economic and Monetary Community, CEMAC) and Nigeria. Since 1998, Cameroon has 10 provinces, 58 departments, 269 *arrondissements* and 53 districts.

The national framework to combat AIDS, the National AIDS Control Strategy Plan (PSNLS) 2000–2005 was presented by the prime minister to the national and international community on 12 September 2000. It aims to improve the national response by integrating a variety of participants from other activity sectors in a decentralized approach. Priority areas are: prevention of sexual transmission of HIV and other sexually transmitted infections, prevention of blood-borne transmission of HIV, management of individual cases of HIV/AIDS, protection and promotion of the rights and obligations of people living with HIV/AIDS, promotion of research, prevention of mother-to-child transmission of HIV, and enhancement of national coordination. The fight against HIV/AIDS is a national development priority.

Implementing the PSNLS produced the following outcomes: communication for behaviour change – the erection of more than 100 billboards, regular media broadcasts, and an agreement linking the government to the national newspapers; promotion of voluntary screening with the inauguration of 10 voluntary screening centres (in all the provinces); implementation of mother-to-child transmission prevention with 160 functional sites and with the crucial involvement of the religious denominations; signing of agreements with 39 private businesses and 20 agreements with established religious groups; commencement of antiretroviral drugs in 8 360 people eligible for treatment; and participation of more than 3 500 communities in AIDS control. All these activities are carried out under the coordination and supervision of the Central Technical Group (CTG) of the National AIDS Control Committee (CNLS) which is represented in the 10 provinces of Cameroon by provincial technical groups (PTG).

In 2001, it became apparent that the epidemic had extended in a disquieting manner throughout all the provinces of Cameroon, with a prevalence ranging from 6% in the western and littoral provinces to 17% in the Adamaoua provinces with an estimated national mean of 11%. HIV prevalence was higher in pregnant young women aged 20–24 years (12.20%).

Major External Funding Sources (US\$, million)	
World Bank (MAP I, IDA soft loan: 2000–2005)	50.0
Global Fund (5 years)	56.0
USA: Boston University	data not available
CDC	data not available
French Cooperation	0.92
UN and Partners (ISP), 2003	0.4
2004	0.14
GTZ (2000–2002)	1.4
UNAIDS (PAF funds, 2002–2003)	0.32

## UNAIDS Support to the National Response

UNAIDS support for development of the National AIDS Control Programme (PNLS), from 1999 onwards, was translated into technical and financial support towards preparation of a national strategy plan, various missions to draw up policy documents (prevention of mother-to-child transmission, initiatives of the Lake Chad basin countries, validation of the MAP, preparation of a transfusion safety policy, and evaluation of AIDS control funding). In 2002 and 2003, UNAIDS support was crucial in drawing up the Cameroon application to the Global Fund: this application received a positive response and Cameroon was ranked as a category 2A eligible country. UNAIDS has offered to involve national civil servants in training meetings and workshops.

The UNAIDS PAF have been regular and covered the following fields: listening, learning and living in the fight against AIDS among young people in Cameroon; pilot project on the availability of information on HIV/AIDS/STI for populations in the informal sector; AIDS prevention project in the rural setting (training of National Agriculture Extension and Research Project (NAERP) trainers); integration of HIV/AIDS control in the programmes and projects of UN System agencies; contribution to the placement of a national information system on HIV/AIDS and STI; monitoring of the development of the partnership between the CNLS, private firms, workers' unions and associations of people living with HIV; evaluation of the degree of vulnerability of adolescent boys and young girls; awareness-raising among womens' associations in the cities of Douala and Yaoundé.

Value added by the PAF in Cameroon include: establishment of the network of journalists against HIV/AIDS; drawing up and implementing the local response aspect of MAP and enhancing its implementation; the mobilization of young people through leisure activities organized in partnership with the government, the Theme Group, NGOs for young people, people living with HIV and a private firm selling mobile phones; contribution to the information system.

Visits from the Executive Director and the Country and Regional Support Department (CRD) Director are to be regarded as vital contributions in the perspective of the PNLS in Cameroon for organizing the future fight against AIDS.

Partners and participants consider the presence of the Country Coordinator in the country as UNAIDS support, assisting and providing guidance for the national response. The Theme Group made a sterling contribution to results attained in Cameroon. It mounted intense advocacy activities in the following fields: drafting of the Strategy Plan; involvement of the highest state authorities; mobilization of resources on behalf of the national programme; multisectoral and decentralized programme follow-through; recognition of people living with HIV/AIDS in the management of the PNLS; management

of the programme by a predetermined entity with full-time, competent and decentralized personnel; establishment of productive partnerships with the public sector, private sector and civil society; expansion of the government's financial contribution to the national programme; and final adoption of the law on blood transfusion safety. It contributed both technically and financially to drawing up projects for the Global Fund. Its technical input was important for formulating and implementing the MAP. The Theme Group is currently documenting the experience of collaboration between the government and private sector and its strategy of making antiretroviral drugs accessible to persons living with HIV.

## Functioning UN System

In addition to the heads of cosponsoring agencies, FAO, UNDP, UNHCR and the UN Subregional Centre for Democracy and Human Rights in Central Africa are members of the Theme Group. The current chair of the group is the director of the UNESCO Office for Central Africa, with the assistance of the UNICEF representative. The Theme Group has been meeting at least once every three months since 2002, with a total of six meetings per year.

Meetings between technicians of the Theme Group occur once monthly and are convened by the UNAIDS Country Coordinator. Theme Group technicians are members of the Theme Groups established within the CNLS.

## Emerging Issues and Challenges for the National Response

The PNLS in Cameroon has entered into a period of consolidation which currently limits its activities. However, it would seem essential for the government to work on the following fronts: to provide a significant increase in the number of mother-to-child transmission prevention sites from 2004 (in Cameroon's 60 district hospitals); to step up the number of people with HIV having access to antiretroviral drugs to 14 500 in 2005; to ensure participative review and evaluation of the national AIDS control programme (with measurement of the impact of HIV on the agricultural, education and private sectors) in 2004 and 2005 respectively; to provide documentation and distribute best practice procedures (prevention of mother-to-child transmission, involvement of traditional chiefs, centres for prevention and voluntary screening); to strengthen public and private sector capacities in order to make their sectoral plans functional; to set up country response information systems (CRIS); to formulate framework policies for orphans and vulnerable children and sex workers; to establish partner forums.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS with the World Bank will provide technical and financial resources to strengthen the capacities of the public and private sector to allow the implementation of sectoral plans. Activities are under way for the denominational sector and, through the MAP management, for the Ministry of National Education (UNAIDS).

**Partnerships:** UNAIDS will facilitate the establishment of the partners forum under the tutelage of the government by advocacy, contribution to drawing up its mandate, including the terms of reference transmitted to the government, visits to MPs and other partnerships and contributions to organizing and holding meetings. It will also promote advocacy for greater involvement of people living with HIV/AIDS.

**Strategic information:** UNAIDS will facilitate and support the identification, listing and distribution of best practice for mother-to-child transmission prevention, voluntary screening, and the involvement of traditional chiefs in AIDS control.

**Monitoring and Evaluation:** Establishment of CRIS, contribution to organizing review of the national programme in 2004 and evaluating the PNLS with measurement of epidemic impact on the education, agriculture and industrial sectors; measurement of UNGASS and MDG indicators.

**Technical/Financial Resources:** These will be defined in the UN System plan to support the national response, currently being validated.

## UNAIDS In Country

### UN Resident Coordinator

*Patricia de Mowbray*

### Chairperson, UN Theme Group on HIV/AIDS

*Bernard Hadjadj*

**Staff** UCC, Name: *Dr Emmanuel Gnaore*  
*Diallo Oumar Sekou* (Programme Director)  
*Evelyne Nyemeck* (Secretary Assistant)  
*Laure Djueche* (GIPA Programme Assistant)  
*Desire Ngab Tsalla Eloundou*, Driver

# CHAD

## Country Situation Analysis

Chad has a population of about 7.5 million (1999), of which 3.2 million are 15–49-years old. The annual growth rate is 2.9% (1998). Life expectancy is 47 years (1998); and the adult literacy rate is 48%. Gross National Product per capita is low (US\$ 230 in 1997), but the exploitation of oil resources will provide a new perspective to the development of the country. Chad is a very large country (1 284 000 sq km) with a long tradition of domestic and cross-border migration; it is a country marked by three decades of domestic and external armed conflict, with insecurity, political instability and low levels of aid as a corollary. The consequences of the post-conflict situation in the Central African Republic, Chad's southern neighbour, had yet to be absorbed (60 000 refugees live in the two southern border regions) when the Darfur conflict broke out in the east of the country in September 2003. More than 110 000 Sudanese refugees have currently settled in the two eastern regions of Chad.

The estimated HIV prevalence in the general population is 4.9% (2003) but it is unequally distributed across the country: there are areas of low prevalence in the sparsely populated north, areas of moderate prevalence in the populated centre and areas of high prevalence in the densely populated south of the country. Infection rates are likely to increase rapidly because of the frequency of multiple sex partners and lack of condom use; socio-economic conditions rendering young girls and women vulnerable; conflict and post-conflict situations; domestic and crossborder migration; illiteracy, poverty, socio-cultural taboos and limited access to health care and prevention services.

The national response to HIV/AIDS supported by development partners does not currently anticipate a reversal in the ongoing trend of infection with HIV. Government, at the highest level, has manifested its political commitment by earmarking new resources for the fight against HIV/AIDS (national budget, HIPC fund, World Bank IDA loan) and by its support (hitherto not very effective) for a multisectoral and decentralized approach to AIDS control, partnership development, revision of legislation, access to health care initiatives, involvement of people living with HIV and support for two subregional HIV/AIDS control initiatives. Furthermore, the 2005–2009 National Strategy Framework has just been drafted and is currently being validated. Some of the activities of the future multisectoral plan will be funded by the Global Fund.

Major External Funding Sources (US\$, million)	
World Bank (2003–07)	17.45
Global Fund (2004–08)	18.5
German Cooperation (condoms) 2003–2006	3
BAD (integrated health project) 2003–2007	3.5
Taiwan (2003–2005)	1
Theme Group (UNDP, UNICEF, UNEPA, WHO 2003–2004)	1.97
UNAIDS (PAF 2002–2004)	0.14
USAID (2003–2004)	0.15
World Vision NGO (2003–2004)	0.4
Africare NGO (2003–2004)	0.2
BELACD Catholic development NGO 2002	0.042

## UNAIDS Support to the National Response

UNAIDS supported the UN System coordination. It participated in the UN Country Team, contributed to the CCA/UNDAF process, the drafting of the HIV/AIDS component of the joint UN System plan, the drafting of the annual Resident Coordinator's report and combined missions' work (UN and United Nations Development Group (UNDG)). UNAIDS gave support to the UN agencies through participation in various activities; report on sustainable human development (UNDP), report on discrimination and stigmatization of people living with HIV (UNDP); HIV/AIDS policy for UNICEF personnel; monitoring of PAF projects after implementation (UNICEF and UNEPA); and assistance to consultants from the various agencies (WHO, UNDP, World Bank). It also participated in the restructuring process of the Theme Group and TWG on HIV/AIDS and drafting of the combined UN System support plan for the national response to HIV/AIDS.

UNAIDS participated in the meetings and workshops of the National AIDS Control Framework Strategy (CSNLH), to revise and implement the National Strategic Framework 2005–2009. It participated in the meetings and workshops to provide technical support for the development of the third round Global Fund proposal. UNAIDS is a member of the technical committee for HIV/AIDS control, the Margaret Sanger Centre, Chad management and ILO, and trains political parties.

UNAIDS is engaged in various meetings with civil society organizations (network of people living with HIV, National Coordination of Associations of Young People in the Fight against AIDS [CONAJELUS], Society of Women against AIDS in Africa [SWAA], National Support Coalition in the Fight against AIDS [CONALUS], Union of NGOs and Associations) and with the ministerial AIDS control task groups (Social Action, Justice and Education). It assisted in drafting the action plans for the 12 associations of people living with HIV in eight localities. It helped in preparing and participated in the Women and AIDS symposium, a campaign against discrimination and stigmatization of people living with HIV by the Ministry of Social Action, and World AIDS Campaign 2003.



## Functioning UN System

On the initiative of the UN System Resident Coordinator, the Theme Group and TWG on HIV/AIDS have been restructured in the light of future orientations and undg directives. The Theme Group is chaired by UNICEF, and the TWG by WHO. The TWG is co-chaired by the national coordination of the National AIDS Control Programme. Both these bodies meet regularly and have drawn up a joint UN plan in support of the national response to HIV/AIDS based on criteria from the CCA/UNDAF process and UNGASS. Theme Group members also take part in the meetings of the Global Fund Executive Board.

The Theme Group also advocates stronger national leadership and a multisectoral and decentralized response. However, the advocacy capacities of the personnel in the UN System are very limited.

## Emerging Issues and Challenges for the National Response

Prevention programmes do not enjoy the backing of all leaders and decision-makers and not everyone has access to them. The weakness of national capacity limits the coordination and the implementation of policy measures. The national leadership has failed to decentralize AIDS control. There is a need to improve programme quality and coverage in all areas if UNGASS objectives are to be met.

There are shortcomings in the partnership with civil society and development partners that prevent interventions from being expanded and from strengthening the national leadership. There is very limited access to health care because of the woeful health system and the endemic poverty of the majority of the population. Denial of AIDS and HIV/AIDS-related stigmatization are deep-rooted prejudices, especially in the minds of some leaders, and this represents a major challenge.

UNAIDS Key Result Objectives 2004–2005

**Leadership:** The Theme Group/TWG will provide technical and financial support to finalize the National Strategy Plan (NSP) which will define an institutional and organizational framework for more resilient national leadership. The UN Country Team in collaboration with other partners will continue its advocacy for the government, civil society and private organizations to revise the framework that should lead to a multisectoral national plan. The National AIDS Control Programme bodies will be restructured. These different actions are endorsed in the UN System joint support plan for the national response and will be outlined in the PAF project for submission to the RCD.

**Partnership:** A framework will be established to reinforce national and local partnerships. It will strengthen the expertise of the national participants and set up the national and local partnership forum bringing together all participants and partners in AIDS control.

**Monitoring and Evaluation:** Based on the revised NSP, a common M&E plan will be generated

**Strategic Information:** Similarly, the NSP will guide the creation of the strategic information system.

Several programmes which are under way will be expanded and improved. These include mother-to-child transmission prevention, access to antiretroviral drugs, prevention of transmission among young people, nomadic populations and refugees, social marketing of condoms, HIV screening centres and support to the network of people living with HIV. The action plans in the third Global Fund submission will be implemented.

## UNAIDS In Country

### UN Resident Coordinator

*Modibo Ibrabim Toure (UNDP)*

### Chairperson, UN Theme Group on HIV/AIDS

*Cyrille Niameogo*

### Chairperson, UN Technical Working Group on HIV/AIDS

*Yao Kasankogno (WHO)*

### Staff Country Programme Coordinator (CPC)

*Dr Kekoura Kourouma*

### Admin. Assistant

*Mme Houda Hassan*

# DEMOCRATIC REPUBLIC OF THE CONGO

## Country Situation Analysis

The Democratic Republic of the Congo (DRC) is experiencing a post-conflict period following five years of a war that has probably been among the most devastating in the world given its complexity, the humanitarian effects, and its international implications. The year 2003 was a decisive turning point in the peace-building process with the signing of the peace agreement and subsequent measures that were undertaken. A constitution of transition has been adopted and transitional institutions, including the transitional government, the parliament and the Senate, have been set up.

With outstanding support from the international community, backed by the UN peacekeeping mission (MONUC), the country is now engaged in the reunification of the army and the organization of a democratic election, the first in 30 years. Meanwhile, macroeconomic measures have been successfully initiated with appropriate support from the IMF and the World Bank.

The improvement in security conditions has resulted in increased access to vulnerable populations and increased possibilities for humanitarian interventions. However, several major issues that the people of the DRC and their authorities need to face seriously challenge this optimistic perspective. The HIV/AIDS epidemic is among them.

Information from a recent sentinel surveillance among pregnant women in western DRC indicates a mean prevalence of 5% among the general population, while a prevalence of 3.2% and 3.3% were found among 14–19-year-olds and 19–24-year-olds respectively, suggesting a growing epidemic. Available data from the isolated surveillance activities conducted in eastern DRC suggest that the prevalence rate may be much higher compared to that observed in the western part of the country. The behavioural information seems to match the epidemiological data: a high number of individuals had multiple sexual partners and engaged in unprotected casual sex. The systematic use of sexual violence suggests that the war might have played a major role in spreading the epidemic in the DRC from the military to the population and vice versa. As a result, HIV/AIDS is recognized by the government as a real threat to security and national development. A multisectoral programme and a committee under the leadership of the president have just been set up by a presidential decree. This outstanding political commitment has resulted in increased external funding, including resources from the MAP and the Global Fund.

Major External Funding Sources (US\$, million)	
World Bank (2004–2007)	102.0
Global Fund	112.0
USAID (2004)	4.0
CDC	1.8
UN and Partners (ISP), 2003 2004	84.5
DFID (2004–2005)	1.26
Belgian Cooperation (2004–2007)	6.7
German Cooperation (2001–2006)	8.17
EU (2003–2005)	0.75
UNAIDS (PAF) 2000–2003	0.87

## UNAIDS Support to the National Response

Despite the war, UNAIDS has been providing support to the DRC on a continuous basis. This has helped to sustain the national response during the most difficult period. Given the immensity of the country, the post-conflict conditions, and the growing epidemic, the DRC is among UNAIDS priority countries for an intensified effort in support of the national response. It gave technical support to develop Global Fund proposals that were approved for US\$ 112 million. Similarly, it supported the development of the MAP proposal that was also granted. The political advocacy effort has included several high-level visits to the DRC including the visits of the UN Secretary-General and the UNAIDS Executive Director in August and September 2001, respectively.

UNAIDS, in partnership with UNDP and WFP, has recently given financial and technical support to a government-led participatory review of the current institutional arrangement. This exercise will guide the execution of the decree as part of the implementation process of the “Three Ones”.

During the past three years, UNAIDS successfully assisted the formulation of the National Strategic Plan. It supported the development and implementation of catalytic interventions for youth in school, the uniformed services, child soldiers, community-based organizations including church-based organizations, people living with HIV, and blood safety.

UNAIDS is supporting HIV/AIDS prevention and care activities in the military base of Kamina, which has received limited support because of its remote location and difficult access.

UNAIDS supported the implementation of a Partnership Forum through an expanded technical working group chaired by the Ministry of Health. An outstanding effort has been made in the area of political advocacy for a stronger leadership at the highest level and the adoption of a multisectoral approach. As a result, the head of state has been increasingly speaking out both nationally and internationally. The transitional government’s programme presented by the head of state before the parliament on 2 December 2003 includes a substantial section on HIV/AIDS; this had not happened in 30 years. At the end of March, a decree was promulgated to formalize the leadership of the head of state and the move from a health-centred approach to a multisectoral approach.

Currently, the UNAIDS team in the DRC includes two professionals (the Country Coordinator appointed in September 2003, and a junior professional officer). The appointment of additional professionals is under way in the areas of M&E, resource mobilization and institutional development.

## Functioning UN System

The UN System has played a crucial role in the maintenance and development of the national response despite the conflict. During the most difficult period, the UN System was the only source of support to the country in several areas including HIV/AIDS.

The UN Theme Group, which includes all the UN agencies operating in the DRC, meets monthly. There are two technical working groups: the UN technical working group made up of UN agencies' focal points and an expanded technical working group chaired by the Ministry of Health. There is full ownership of UNAIDS by the UN System with the Country Coordinator being a full member of the UN Country Team. An example of an outstanding joint action occurred on the occasion of World AIDS Day 2003, whereby the UN System through the UN Resident Coordinator and the Special Representative of the UN Secretary-General in the DRC, issued a joint statement to the president calling upon him to take the lead and speak out against the disease. Such efforts have led to the inclusion of HIV/AIDS in the statement of the government's programme.

Thus, all actors recognize the role of the UN system and as such, they have requested support and reference to strengthen the coordination of all international partners in partnership with the government. As a result, the expansion of the Theme Group that will include agency heads, international NGOs, bilateral and multilateral organizations is under way. The Theme Group chair rotated in February from WHO to UNICEF.

## Emerging Issues and Challenges for the National Response

There is a need to shift from an emergency action to development/reconstruction phase. This will require the establishment of an effective coordinating structure at different levels. There needs to be a mechanism to coordinate and manage the increasing level of financial resources that are now available; this will include ensuring a synergy between the MAP and the Global Fund (MAP US\$ 130 million, Global Fund US\$ 140 million, and bilateral donations). An effective M&E system needs to be developed to monitor the national response and to track resources.

The high rate of sexual violence and increasing need for special care for victims, who include women, men and children, creates a unique challenge for the national response.

## UNAIDS Key Result Objectives 2004-05

**National Leadership and Coordination:** UNAIDS will support the formulation of a National Strategic Framework. It will also help in sustaining an effective and continuous leadership of the head of state.

**Partnership:** UNAIDS will help to create and ensure an effective expanded theme group as the foundation of a national partnership forum. Similarly, it will support the formation or revival of sectoral partnerships for youth, a platform of religious groups and people living with HIV. It will focus on achieving a greater involvement of the civil society and people living with HIV. It will provide technical support for the formulation of a partnership framework.

**CRIS & Strategic Information:** UNAIDS will provide continuous technical support to partners and government to develop and implement an M&E plan through greater and closer collaboration between UNAIDS and the Global HIV/AIDS M&E Support Team (GAMET) at the country level. It will also facilitate the access to and use of international and national best practices

**Technical Support & Support to Leverage Resources:** UNAIDS will build the capacity of governmental and non-governmental actors to improve resources mobilization, management and budgeting. Furthermore, it will ensure effective implementations of MAP and Global Fund monies. It will support the ongoing effort to improve the resource tracking tools.

**Strategic Areas:** UNAIDS is committed to and will support the implementation of "3 by 5". It will assist in the development of an effective response among the uniformed services and support the development of HIV/AIDS interventions among victims of sexual violence. UNAIDS will facilitate the establishment of a network of community facilitators.

**UN System:** UNAIDS will implement the UN learning strategy.

## UNAIDS In Country

**UN Resident Coordinator**  
*Herbert McLeod*

**Chairperson, UN Theme Group on HIV/AIDS**  
*Gianfranco Rotigliano (UNICEF)*

**Staff** UCC, *Pierre Somse*  
*JPO supported by the Belgian Government*  
Programme Assistant, *UNAIDS funded*  
Assistant/Admin Secretary, *UNAIDS funded*

# CONGO

## Country Situation Analysis

The Republic of the Congo is a post-conflict country which has been engaged in consistent development since 2003. It is classified among the countries with the lowest income by the World Bank (Global Fund guidelines 2004).

The only significant prevalence study was undertaken between November and December 2003. The results showed a national adult HIV prevalence rate of 4.2% with 110 000 infected 15–49-year-old adults and 78 000 orphans. Highly contrasting rates were observed around the country; the HIV prevalence was 1.3% in Impfondo and Djambala, 10.3% in Sibiti and 3.3% in Brazzaville. The Southern region has the highest rates: Sibiti, Dolisie (9.4%), Pointe-Noire (5.0%) and Madingou (4.7%). In general, adults over 30 years had the highest infection rate, almost 10% of 35–49-year-old men, and 7% of women 25–39-years-old are living with the disease. (National AIDS Committee [Comité National de Lutte contre le SIDA, CNLS]/ Study Centre for Public Health Development, CREDES, 2003).

The National Strategic Framework (NSF) 2003–2007 was adopted in December 2002. The CNLS was officially launched by the head of state in July 2003. HIV/AIDS is a national priority. The First Lady through the Foundation Congo Assistance and Organization of African First Ladies against HIV and AIDS (OPDAS). OPDAS is playing a successful advocacy role in partnership with the UN System and civil society consisting mainly of the people living with HIV.

Congo held a resource mobilization meeting in July 2003. The MAP is being formulated and the country submitted a request to the fourth round of the Global Fund.

A (M&E) system is being defined.

Major External Funding Sources (US\$ millions)	
World Bank / MAP (2004–2008)	19
Global Fund (2005–2008)	(proposal submitted)
UN System 2004–2007 (round table figures)	13.5
European Union 2002–2004	1.5
UNAIDS (PAE 2002–2003)	0.07
Government 2004–2006	5.6

## UNAIDS Support to the National Response

**Advocacy:** UNAIDS facilitated a joint visit by five heads of UN agencies (WHO, World Bank, UNICEF, UNDP, WFP) and the Country Coordinator to the minister in charge of coordinating governmental action assisted by the Minister of Health, to discuss salient national HIV/AIDS issues, with the following results: involvement of all sectors, achievement of some key requirements for the establishment of the IFCOC (Initiative des Pays Riverains des Fleuves Congo-Oubangui-Chari), elaboration of the MAP project, and the designation of a national committee for the Congolese Initiative for Access to ARV (l'Initiative Congolaise d'accès aux ARVs, ICAARV). UNAIDS played an advocacy role to facilitate the launching of the NAC under the leadership of the head of state. UN agencies with the facilitation of UNAIDS and the leadership of the Resident Coordinator/President of the UN Theme Group on AIDS, organized two "gala" evenings in Brazzaville and Pointe Noire under the patronage of the First Lady jointly with the NAC, civil society and the private sector to mobilize resources increasing access of people living with HIV to antiretroviral drugs. These were an unprecedented success; CFAF 130 million was mobilized for treatment of the most vulnerable 550 people living with HIV included in the ICAARV for one year.

**Strategic information:** UNAIDS facilitated information sharing through the facilitation of feedback sessions following consultants' missions, the sharing of best practices documents and publications by all cosponsors, and oral presentations to large audiences for communicating the latest information on HIV/AIDS.

**Strategic and operational planning:** UNAIDS boosted and supported technically and financially the elaboration of a national strategic framework and sectoral and departmental operational plans: the three-year coordinated action plan and the action plan for implementation of the OPDAS Action Plan at national level.

**Resource mobilization:** UNAIDS facilitated the organization of the resource mobilization round table, the development of the country Global Fund proposal, and participated in facilitating the achievement of the requirements for the country to benefit from MAP funding. UNAIDS also facilitated and made a substantial contribution to the mainstreaming of HIV/AIDS in the Poverty Reduction Strategy Paper (PRSP).

**Partnership:** PAF resources were utilized in collaboration with UNDP to develop and reinforce partnerships with religious bodies and associations of people living with HIV.

**Monitoring and evaluation:** UNAIDS and the World Bank are facilitating and supporting the NAC in developing an M&E system with the participation of all partners. An M&E unit will be located at the Executive Secretariat Office; the responsible officer is already designated and it's the post is funded by the World Bank. Congo is among the countries which should benefit from CRIS training in 2004.

UNAIDS also gave technical support to the finalization of the military project funded by UNAIDS Humanitarian Affairs. It is also supporting HIV/AIDS peer-education training in barracks outside headquarters and in remote areas. Since the start of the project with the Congo Armed Forces in November, 122 peer educators have been trained in five different military zones across the country.

## Functioning UN System

The Theme Group on HIV/AIDS is the only coordinating mechanism on which the UN System is planning to build its global coordination mechanism. The Theme Group is composed of all UN heads of agencies represented in the Republic of Congo (World Bank, UNFPA, UNICEF, UNESCO, UNDP, WFP, WHO, FAO, UNHCR) and the UNAIDS Country Coordinator. UNODC and ILO have no representatives in the country.

A Theme Group mechanism was reviewed and validated in 2002 by the TWG and Theme Group. The presidency rotates annually. The Theme Group meets regularly, is unified and coordinates all activities well.

The TWG played a determining technical role in pushing the AIDS agenda forward. All the above agencies appointed a HIV/AIDS focal point. The TWG includes representatives from the National AIDS Council Committee and is extended to bilateral and multilaterals partners (European Union, France, United States) and to civil society (the NGO network, associations of people living with HIV). The TWG gave technical support to all priority interventions on HIV/AIDS in the country. Based on coordination needs in some priority areas, the TWG put in place two subcommissions on Education and HIV/AIDS and Prevention of Mother-To-Child Transmission.

The rotational chairing and venues of the TWG meetings, the sharing of information and good working relationships are the strengths of the TWG; weaknesses are the shortage of personnel in some agencies where focal points are overloaded with many files. For the UN System to achieve more concrete results in the fight against AIDS, there is an urgent need for a full-time HIV/AIDS officer in every agency to ensure effective and efficient participation.

To achieve better coordination of UN efforts, and following the Future Directions of UNAIDS, the Theme Group, through the TWG, developed the UN-ISP to support the implementation of the National Strategic Framework (NSF). The UN-ISP will be validated by a large forum including national authorities, the private sector and civil society (religiousbodies, associations of people living with HIV, NGOs), and bilateral and multilateral partners.

## Emerging Issues and Challenges for the National Response

The implementation of the HIV/AIDS programmes at decentralized level is a major challenge while decentralization (the transfer of competencies and resources) in the country is still not really effective. The national coordinating body is very new and needs reinforcement to better fulfil its mission of reorienting national policy and strategies against HIV/AIDS and coordinating the many partners to maximize the impact of interventions and resources (in the context of the post-conflict situation). The Executive Secretariat needs support in this. Harmonizing and simplifying operational procedures represents an important task for the government and the partners considering the important resources expected in the fight against HIV/AIDS. Pooling funds for greater impact is also very important. There is still no M&E system, one is essential to get accurate data and inform the decision-makers. Reporting on results also represents a challenge. Data need to be stratified by sex at all levels. The implementation of the ICAARV in an environment of shortage of skilled human resources, weak health infrastructure capacities, and generalized poverty also affects the response.

## UNAIDS Key Result Objectives 2004-05

**National Leadership and Coordination:** UNAIDS will support the strengthening of national AIDS coordinating bodies mainly the CNLS, the CCM, the national network of NGOs against HIV/AIDS, and national network of associations of people living with HIV. UN coordination will also be reinforced for better implementation of the UN-ISP.

**Partnerships/Joint Programming:** The partnerships will be strengthened with religious bodies and people living with HIV. Joint programming will be emphasized within the UN System with other partners (bilateral and multilateral, civil society, private sector) in areas where there is the comparative advantage of two or more agencies. Multisectoral interventions will also be instigated to continue to build and reinforce partnership.

**Strategic Information:** Best practices will be identified, documented, and promoted with the collaboration of all the implementing actors. The integration of HIV/AIDS in development frameworks will be pursued (in local development plans, PRSP, sector strategic plans).

The CRIS will be established in the global M&E system. National programme reviews (internal and external) will be supported. The capacities of the M&E unit will be reinforced to meet the challenge of good M&E. Joint field visits and reporting will be emphasized.

**Resource mobilization:** The mobilization of resources will continue by supporting the national counterparts to leverage financial resources: MAP, the Global Fund and other funding sources.

## UNAIDS In Country

**UN Resident Coordinator**  
Aurélien Agbenonci

**Staff** UCC, *Aoua Paul Diallo-Diawara*  
Assistant/Admin, *Roland Bemba*  
Driver, *Antoine Mouanga*

**Chairperson, UN Theme Group on HIV/AIDS**  
Aurélien Agbenonci, (RR/PNUD)



# CÔTE D'IVOIRE

## Country Situation Analysis

The political and military conflict that began in mid September 2002 has had major social and health impacts on the population. HIV prevalence already high in Côte d'Ivoire before the crisis (9.75% on average) is likely to increase due to the massive displacement of local populations, both within and across the country's borders (an estimated one million people). This is exacerbated by the behaviour of at-risk groups and various forms of aggression. Additionally, numerous interactions exist between military populations and indigenous populations around the front lines. Before the conflict there were 420 000 orphans. Today, there are an estimated 934 000 infected adults, while 6 000 new cases of AIDS are reported annually; women are affected more than men. However, the prevalence among sex workers has decreased to 28% compared to 89% in 1989.

Overall, the functioning of health services has been severely affected by the crisis resulting in limited access to health care and medications, particularly in the conflict zone.

The year 2003 was principally marked by an upheaval in AIDS control activities following the political crisis that has affected Côte d'Ivoire since 19 September 2002. Although measures were taken to reduce the humanitarian consequences at the start of the conflict, HIV/AIDS-related aspects were not immediately integrated within priority-rated measures to deal with the effects of the crisis. An emergency team, bringing together different partners and participants in AIDS control in the Côte d'Ivoire, was therefore set up on the initiative of the UNAIDS Office in Côte d'Ivoire in order to address the lack of actions and organization, and to coordinate the immediate response to HIV/AIDS. Under the chair of the Ministry for AIDS Control, this team brought together, in addition to government representatives (Ministries of Health and Defence), the UN Theme Group on HIV/AIDS, development partners, national and international NGOs, and organizations and associations for AIDS control (Association of NGOs for AIDS Control and Côte d'Ivoire Network for Persons Living with HIV/AIDS).

### Major External Funding Sources (US\$, million)

World Bank (MAP– for six years from 2004)	50.0
Global Fund (2004–2005) *	18.0
PEPFAR (in country 2004)	14.0
UNAIDS (PAF 2002–2003)	0.14

\* an additional, new proposal to the Global Fund was submitted in May 2004 (outcome not yet known)

## UNAIDS Support to the National Response

In 2003, support for the national response extended to the following issues: advocacy; strengthening coordination between UN agencies and bilateral and multilateral aid organizations; building up the capacities of the state and civil society; and crisis management.

As part of its meetings with governmental authorities, the UN System, represented by the UN Theme Group on HIV/AIDS, has had several working sessions with the Minister of State, Minister for Health and Population, Minister for AIDS Control and the Prime Minister's Chief of Staff. The goal of these meetings was to reactivate technical support from the UN System, and to draw the attention of the government to the need to overcome various hindrances and thereby expedite the country's access to the Global Fund. These hindrances were, in particular, the organization of the CCM and choice of the principal recipient, in compliance with the guidelines of the Global Fund. On the same occasion, discussions and exchanges took place with the Secretariat of the Global Fund with an aim to postponing the deadline for submission of the Côte d'Ivoire's project.

The goal of participation in the radio talk show "Couloir Humanitaire" was to inform the public about the type of HIV/AIDS actions which are being developed in the crisis situation. The UN System was represented on this programme by members from the following agencies: UNAIDS, UNFPA, UNICEF, WHO.

UNAIDS strengthened the coordination between UN agencies and bilateral and multilateral aid organizations. The coordination of HIV/AIDS control takes place at several levels, and has been strengthened by devising several formal frameworks for work and exchange, bringing together development partners working for AIDS control along with national partners, NGOs and AIDS control associations. This involves humanitarian coordination by, among others, agency heads appointed to deal with the crisis, the UN Theme Group on HIV/AIDS, the UN TWG on HIV/AIDS, the Partners in Development Policy Group on HIV/AIDS, meetings at the sectoral group level, and the HIV/AIDS crisis team.

UNAIDS assisted in building up the capacities of the state and civil society. The Theme Group has been particularly forceful in giving its support to the elaboration of 11 sectoral AIDS-control plans, building up the capacities of NGO unions and networks and supporting associations involved in AIDS control such as the Federation of NGOs in the Fight against AIDS in Côte d'Ivoire (COS-CI) and the Côte d'Ivoire Network of People Living with HIV (RIP+).

To manage the crisis, UNAIDS coordinated the activities within the UN System that took place following a joint UNAIDS/WHO/UNFPA field mission which was able to evaluate the requirements of blood transfusion centres and to take stock of HIV/AIDS prevention and management activities. After this mission, UN interventions were focused on support for blood transfusion safety (laboratory equipment and provision of a screening kit to the Regional Blood Transfusion Centre at Daloa and assistance towards setting up a blood transfusion unit at Yamoussoukro). Secondly, it facilitated access to: medications and condoms – supply of medications for the treatment of opportunistic infections for refugees in UNHCR sites; supply of condoms and STI kits for the National Armed Forces (FANCI), New Forces, ECOWAS Peace Force for Côte d'Ivoire (ECOFORCE), as well as for populations in buffer areas, displaced person reception areas and areas under the control of the New Forces. Thirdly, it gave support for the FANCI field health station for control of STI and HIV/AIDS (training of peer educators in FANCI and among sex workers and supply of 18 000 soldier kits, consisting of a plastic pouch with an information sheet on HIV/AIDS and condoms). And finally, it increased the involvement of NGOs in the prevention and management of STI and HIV/AIDS (training of young peer educators in buffer areas and areas under the control of the New Forces, supply of IEC material for young girls and boys with and without schooling in buffer areas, and setting up of support centres for young people in buffer areas and displaced person reception areas).

## Functioning UN System

The crisis experienced by Côte d'Ivoire since 19 September 2002 has led the UN System to set up a system of humanitarian coordination of agency heads which brings together all UN agencies and to which the Country Coordinator has also been invited. After joint agreement between the Resident Coordinator and the chair of the Theme Group, it has been decided to defer the bimonthly meetings of the Theme Group in view of the fact that all the development programmes have been suspended during security phases 3 and 4, but also because HIV/AIDS is addressed on a weekly basis at the humanitarian coordination meetings. HIV/AIDS issues are also raised during the monthly meetings with the Special Representative of the Secretary-General of the United Nations in which the Country Coordinator also takes part.

TWG meetings have been merged with those (weekly) of the HIV/AIDS and crisis action team, which embraces all the focal points of the UN agencies, and with that of the policy group of development partners for HIV/AIDS control. However, the three meetings of the TWG held in 2003 enabled the support of the UN system to be reinforced: accomplishments were the technical assistance provided for Global Fund proposal development, finalization of the Theme Group 2002 report, coordination of UN support for the participation of Côte d'Ivoire at Cisma 2003 (Conference Internationale sur le SIDA et les Maladies sexuellement transmissibles en Afrique), and evaluation of prevention of mother-child transmission of HIV activities in Côte d'Ivoire.

## Emerging Issues and Challenges for the National Response

There is a need to carry out a general HIV seroprevalence survey. Setting up the "3 by 5" Initiative in Côte d'Ivoire (WHO/UNAIDS) to ensure that decentralization is effective and that local populations have greater access to antiretroviral drugs is another emerging issue. Support needs to be given to building national capacities through the evaluation of the effects of the crisis on policy on people living with HIV.

HIV/AIDS needs to be effectively integrated in sectoral development plans and the M&E system for the national AIDS control policy needs to be strengthened. Similarly, a consensus-based support plan needs to be devised to strengthen the coordination of support for the national response to HIV/AIDS provided by the international community.

## UNAIDS Key Result Objectives 2004-05

**Support for awareness of HIV/AIDS and its impact in Côte d'Ivoire** through: evaluation of the impact of the crisis on the propagation of HIV/AIDS in conflict zones, buffer areas and displaced population reception sites; conducting a general seroprevalence survey coupled with a sociobehavioural survey; evaluation of orphans as a social trend and condom usage.

**Support for multisectoral activity, decentralization and partnership** through: updated advocacy directed at institutional, political and civil society leaders; support for effective implementation of multisectoral activity through effective mobilization of resources from all development sectors; support for advocacy directed at the private sector for mobilization of persons and domestic savings; institutionalization of meetings between members of the Theme Group and ambassadors and heads of cooperation agencies; initiation of a joint action plan with development partners; support for the management and coordination of funds; support for qualitative and quantitative reorganization of NGOs and associations in the fight against AIDS.

**Support for the appointment of AIDS control bodies**, through: assistance for the functioning of the National Council for AIDS Control and the Inter-ministerial Committee; support for the appointment and functioning of the Multiparty Committee and decentralized committees; assistance for the development of the national M&E plan.

**Mobilization of resources**, through: support for the organization of a round table of funding bodies; support for mobilization of additional resources, especially within the framework of PEPFAR and the Clinton Foundation; support for the mobilization of domestic resources through greater involvement of the private sector.

## UNAIDS In Country

### UN Resident Coordinator

*Abdoulaye Mar Dieye*

### Chairperson, UN Theme Group on HIV/AIDS

*Mpenga Kabundi*

**Staff** UCC, *Dr Mamoudou Diallo*  
1 Programme Officer (NPO)  
1 Secretary  
1 Messenger – 2 Drivers

# GAMBIA

## Country Situation Analysis

The Gambia is a country of 1.4 million people spread across approximately 10 000 sq km of land. It is predominantly Muslim, with a population growth rate of 3–4% per year. A high fertility rate of 5.53 births per woman is checked by an even higher infant mortality rate of 74.93 deaths per 1000 live births. Gambians under the age of 14 years and younger make up 45% of the population and life expectancy is 51 years for men and 55 years for women. Tuberculosis and malaria are major health problems; in 2000, the malaria prevalence rate was 17 340 per 100 000 while TB affected 283 per 100 000 in 2001.

The Gambia's economy is based on agriculture. Three quarters of the population depends on crops and livestock for its livelihood, and agriculture accounts for 23% of the Gross Domestic Product. Tourism has become an important element of the economy, it contributed up to 12% of the country's GDP in 2002 and engaged about 19% of the labour force.

UNDP estimates that 82% of Gambians lived on less than US\$ 2 per day of which 59.3% earned less than US\$ 1 per day over the past decade. The poverty is most acute in rural areas where high levels of illiteracy have led to the marginalization of those who cannot read, further frustrating human development.

In the Gambia, the first case of AIDS was diagnosed in May 1986. Since then, there have been over 3 000 reported cases with prevalence rates of 1.2% for HIV1 and 0.9% for HIV2.

The government has acknowledged the necessity of a multicultural response to the epidemic for successful containment. In 1987, a National AIDS Control Programme (NACP) was formed. In 1995, a National AIDS Committee followed where a National AIDS Policy was developed. Following the NACP, the National AIDS Secretariat (NAS) was formed to be strengthened with the formation of the National AIDS Council (NAC) as a policy building body in 2000. The NAC under the Office of the President serves as an advisory body on policy and strategic issues in the fight against HIV/AIDS. The NAS under the Office of the President coordinates the national response to HIV/AIDS. At present there are five Divisional AIDS Committees (DACs) through out the Gambia supporting national initiatives and monitoring local needs.

### Major External Funding Sources (US\$, million)

World Bank (1999–2006)	15.0
UNICEF	0.225
UNDP (2001–2003)	0.195
WHO (2002–2003)	0.13
UNAIDS (2002)	0.20
UNFPA (2001)	0.03
US Ambassadors (2002)	0.075
US Peace corps (2002)	0.08
UNAIDS PAF (2002–2003)	0.11

## UNAIDS Support to the National Response

The UNAIDS Theme Group TWG has provided technical assistance in the review of the national sociocultural survey, which is intended for use in the various HIV/AIDS related planning and intervention activities in the country.

The UNAIDS Theme Group TWG participated in the formulation, development and revision of a five-year National Strategic Plan on HIV/AIDS and contributed towards its successful formulation. This strategic plan is in the process of being implemented.

The Theme Group TWG participated in the review of the 2003 UNGASS report and commented on drafts of the assessment prepared by a national consultant.

UNAIDS participated in the development and revision of the Global Fund Project Proposal, with the assistance of international and national consultants. In addition to this, the Theme Group TWG also allocated substantial amounts of human and financial resources to the development and finalization of the document. The final document was submitted to headquarters through the NAS, resulting in a successful application and outcome.

The Theme Group TWG made a significant contribution to a video film production in English and two local languages (Wolof and Mandinka). This contribution included reviewing the script and the completed film in the English and vernacular versions.

The Theme Group was involved in the analysis of the situation of people living with HIV in The Gambia. The situation analysis is expected to identify the existing support groups for people living with HIV; assess the needs of people living with HIV; assess the capacity and gaps of existing organizations; and identify the way forward to strengthen their capacity.

UNAIDS in The Gambia in collaboration with the NAS coordinated the Department of State for Youth and Sports and the National Youth Council to mobilize Gambian youth to attend the Pan-African Youth Forum in Dakar (22–26 March 2004). The National Youth Council established a task force and facilitated coordination, and 15 youths were able to attend the forum.

The team has conducted a sensitization workshop for UN staff and their dependants.

The UNAIDS team was successful in expanding its membership and has included important potential donors.

The UNAIDS team, through its expertise, has contributed significantly to the World AIDS Campaign.

## Functioning UN System

The Theme Group reviewed and approved the joint and UN integrated workplan; provided directions for the implementation of various major activities within the plan; and approved the submission and request for the PAF interim report (for the remaining PAF budget).

Likewise, the TWG continuously held monthly meetings and implemented several supporting activities. In its meetings, the group reviewed HIV/AIDS-related annual plans, concept papers, proposals, reports and assessments. Through these regular meetings, the group was able to plan, implement, monitor and evaluate its planned and other ad hoc activities.

## Emerging Issues and Challenges for the National Response

Some of the challenges include: misconceptions particularly among females; the negative behavioural activities introduced mainly by tourists and refugees, as a result of the porous borders of the country; the emergence of drug use; the difficulty of locating and educating sex workers; mainstreaming HIV/AIDS into gender.

## UNAIDS Key Result Objectives 2004-05

**National Response:** The national AIDS coordinating bodies will be strengthened and HIV/AIDS integrated and mainstreamed into relevant development frameworks. UNAIDS will support the government-led participating reviews of country responses that will be conducted in 2004. The regional national leaders' initiatives will be supported to strengthen the country responses.

**Partnership:** Technical support will be given to partners through the regional Technical Support Facilities. The Partnership Forum will be strengthened and expanded at the country level by including civil society and the private sector. The civil society will be empowered for social dialogue, policy development and implementation.

**Strategic Information:** will be generated through country progress reports and regional trend analysis.

**Resource Mobilization:** UNAIDS will continue to support the design of Global Fund proposals and assist countries to leverage financial resources.

**UN System:** There will be enhanced UN joint programming through the development and implementation of the UN-ISP and regional UN action plan.

## UNAIDS In Country

### UN Resident Coordinator

*Dr John O. Kakonge*

### Chairperson, UN Theme Group on HIV/AIDS

*UNDP*

**Staff** Focal Point *Sbasbu A. Zegeyee*

Interns (3)

Assistant/Admin Secretary and HIV/AIDS Counsellor (1)

Peer Educator and driver/messenger (1)

# GHANA

## Country Situation Analysis

Ghana is in the third year of implementing the National Strategic Framework for HIV/AIDS (NSFW) developed through multisectoral consultation and approach. The NSFW was adopted in 2001 and symbolizes one direction of the national response.

The epidemic is monitored through sentinel surveillance, the 2002 report indicates the median HIV prevalence in the country as 3.4%, showing an increase of over 50% from 2.3 % in 2000. The report reveals that six out of the 24 sentinel sites have prevalence rates above 5%, with the highest being 8.5%. Between 1986 and 2002 a cumulative total of 64 591 AIDS cases have been reported countrywide. It is estimated that close to 600 000 Ghanaians are infected with HIV and about 170 000 children have been orphaned by AIDS. Given the trend of the epidemic, it is possible for it to spin out of control. Any slight increase will magnify the epidemic. The Demographic and Health Survey (DHS) and the results for the year 2003 are to be released but could have important differences.

In order to reduce the rapid spread of HIV infection and mitigate the effects of the epidemic, Ghana's HIV/AIDS strategic plan focuses on five thematic areas, namely: prevention of new HIV infection, care and support for people living with HIV, creating an enabling environment for the national response, decentralizing implementation through institutional arrangements, and research, monitoring and evaluation. Multilateral and bilateral partners, NGOs and civil society organizations are actively participating in the national response, under government leadership. Currently, there are over 2 500 community-based organizations and NGOs implementing HIV/AIDS interventions in the country. There has been substantial funding from bilateral and multilateral partners for the national HIV/AIDS response. To enhance the effectiveness of Ghana's response to the HIV/AIDS epidemic institutional arrangements, research, and M&E will be well developed to be better able to track the course of the epidemic and the socioeconomic effects. There will be a database that will inform the formulation of sound workable policies and programmes.

### Major External Funding Sources (US\$, million)

World Bank/IDA(2001–2002)	25.0
Global Fund (2002–2004)	15
DFID (2001–2004)	36
USAID (2001–2004)	22.5
WHO (2002–2005)	1.24
Royal Netherlands (2002–2005)	3.7
UNAIDS (PAF) (2002–2005)	1.46
Gates Foundation(2002–2005)	7.5
UNFPA(2002–2003)	5.2
UNDP (2002–2005)	.63
UNICEF (2002–2005)	0.27
Government of Ghana (2003–2005)	2.6
Others	8.0
Total	130.3

This table is based on the recent Joint Annual Programme Review.

## UNAIDS Support to the National Response

UNAIDS is a resource for all technical assistance on HIV/AIDS. This may be in the form of best practice documentation, repository of technical and comparison data and opinion seeking from many organizations. UNAIDS has fulfilled its information and technical assistance role:

- UNAIDS provided support to the finalization of the National Strategic Framework 2001–2005 that was adopted by the country and is the one guiding document on implementation of the response;
- UNAIDS straddles sectors, segments and shades of opinions as well as stakeholders providing necessary support reactively or proactively;
- UNAIDS provided technical leadership in the development of the Global Fund proposals; UNAIDS provided technical support to the development of the national M&E plan and further assistance is being provided to the implementation of the CRIS, the development of the behaviour change communication (BCC) protocol, second generation sentinel surveillance, and the DHS;
- UNAIDS is the key UN body handling mainstreaming HIV/AIDS in the Ghana PRSP, CCA, UNDAF and acting as the reference point on UNGASS indicators and the Millenium Development Goals; and
- UNAIDS provides a mechanism for NGOs to have a voice where previously it may have been difficult.

## Functioning UN System

The Ghana AIDS Commission's (GAC) engagement with the UN System and other stakeholders continues to be facilitated by the leadership of UNAIDS. The Expanded Theme Group and TWG are important and major forums for greater involvement and dialogue between donor and local partners, the UN and the GAC on the national response. Specifically, the TWG discusses and takes technical decisions and responds to urgent issues affecting the national



response. Issues that need further clarification in the realm of policy, political support and resources are taken a step higher to the heads of agencies and the ministries in the Expanded Theme Group. The two forums are complementary and chaired by the UNAIDS Theme Group chair in both cases.

The UN is adequately represented on the CCM of the Global Fund, with WHO acting as vice-chair of the CCM. The UN System has played a critical role in the development and submission of proposals to the Global Fund. Ghana was the first country to receive financial assistance from the Fund. As part of efforts to implement the “3 by 5” Initiative, Ghana’s fourth round proposal to the Fund aims to scale up antiretroviral therapy from the current 500 to 30 000 people living with HIV who need it.

Much has been and is being done by a plethora of partners. In order to identify the gaps and chart out the next direction, UNAIDS in collaboration with other partners has advocated and facilitated the joint review of the national response that has just been concluded. The results of the review will significantly contribute to strengthening the coordination, institutional mechanisms, policies and programmes, M&E and resource mobilization for an effective national response through the formulation of the national strategic framework.

## Emerging Issues and Challenges for the National Response

The national response is becoming complicated by emerging issues related to the coordination of stakeholders with different agendas. The major challenge will be the implementation of the “Three Ones” principles making the national response truly multisectoral. More funds are becoming available to the country for the response. The challenge will be to reap maximum benefit from the resources. The next challenge is the realization of “3 by 5” given the country’s internal milieu, organization, capacity and the ambitious nature of the response.

## UNAIDS Key Result Objectives 2004-05

**Develop activities for HIV/AIDS prevention and care for UN staff members and their families:** the objective aims at making all UN staff HIV/AIDS competent, enhancing staff understanding of the devastating effects of HIV/AIDS, increasing access to HIV/AIDS-related services such as condoms, voluntary counselling and testing and post-exposure prophylaxis.

**Strengthen national leadership and action for an effective national response by December 2005:** emphasis will be made to transform the existing Expanded Theme Group into the national partnership forum for HIV/AIDS. The GAC will also be strengthened to lead the partnership forum and the TWG for HIV/AIDS.

**Mobilization and empowerment of country level public, private and civil society partnerships:** engaging private sector and civil society organizations in the national response is critical for the successful implementation of the response. UNAIDS will seek to strengthen the coordination role of national networks of AIDS-related organizations including the Association of People Living With HIV/AIDS. UNAIDS will facilitate the constructive engagement of the media and foster corporate and civil responsibility. It will assist the GAC to establish a business council for HIV/AIDS.

**Strengthen the management of strategic information on HIV/AIDS across the country:** during the period UNAIDS will facilitate the establishment and implementation of the CRIS at the GAC, and support the establishment of a national HIV/AIDS information and documentation centre and the identification and documentation of best practices.

**Strengthen GAC capacity to plan, track, monitor and evaluate the country response to HIV/AIDS:** UNAIDS will facilitate the joint review of the national response and revision of the national strategic framework. The National AIDS Control Programme will be assisted to undertake second generation surveillance with specific emphasis on population-based surveys and behaviour surveillance surveys for specific sub-population segments. This will go a long way to explain the subtle differences seen in the epidemic and will guide future programming.

**Facilitate access to technical and financial resources to strengthen the national response:** additional resources will be leveraged from both local and international bodies to support the scaling-up of specific HIV/AIDS interventions in the country.

## UNAIDS In Country

**UN Resident Coordinator**

*Alfred Sallia Fawundu*

**Chairperson, UN Theme Group on HIV/AIDS**

*Moses Mukasa (UNFPA Representative)*

**Staff** UCC, *Dr. Warren Naamara*

NPO: *Isaac Offeir*

# GUINEA

## Country Situation Analysis

Guinea is currently experiencing a socioeconomic crisis linked to the devaluation of its franc. This has given rise to a spectacular increase in the cost of basic foods, which in turn is aggravating poverty. This situation is highly conducive to an increased transmission of HIV. Health structures have a limited capacity to look after patients and drug costs are high. Human resources in the medical and social field are scanty and their capacity needs to be built up. With inadequate salaries, medical personnel are tempted to seek employment elsewhere, further diminishing the quality of services offered. The situation is a brake to development of the programme for looking after persons living with HIV and AIDS.

With a national seroprevalence of 3.2% and higher seroprevalence rates in some regions (Forest Guinea 7% and Conakry 5%) and some vulnerable groups (sex workers 42.3%, soldiers 6.6%, truck drivers 7.7% and miners 4.7%), Guinea has become a generalized epidemic country. However, it has received funding (approximately US\$ 60 million over five years) which may help to level off the course of the epidemic provided that its national strategy framework (2003–2007) is actually fully implemented.

Major External Funding Sources (US\$, million)	
World Bank (2003–07)	20.0
Global Fund (2003–07)	13.0
UN and Partners (ISP), 2002–2005	2.0
UNDAF Theme Group	figure not available
UNAIDS (PAF, 2002–2003)	0.80

## UNAIDS Support to the National Response

UNAIDS supported the implementation of appropriate technical structures and coordination mechanisms, including: the UNAIDS Theme Group consisting of agency heads; the Expanded Theme Group, including international and national partners in order to strengthen coordination of AIDS control and enable regular information exchange especially with regard to enlistment of resources; and the Technical Working Group (TWG) with four specialized subgroups to provide technical support to the two coordination bodies.

UNAIDS provided support to mobilization of resources: approximately US\$ 60 million have been earmarked for Guinea (MAP, Global Fund, United Nations System, Germany, USA, Canada, France, etc.). In the person of the Theme Group chair and the Resident Coordinator, the United Nations System has provided advocacy to the highest governmental authorities (letter to the prime minister) so that funding obtained can be managed in a coordinated manner, in particular by the National AIDS Control Committee (CNLS).

The Guinea CCM signed an agreement with the Global Fund (30 July 2003) which will allow Guinea the use of US\$ 4 million over two years. For various reasons (procedural handbook not ready on time, discussion on the roles of CNLS and the Ministry of Health, the principal recipient, in the management of the AIDS project, delays in transmission of the reports to the Global Fund auditor, etc.), the first down payment from the Fund only took place in December 2003. Support of the United Nations System for implementation of this project enabled the situation to be resolved (antiretroviral drugs are supplied by UNICEF). With the technical and financial support of UNAIDS, a subregional project in AIDS control in the Mano River Union country and Côte d'Ivoire has been drawn up and presented for funding to the Global Fund. Thanks to the advocacy of the Abidjan ICT, the African Development Bank has agreed to co-fund this project to the sum of US\$ 6 million.

An operation plan, a tool defining roles and responsibilities, has been completed, allowing the creation of a partnership forum. It has started enlisting civil society (NGOs, people living with HIV, unions) through training, support for participation in national and international meetings and project funding. A UN volunteer, with the support of UNDP and the private sector (Coca Cola), has set up a talk and advice centre in a working-class and “red-light” district of Conakry (the Transit) which is run by a local NGO for young people. It was opened on 1 December 2003 during World AIDS Day. Information and awareness-raising campaigns have been conducted in partnership with NGOs and the private sector for marking international days: the government has declared December to be “AIDS control month”.

With funding from the UNAIDS PAF, it has been possible to provide training in two hospitals in Conakry and one regional hospital in Kindia for physicians and health care personnel in order to improve the management of persons living with HIV. Similarly, 30 physicians have been trained in the prescription of antiretroviral drugs.

Local responses have been promoted through training of a national facilitation team for use of the AIDS knowledge self-evaluation test with the support of UNITAR/UNAIDS. The tool was adapted and translated into the four national languages by the facilitation team with financial backing from UNFPA. With UNDP backing, a study was implemented on the socioeconomic impact of HIV/AIDS in Guinea, which will be presented at validation and outreach workshops organized by the United Nations System. The results will serve as a reference for drawing up an interagency programme in the fight against HIV/AIDS, and producing an awareness-raising film which, after regular broadcast on TV and in schools and NGOs, will prompt discussions likely to galvanize changes in behaviour.

## Functioning UN System

The UNAIDS Theme Group functions very well: regular monthly meetings; involvement and commitment of all agency heads; systematic information during Country Team coordination meetings; encouragement of leadership to focus on what each agency does best (UNICEF in the prevention of mother-to-child transmission or UNDP in socioeconomic impact, AIDS and good governance, etc.); and participation of agency heads in person at meetings convened by national bodies such as the CCM for the Global Fund. The Expanded Theme Group, consisting of the spokespersons of multilateral and bilateral cooperative groups, government, unions, chairpersons of associations, NGOs for persons living with HIV, directors from the private sector and

religious leaders, functioned well with three-monthly meetings which consolidated the fight against AIDS and enabled regular information exchange. The good functioning of the Expanded Theme Group also enabled actions to remain distinct and not to overlap. The two coordination bodies are assisted technically by the Expanded TWG which encompasses the focal points of all members of the Expanded Theme Group. The Expanded TWG is made up of specialized technical committees in four major areas of AIDS control: communication for behaviour change (prevention aimed at different target groups); management (screening, treatment and laboratory monitoring, psychosocial and community management, prevention of mother-to-child transmission); surveillance (epidemiological and behavioural, M&E, research); reduction of the socioeconomic impact (support for orphans and vulnerable children, civil society, NGOs, poverty and HIV/AIDS, businesses, emergency situations, and coordination and decentralization system).

For the implementation of MAP (US\$ 20 million), a joint World Bank/UNAIDS supervision takes place twice yearly. It has shown that the multisectoral project launched in May 2003 functions as planned but with some shortcomings, especially in the rate of down payments and the involvement of NGOs and communities. The decision to transfer the supervision of this project from the headquarters of the World Bank in Washington to the resident mission of the World Bank in Conakry will no doubt contribute to improving the rate at which the annual sector plans are carried out.

## Emerging Issues and Challenges for the National Response

The CNLS leadership needs additional capacity and further advocacy to engage all the institutions of the Republic of Guinea in the national response work on HIV/AIDS and governance.

The Partnership Forum needs to be galvanized and the Expanded Theme Group specialized technical committees need to be functional. The local response action plan drawn up by the national facilitation team needs additional backing. The CNLS M&E unit is currently setting up an M&E plan and needs additional support, as does the strategic information. The “3 by 5” Initiative and the Mano River Union proposal to the Global Fund are emerging issues related to the national response.

## UNAIDS Key Result Objectives 2004-05

The UN-ISP will be finalized and implemented. UNAIDS will give strong backing for implementation of the programme to manage persons living with HIV funded by the Global Fund, MAP, GTZ and MSE. It will also support the “3 by 5” Initiative. UNAIDS will implement an advocacy plan among political, religious and administrative leaders at all levels and among opinion leaders with the aim of increasing the commitment from all partners and marshalling more financial resources. UNAIDS will also provide support for an effective M&E system.

## UNAIDS In Country

**UN Resident Coordinator**  
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# MALI

## Country Situation Analysis

Mali, with a population of 10.4 million (of whom almost 55% are under 18 years of age), is classified among the poorest countries of the world (with a Gross Domestic Product per capita of US\$ 280 per year in 1999).

HIV/AIDS prevalence in the general population is 1.7% (2001 DHS); the highest rate, 3.4%, occurs in the 30–34-years age group. At this rate, the estimated number of seropositive adults is 80 000. Overall, women are twice more likely to be affected than men. Seroprevalence is higher in urban than in rural areas; Bamako is the most affected region (2.5%). The seroprevalence rates for HIV infection among specific groups are 29.7% among professional sex workers, 4% among truckers and 6.7% among women peddlers. Mali is thus confronted with a well-established epidemic and increasing prevalence rates, especially in areas bordering Burkina Faso and Ivory Coast.

The multisectoral approach, which constitutes an important element of the National Strategic Plan (NSP) (2001–2005), has permitted nine ministerial departments to draw up sector plans for HIV/AIDS control. A National HIV/AIDS Policy has recently been adopted.

Important institutional reforms are currently taking place in the fight against HIV/AIDS. The High Council for HIV/AIDS Control (HNCLS) is being modified to include membership from the public sector, the private sector and from civil society in equal numbers. This modification is taking place under the direct auspices of the President of the Republic's Office. The HNCLS mission is to orient and formulate the vision of HIV/AIDS control, to advocate for all HIV/AIDS matters, to mobilize funds and supervise the work of the Executive Secretariat, now being created. The Executive Secretariat will assume technical oversight responsibilities *vis à vis* the implementation of the national HIV/AIDS policy and the five-year plan. The National AIDS Control Programme within the Ministry of Health will be strengthened to ensure the proper coordination of health sector-based HIV/AIDS-related interventions.

Civil society, including faith-based groups (Christians and Muslims), is very well structured and engaged; people living with HIV, the parliamentary network and Mayors' Alliance (locally elected people) are increasingly visible and operational. A nationwide programme on local response, "One NGO, one district", is being implemented. However, the initiative faces several operational problems and an evaluation is planned for 2004. NGOs are strongly involved in communication on behavioural change and social marketing. Peer education is widespread. About 15 voluntary counselling and testing centres are active in different regions. Several centres and one hospital in Bamako are offering mother-to-child transmission prevention services. Three centres in Bamako are offering antiretroviral treatment; and recently one centre in Segou initiated similar services. Further decentralization is planned. Blood safety is only assured in the capital.

Major External Funding Sources (US\$, million)	
World Bank (MAP, 5 years)	15.0
Global Fund (5 years)	Submission to Fourth Round, 56.0
USAID (2004)	3
French Cooperation (2004)	0.8
UNDAF Theme Group (2004)	1.3
UNAIDS (PAF, 2002–2003)	0.25

## UNAIDS Support to the National Response

UNAIDS strengthened the TWG and assisted the development of fruitful dialogue between UN agencies and other partners for a gradual harmonization of the support to the national programme. Efforts are being made to strengthen and enlarge partnerships to include members of parliament, locally elected people, members of faith organizations and traditional healers. A central role is given to people living with HIV. UNAIDS is enhancing partnership with the private sector through advocacy activities and the organization of a forum for the open engagement of private actors.

UNAIDS assisted the national programme in capacity-building and provided technical advice to develop the annual work plan, the mapping of HIV/AIDS intervention in the country and joint reviews mechanisms. In addition, UNAIDS provides technical support and assists in programme development such as the initiative for access to antiretroviral therapy.

UNAIDS supported the elaboration of sectoral plans and was involved in CROCEPS, a planning exercise at the local level to achieve a responsive national health programme, PRODESS. It worked to assure that HIV/AIDS be included in the decentralized health plans.

On the basis of the "Three Ones" principles, UNAIDS advocated for institutional reforms in the AIDS sector, and a new multisectoral coordinating body at presidential level.

UNAIDS and UNICEF are working on building the capacity of the main actors involved in the "One NGO, one district" local response initiative. The initiative, covering all country, allows direct participation of communities for a local response to HIV/AIDS.

UNAIDS supported the creation of a documentation centre at the National AIDS Commission (NAC) level and the editing of a bulletin of exchanges and updates on HIV/AIDS for all partners. It is also providing a regular supply of scientific documentation to the NAC and others partners.

## Functioning UN System

The UN Theme Group was created in 1997 and is chaired by one of the agencies' representatives through a system of annual rotation (since January 2004 UNESCO). An extended Theme Group with other development partners (UN agencies, bilateral donors, embassies) is also operational.

Each UN agency has a focal point for HIV/AIDS. The UN focal points, with the other main partners (bilateral donors, EU, main NGOs, people living with HIV), meet bimonthly in the TWG (26 members). To enhance interest and participation, thematic subgroups are being set up (mother-to-child transmission, institutional aspects, local response).

A UN Joint Programme for 2004, guided by the UNDAF and in accordance with the NSP, is in the process of being finalized. Several training sessions were offered to UN staff during 2003 and these contributed to the increase of staff competency to deal with HIV/AIDS.

UNAIDS PAF are being used to increase the involvement of the private sector in the response to HIV/AIDS; for the implementation of the GIPA approach initially in seven firms; to develop micro credit projects for people living with HIV and related savings accounts to pay for antiretroviral drugs; to carry out a situation analysis on “forgotten” groups such as prisoners, drug addicts, men who have sex with men; to support the decentralization process of the NAC; for the elaboration of a strategic framework on HIV/AIDS communication and for capacity building on blood and health care safety.

## Emerging Issues and Challenges for the National Response

Efforts towards the effective implementation of the newly created multisectoral HIV/AIDS structures will be needed from all national partners, and especially from UNAIDS. Decentralization is more theoretical than practical as yet. Through a PAF, UNAIDS is planning to support the decentralization process of the NAC. Multisectoral committees should be operational at least at the regional level.

The costing and budgeting of the NSP and its specific components (e.g., access to antiretroviral drugs) is essential to a more transparent mobilization and strategic allocation of resources and to the implementation of specific policies (free antiretroviral drugs for all).

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will support the capacity-building of the new national HIV/AIDS coordinating bodies. It will assist a government-led national participatory review in updating the strategy for 2005–2010 and support the elaboration of 2004 operational plans. It will provide assistance for the effective functioning of the CCM.

**Partnerships:** UNAIDS will continue to strengthen and expand partnerships at country level through advocacy for a meaningful involvement of people living with HIV, religious leaders, the parliamentary network, locally elected people, youth and women organizations.

In particular, it will work at strengthening the private sector Coalition Against HIV/AIDS.

Assistance will be given for a National Forum to strengthen national partnership and mobilize resources.

**Monitoring and Evaluation:** work will be done to integrate information of specific interest to the NAC into the National Health Information System (Système National d'Information Sanitaire – SNIS) and to create a CRIS national multisectoral M&E unit.

**Strategic Information:** UNAIDS will provide technical leadership to mainstream HIV/AIDS across all components of country programmes, particularly into the PRODEC (national programme on education) and the PRODEJ (national programme on law); develop a countrywide communication strategy; budget and cost the NSP; support the evaluation of the national programme of access to ARV and the development of a widely agreed national policy of access to medical and psychosocial care.

**Technical/Financial Resources:** UNAIDS will have a key role in facilitating access to financial resources (Global Fund, Round Table) and helping the harmonization and follow-up of the use of funds coming from different sources. UNAIDS financed a “mapping of HIV/AIDS interventions” in the country and will help in identifying the gaps in activities and funds for further mobilization of resources.

**UN System:** the Joint UN Programming process on HIV/AIDS will be enhanced through a joint follow-up of the agencies’ plans for 2004.

## UNAIDS In Country

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### Chairperson, UN Theme Group on HIV/AIDS

*Matoko Firmin Edouard* (UNESCO)

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JPO supported by the Italian government

Assistant/Admin Secretary (1)



# NIGERIA

## Country Situation Analysis

Nigeria has a total population of 124 million (UN Population Division, 2003). HIV/AIDS was first reported in Nigeria in 1986. Since then, the epidemic has been growing rapidly: adult HIV prevalence increased from 1.8 % in 1991 to 5.8% in 2001. Although Nigeria's infection rate is lower than those of neighbouring countries, this translates into a higher number of infections, given the large population. With 3.5 million Nigerians living with HIV/AIDS, the country now has the highest number of HIV/AIDS-infected adults in West Africa. In 2002 alone, more than 200 000 AIDS-related deaths occurred, and it was estimated that Nigeria had more than one million children orphaned by AIDS.

Many factors that are favouring a rapid spread of the virus are prevalent in Nigeria, including high mobility, trafficking of young girls, marginalized women, poverty and inequality and specific socio-cultural practices. The "Next Wave of HIV/AIDS" report of the US National Intelligence Council predicts an estimated 10–15 million people living with HIV in the country by 2010.

Nigeria has put in place the necessary coordinating and decision-making bodies: the Presidential AIDS Council is chaired by the president of the country and includes the main line ministries. The federal coordination mechanism, the National Action Committee on AIDS (NACA), has been fully established with adequate infrastructure and capacity. It benefits from strong support of the major development partners and its human resource base has recently been strengthened. At the state level, 36 State Action Committees on AIDS (SACA) have been set up and are at different levels of capacity and functioning.

Civil society participation in the fight against HIV/AIDS has been institutionalized through the establishment of coordination mechanisms such as the Network of People Living with HIV in Nigeria (NEPWAN), the Civil Society Consultative Group on HIV/AIDS in Nigeria (CISCGHAN), the Faith-based Forum on HIV/AIDS, and the Nigeria Business Council on HIV/AIDS (NIBUCAA).

The timeframe of the HIV/AIDS Emergency Action Plan (HEAP) 2000–2003 has elapsed and a review of the HEAP is being planned in the context of the participatory development of the new National HIV/AIDS Strategic Framework 2005–2009.

Preparations for the drafting of the National Health Sector Strategic Plan and an advocacy strategy are well under way. Other frameworks such as the Behavioural Change Communication Strategy (to be launched on 27 April 2004) and the Nigeria National Response Information Management System are being launched and put into operation. The results of the 2003 National HIV Sentinel Survey are expected to be released on 25 April 2004.

### Major External Funding Sources (US\$, million)

World Bank (MAP, IDA soft loan 2002–2006)	90
Global Fund (2 years)	70
USAID – PEPFAR	59
DFID (2001–2008)	130
APIN (Bill and Melinda Gates Foundation 2001–2005)	25
UNAIDS (PAF funds, 2004–2005)	0.25
UNDP (2003–2007)	6.5
UNICEF (2004)	2
Government for ARV 2004	37

## UNAIDS Support to the National Response

**Support for National Strategic Planning:** UNAIDS has provided support to the development and implementation of the HEAP and state action plans on HIV/AIDS. UNAIDS will take the lead within the UN System to provide technical support to the review of the HEAP and the development of the new National HIV/AIDS Strategic Framework for Nigeria.

**Strengthening the coordinating body, NACA:** DFID and the World Bank supported the re-engineering of the NACA, and UNAIDS is coordinating the process for partners and the UN System providing technical assistance to fill the gaps identified by the re-engineering report.

**Resource Mobilization:** UNAIDS is advocating for increased resources for the fight against HIV/AIDS. UNAIDS is also supporting the process of setting up a partners' and donors' internal coordinating body to harmonize and better coordinate donor support to the national response.

**Advocacy:** UNAIDS is supporting the NACA-led process of developing a Nigeria Advocacy Strategy on HIV/AIDS.

**Partnership Development:** UNAIDS supported the establishment of sectoral HIV/AIDS coordination bodies such as the Faith-based Forum on HIV/AIDS and the Nigeria Business Council on HIV/AIDS (NIBUCAA). Through the PAF, we also supported CISCGHAN to conduct a strategic review and planning process which resulted in the development of a five-year strategic plan. Through the UN Expanded Theme Group, UNAIDS advocates and provides technical assistance for the establishment of a national partnership forum.

**Monitoring and Evaluation:** UNAIDS has provided technical assistance and financial resources (from PAF) to support the development of the Nigeria National Response Information Management System and the related training of implementers and stakeholders at federal and state level. The monitoring system will be launched on 22 April 2004.

**Health sector response and access to treatment and care:** the UN Theme Group, under the leadership of WHO, is providing support to the development of the Health Sector National Strategic Plan on HIV/AIDS. UNAIDS is coordinating the division of support by UN agencies to the development process in line with their convening roles. UNAIDS has also supported the activities of the National ARV Experts Committee and the active participation of people living with HIV in review meetings.

## Functioning UN System

The chair of the UN Theme Group has rotated to the WHO Representative who is providing effective leadership of the Theme Group and technical focal points meetings. The Theme Group delegates specific tasks to ad hoc subcommittees. The focal points meet regularly to share information, plan and review progress of PAF-funded activities. They have collaborated on a number of activities such as planning and implementing the UN workplace HIV learning strategy; the assessment of UN support to the national response; organizing awareness-raising programmes during the Continental Games (COJA); planning World AIDS Day activities; and supporting national partners. Absence of an implementation support plan, related to the absence of a national strategic framework, has limited their ability to coordinate effectively. A subcommittee of the Theme Group is in charge of the development of the ISP in 2004.

The Theme Group within the UN Country Team has agreed to establish a joint presence in six geopolitical zones. The Theme Group chair presents a monthly report on Theme Group activities to the Country Team as the decision-making body.

The Expanded UN Theme Group has continued to meet on a bi-monthly basis throughout 2003. It has now expanded its membership to include the faith-based and private sectors. The Expanded Theme Group is cochaired by the NACA chair and the Theme Group chair and comprises cosponsors and other UN agencies, government, private and public sectors, people living with HIV, civil society organizations, faith-based organizations, bilateral development partners and international NGOs.

## Emerging Issues and Challenges for the National Response

**National Strategic Framework:** to be developed and finalized in 2004 with strong UN System (UNAIDS, UNDP) support.

**State (36) and local government (774) responses:** review of the state action plans in the context of the new National Strategic Framework. UNAIDS will be part of the UN joint presence in the six zones to provide technical assistance to the states and local governments.

**Resource mobilization and utilization:** to increase management and financial capacity and transparency. Support to the establishment of a mechanism to channel funds to states, local governments and other sectors.

**M&E:** support to the implementation of the Nigeria National Response Information Management System.

**Care and Treatment:** the “3 by 5” objectives will be incorporated and implemented as a key issue through the health sector strategic plan. UNAIDS is advocating to establish linkages between “3 by 5”, PEPFAR and the ART Nigerian Presidential Initiative.

## UNAIDS Key Result Objectives 2004-05

UNAIDS will assist with the establishment of a national partnership forum. It will support the government-led review of HEAP and the development of the National Strategic Framework. Additionally, it will collaborate to mainstream HIV/AIDS in the Nigeria Economic Empowerment and Development Strategy and in the State Economic Empowerment and Development Strategy of six states. Another objective is to develop a Nigeria Advocacy Strategy on HIV/AIDS. It will work to increase the coordination and collaboration between the coordinating civil society entities through a joint action plan and its implementation. UNAIDS is preparing to produce two best practice documents.

## UNAIDS In Country

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*Gettu Tegegnework*

### Chairperson, UN Theme Group on HIV/AIDS

*Dr Mohammed Belbocine*

### Staff

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NPO (1) *Dr Alti Zwandor*

STP (1) *Nancy Snauwert*

Secretary (1)/ Admin. Assistant (1)

Drivers (2)

# TOGO

## Country Situation Analysis

The population of Togo was estimated at 4.3 million in 2000, with 31% living in urban areas. The country is divided into six regions but 66% of the population lives in the coastal region and plateaux. The estimated annual growth rate is 2.4%. Togo has a predominantly agricultural economy and has limited financial resources; international funding has been suspended for a decade. The adult literacy rate is 40%. The HIV/AIDS epidemic essentially affects young people, with an estimated prevalence of 5.98%.

A national strategy plan (2001–2005) has been developed with the full commitment and involvement of all key partners from the public sector, including key sectors such as national education, health, law and order (army and police), youth, sport; civil society and development agencies; and the private sector. Sectoral operational plans were drawn up and budgeted in 2002, and served as a basis for drafting the Global Fund proposal which was approved on its second application (US\$ 19.8 million).

Partners have started implementing different support plans including the UN-ISP, Corridor Project (Lagos-Abidjan migration) with the World Bank, support projects involving French Cooperation, German GTZ, AIDS 3 Project and international NGOs (Population Services International (PSI), Care and Plan International, Peace Corps, etc.) The Network of Associations of Persons Living with HIV (RAS+), and the Network of Togolese Media in the Fight against AIDS have been supported, and NGOs such as the Togolese Red Cross, CACIEJ (Coopération Internationale et l'Epanouissement de la Jeunesse), FAMME (Forces en Action pour le Mieux-être de la Mère et de l'Enfant), AMC (Aides Medicales et Charite), and the students' association have been highly active in the response.

Major External Funding Sources (US\$, million)	
Global Fund (3 years)	19.90
Five-country Corridor Project (Lagos-Abidjan migration)	Country share of project not available
US\$ 16 million for the five countries involved (Côte d'Ivoire, Ghana, Togo, Benin, Nigeria) 2003-05	16.00
Other partners: PSI, US Embassy, French Cooperation, AIDS 3, Peace Corps, EU 2003-04)	1.800
UN-ISP (2003–2005)	1.500
UNAIDS (PAF, 2002–2003)	0.090

## UNAIDS Support to the National Response

The UN Theme Group, the Expanded TG Theme Group and Technical Working Group are highly operational active. The Theme Group also covers Togo-Benin inter-country support. UNAIDS supports the framework for concerted action with CNLS and partners; the government coordinates the multisectoral national response to HIV/AIDS and the CCM, including all participants. UNAIDS Theme Group has integrated HIV/AIDS into the UNDAF and has an advocacy plan to improve leadership and joint UN programming.

UNAIDS is strengthening leadership accountability capacities and advocating for an effective country response by reinforcing national response planning, surveillance, and M&E capacities. It has drawn a map of all partner interventions in order to improve coordination and identify the GAP necessary to request funding for the Togo multisectoral national strategy plan. National coordination structures are strengthened through the UN joint project. National AIDS Control Programme (PNLS) capacities are being strengthened within the framework of the national strategy plan. The national directives have been revised to improve access to health care, treatment of opportunistic infections, and antiretroviral therapies. Technical assistance was given to strengthen patient management (WHO) and UNAIDS, with an NGO, supported the creation and improvement of HIV/AIDS screening centres for young people and soldiers.

UNAIDS, backed by the WHO/OPEC support mission, advocates for the incorporation of the management of patients on antiretroviral drugs into the WHO support programme and a mission has been carried out to extend the programme. The Global Fund project anticipates that 3 000 patients will start treatment before 2005.

UNAIDS facilitated the establishment of the CCM, coordinated by the government and including all participants in the fight against AIDS. UNAIDS strengthened and promoted leadership within religious organizations together with the Red Cross, Network of Catholic Students, Network of Jesuits, and with backing from the UNAIDS Theme Group and UNAIDS PAF. It increased the involvement of persons living with HIV by supporting the capacities of RAS.

The WAC and UN Initiative – Africa 2015 – week activities, focusing on the 2006 HIV/AIDS objectives of the MDG took place throughout the national territory; 78 community theatre performances on HIV/AIDS themes were organized in communes, districts and villages, as well as a competition for 10 best plays.

A UNAIDS library was founded to support the uptake of strategy information and best practice documents; this accessible support tool will be available to ministries, NGOs, students, the private sector and the entire HIV/AIDS technical group.

The UN system and UNAIDS have staged several advocacy events including the launching of the the UNAIDS report on 16 January 2003. They have launched an awareness-raising programme for workers in tourism and the hotel and catering industries on HIV/AIDS/sexually transmitted infections in the six regions of Togo.

In 2003, the UN-ISP was drafted); the Africa 2015 Initiative is currently being documented by the UNDP; the UNGASS report for 2002–2003 has been produced with support from the Country Coordinator; and a regional NGO meeting took place in Cotonou in December 2003. UNAIDS advocated for recognition of the UNGASS indicators in the action plans of the various UN and national bodies.

UNAIDS gave its support to the mobilization of financial resources based on the national strategy plan in particular through an intensified AIDS control programme with backing from the Global Fund to the sum of US\$ 19.9 million. Funding amounting to US\$ 16 million was availed for the Corridor Project (Lagos-Abidjan migration) in favour of the five countries concerned (Côte d'Ivoire, Ghana, Togo, Benin, Nigeria); it was launched on 11 December 2003 by the head of state. The United Nations Joint Project (UNDP, UNICEF, WHO, UNFPA, UNAIDS), amounting to US\$ 1.5 million, was launched in 2003. The ILO action plan for HIV/AIDS is in the midterm of the current project. Other projects with French Cooperation, PSI, AIDS III Project, GTZ, and the European Union are under way.

## Functioning UN System

UNAIDS supports the Theme Group in all its functions and provides coordination for the UNAIDS Limited Theme Group and Enlarged TWG, and has been a full independent member of the UN Country Team since 2001. The Limited Theme Group consists of all heads of the UN agencies present in the country, and there is an Expanded Theme Group, which includes the government, the network of people living with HIV, NGOs and bilateral partners. The TWG and an Expanded TWG include the government, the network of people living with HIV, NGOs and bilateral partners with specific ad hoc groups assisted by different appropriate partners for prevention of mother-to-child transmission, managing patients/health care, advice/screening, and communication strategies.

HIV/AIDS has been integrated into the UN emergency plan as well as the poverty reduction strategy document, health policy document, health development plans and UNDAF. The UN-ISP 2003–2005 was launched nationally and in the three districts of Tône, Vo and Kozah.

## Emerging Issues and Challenges for the National Response

Constraints are related in particular to the lack of a functioning coordination framework with national leadership capable of bringing approaches into line. There are poor technical capacities especially in terms of extending the national response and improving decentralization, positive projects, health care, mother-child transmission prevention, access to antiretroviral drugs and financial resources.

The CNLS and the different ministries have inadequate capacities for coordination and M&E, and these need strengthening. There is a need to review the plans for M&E and standardize indicators.

Greater mobilization of resources, especially for access to antiretroviral drugs ("3 by 5") is needed.

## UNAIDS Key Result Objectives 2004-05

**Leadership:** UNAIDS will give support to make the National HIV/AIDS/sexually transmitted infections Control Committee operative and to secure a permanent secretarial office; build up political commitment from leaders at the decentralized level (prefects) for effective and coordinated implementation of the expanded programme in the fight against HIV/AIDS funded by the Global Fund; implement the 2004–2005 UN integrated plan for HIV/AIDS based on the UNDAF and UNGASS/Millennium Development Goals indicators; and support effective implementation of sectoral plans by the different ministries through funding from the Global Fund, UN-ISP and other multi- and bilateral cooperation partners.

**Partnership:** UNAIDS will strengthen the capacities of the civil society networks set up with UNAIDS support: RAS+, the network of NGOs and the Network of Togolese Media in the Fight against HIV/AIDS. It will support development of M&E and CRIS and a functioning M&E system through the CNLS. It will organize a partners consensus meeting based on the already drafted map and raise the financial resources.

**Strategic information:** UNAIDS will support reinforcement of epidemiological surveillance with UN-ISP backing; support documentation and distribution of country-specific best practice; facilitate exchange and collaboration with other countries, especially those of the West African Monetary Union, within the framework of the Corridor Project; support development of a functioning M&E system; and standardize the different support material in use.

**Technical and financial resources:** UNAIDS will advocate greater political commitment and mobilize the technical resources required for effective implementation of all current Global Fund/UN-ISP plans, etc. It will assist the drafting of a second proposal for submission to the Global Fund in the next round in order to meet the national plan strategy areas currently not met.

## UNAIDS In Country

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*Fidele Sarassoro*

**Chairperson, UN Theme Group on HIV/AIDS**

*Mme Aicha Flambert*

**Staff**

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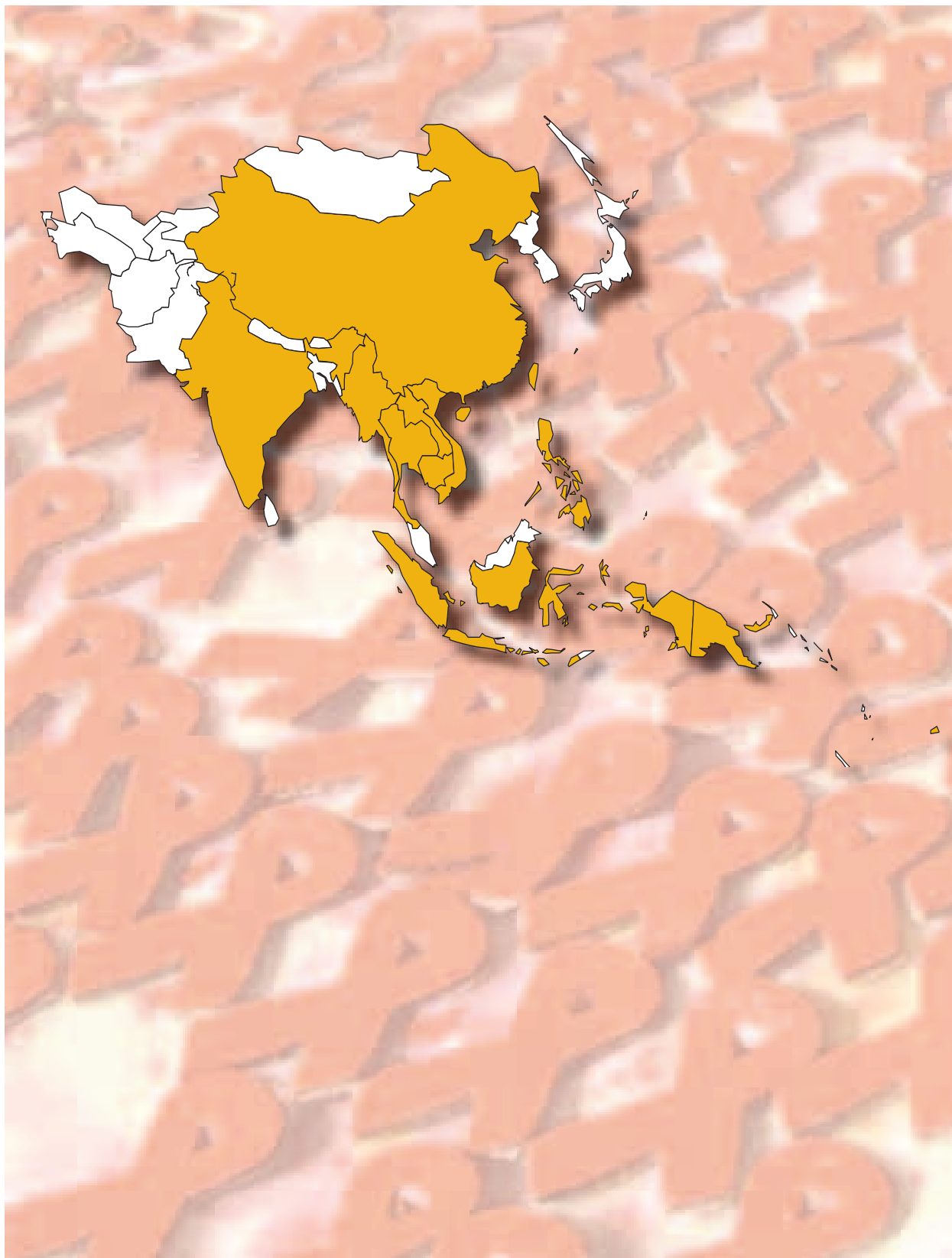
Interns (3)

Assistant/Admin Secretary and HIV/AIDS Counsellor (1)

Peer Educator and driver/messenger (1)

## Country Annexes

# Asia and the Pacific





# CAMBODIA

## Country Situation Analysis

Cambodia is placed in the category of least developed countries with an estimated Gross National Product per capita of US\$ 280 in 2002. The total population is approximately 12.5 million. Surveillance in 2002 revealed a 2.6% HIV prevalence among the general adult population. The rates were 2.8% for women receiving antenatal care, and 3.1% among the police forces. The HIV prevalence among female brothel-based sex workers has declined from 42.6% in 1998 to 28.8% in 2002. The main route of transmission is now from men to their regular partners/wives. Care and treatment are major issues confronting the country. There were estimated to be about 18 900 new cases of AIDS in 2002, and 157 000 people living with HIV. With over 17 000 deaths related to AIDS in 2002, care of orphans is also a serious concern – this is compounded by poverty as well as the large number of orphans in the country which remains in a post-conflict situation.

Cambodia has already mobilized an effective multisectoral response to HIV/AIDS. A law on the Prevention and Control of HIV/AIDS was passed in 2002. The National AIDS Authority, comprising 26 Ministries, 24 Provinces, and the Cambodian Red Cross, was set up by a Royal Decree in 1999. A National Strategic Plan for a Comprehensive Multi-sectoral Response to HIV/AIDS, 2001–2005, is being implemented. In 2002–2003, the Royal Government of Cambodia (RGC) made three submissions to the Global Fund and the HIV/AIDS component of the 1<sup>st</sup> and 2<sup>nd</sup> submissions were approved for a total amount of US\$ 30.8 million for five years. For that purpose, a “Cambodian Co-ordinating Committee” has been established, with 27 members, chaired by the Senior Minister of Health. In 2004, the Ministry of Health revised its strategic plan on HIV/AIDS to take into consideration expanded prevention needs, new developments and needs for comprehensive care and treatment, including the provision of antiretroviral therapy. The country has been able to significantly scale up the national response to the HIV/AIDS epidemic, through the implementation of sound policies in partnership with NGOs and international partners. Its own financial outlay has remained steady at approximately US\$ 1 million per year.

Major External Funding Sources for 2003 (US\$, million)	
ADB Grant	.72
DFID (RGC and NGOs)	1.75
USAID (Grant to NGOs)	9.16
US CDC-GAP (Grant to RGC)	1.4
UN System	1.0
Global Fund	8.2
Others to NGOs	4.765
UNAIDS (PAF funds, 2002–2003)	0.32

## UNAIDS Support to the National Response

The UN and other partners assisted the government with drafting the law on the Prevention and Control of HIV/AIDS; development and dissemination of the NSP (2001–2005); development and implementation of strategies appropriate to the pattern of the epidemic (e.g., 100% Condom use programme); Greater Involvement of People living with HIV/AIDS in the response (GIPA); ensuring safe blood; the operationalization of a multi-sectoral response (e.g., programmes with the Ministry of Education; involvement of religious leaders; and involvement of the private sector); building leadership; as well as the development, review and revision of strategies and plans. UNAIDS also provided and mobilized additional support for a pilot initiative on GIPA and rapid assessments of drug use. Additional support was provided to facilitate the functioning of HIV/AIDS-related coordination mechanisms/ad hoc task forces.

UNAIDS capacities were used to mobilize technical and financial resources from DFID. Support was also provided to pilot initiatives on GIPA and rapid assessments of drug use. Global Fund-related activities included technical assistance in proposal preparation, the functioning of the CCM, and the establishment of procedures and guidelines for procurement and M&E to fulfil preconditions for the release of funds from the Global Fund to the country (the guidelines have been considered as “model” guidelines by the Global Fund).

Since Cambodia has the highest HIV prevalence in the Asia-Pacific region and an accelerated response is seen as critical in protecting development gains in the post-conflict situation, the UN Country Team (UNCT) developed a plan to support the NSP. The UNCT has identified HIV/AIDS as one of the priorities for the next UNDAF, and special attention will be paid to the intersection between HIV/AIDS and human rights. UNAIDS supports the development of shared understanding and a common vision within the UN system through mini-workshops, peer education and field visits.

The implementation of key national HIV/AIDS/STIs programmes/projects has benefited from technical inputs and collaboration developed through discussions in the Technical Working Group (TWG) of the UN Theme Group. In addition, UN System Focal Points participate in thematic TWGs (e.g., on voluntary counselling and testing; prevention of mother-to-child transmission; continuum of care; information, education, communication) contributing with state-of-the-art information and best practice experiences, as well as drawing attention to issues of rights and ethics. WHO has provided support, along with other partners, to the development of a feasible plan for scaling up comprehensive care and treatment to cover 50% of persons requiring antiretrovirals by 2005.

Partnerships with public and civil society organizations were strengthened through the organization of meetings for the preparation of the UNGASS Report; follow up on the UNGASS on HIV/AIDS; participation in the design and dissemination of key reviews; the drafting of the paper on human rights and HIV/AIDS, and the preparation of proposals for the Global Fund

## Functioning UN System

The UN Theme Group meets regularly, and is well attended by Heads of Agency. In 2003, the Theme Group was expanded to include key donors, representatives from civil society organisations, PLWHA network representatives, and the National AIDS Authority (NAA). Meetings continued to draw a high level of interest and participation. In late 2003, in keeping with the spirit of harmonization and reduction of duplication, the expanded Theme Group was converted into the NAA Coordinating Committee (NAA-CC), jointly chaired by the NAA and the chair of the UN Theme Group. In the spirit of the "Three Ones", this was done to promote government leadership of donor coordination and to ensure that donor support is dovetailed to the priorities of the NSP. The NAA-CC has adopted the ToRs of the Technical Working Groups to be formed under the Consultative Groups for the National Poverty Reduction Strategy. This ensures closer alignment with the national planning process and the achievement of the Millennium Development Goals (MDGs).

PAF resources for 2002–2003 supported continuing advocacy and capacity development of the Millennium Development and UNGASS goals; support to the Global Fund process and the functioning of the CCM; expansion of the response by collection of strategic information on drug use through building capacity for and conducting rapid assessments; and strengthening the capacity of the UN for advocacy as well as the development of an advocacy plan for the UN Country Team.

The UN system has made considerable progress in implementing an HIV/AIDS in the UN workplace programme. Based on peer-education supplemented by field visits and workshops on the one hand and a review of health benefits and personnel policy on the other, the programme is supported by the identification and informal "accreditation" of treatment facilities that provide quality, comprehensive care. The programme is implemented with the cooperation of the UN dispensary and the Interagency administrative working group. The participation of HIV positive National UN Volunteers from the GIPA project adds tremendously to the impact. Eighteen peer-educators from 12 agencies participate regularly in the programme.

A best practice on the prevention programme with the military has been drafted. It is yet to be finalized. UNAIDS has also worked with various partners to prepare a Country Profile. Publication is expected shortly.

## Emerging Issues and Challenges for the National Response

The major challenge facing the national response is balancing the needs for continuing and strengthened prevention efforts with those of care and treatment and impact mitigation. While prevention with key populations at higher risk has been effective, much needs to be done – prevalence levels, though lower than before are still very high (28.8% among sex workers). The big challenge for prevention is with young people, especially young women, as the highest rate of transmission is now in this group. Prevention coverage should also extend to groups not reached so far, including drug users and men who have sex with men.

The scaling up calls for strong M&E systems and coordination. This is a major challenge for all partners. This would include resource tracking, which in turn calls for greater transparency and good governance among all partners.

Another challenge is building capacity at the individual as well as institutional levels to handle the additional needs and scaling up.

The opportunities created by the law, the multisectoral National AIDS Authority and the decentralization need to be optimally utilized to strengthen the operationalization of a comprehensive multisectoral response. Full engagement by all partners in this effort is required. There needs to be a better understanding of HIV/AIDS' impact on households and the public sector. Stigma and discrimination need to be addressed to engage the people to openly speak about HIV/AIDS.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for the full engagement of leadership for a multisectoral response, particularly at the decentralized level. Through the Asia Pacific Leadership Forum on AIDS and Development (APLF), key leaders will be supported for capacity enhancement. Efforts will be made to support leadership on HIV/AIDS in the private sector and civil society.

**Partnerships:** UNAIDS support to the young NAA-CC will be crucial to create more opportunities for advocacy and learning and to optimize the mobilization and utilization of resources.

**Strategic information:** UNAIDS will seek to address the lack of reliable/organized information on aspects of HIV/AIDS outside the health sector in order to facilitate a more strategic multisectoral response.

**Monitoring and Evaluation:** UNAIDS will provide technical assistance for setting up a model M&E framework which will bring together all monitoring for HIV/AIDS within one broad framework.

**Technical/Financial resources:** UNAIDS will coordinate efforts to address gaps in the following areas: i) clinical care of HIV/AIDS, home-based care and voluntary counselling and testing; ii) prevention of mother-to-child transmission and development of the communication strategy, training, quality assurance, supervision; iii) integration of TB and HIV/AIDS; iv) M&E and surveillance, including setting up of the CRIS; v) socioeconomic impact studies/surveys; and vi) addressing the vulnerability of young people, especially women.

## UNAIDS In Country

### UN Resident Coordinator

*Douglas Gardner*

### Chairperson, UN Theme Group on HIV/AIDS

*Etienne Clement* (UNESCO)

### Staff

UCC, *Geeta Sethi*

Associate Professional Officer (UNV) (1)

Assistant/Admin Secretary and HIV/AIDS Counsellor (1)

Peer Educator and driver/messenger (1)

# CHINA

## Country Situation Analysis

At the end of 2003, the total population of China was 1.29 billion. With a Gross National Product per capita of US\$ 1 000 among the urban population and US\$ 300 among the rural population, China ranks among the lower middle income countries. HIV/AIDS was first diagnosed in China in 1985. In 2003, the number of people living with HIV/AIDS (PLWHA) was estimated to be 840 000 among which 80 000 have developed AIDS. It is feared that this figure could reach 10 million by 2010 if the epidemic is left unchecked. The epidemic has spread to 31 provinces (autonomous regions and municipalities) and the country is witnessing a rapid increase in HIV infections and AIDS deaths, particularly in central provinces where many people became infected through unsafe blood and blood plasma in the 1990s. Huge income disparities, large scale labour migration and gender imbalances are some of the factors increasing the population's vulnerability to HIV.

Since 2002, when China first publicly acknowledged the scale of the HIV/AIDS problem, it has been mobilizing a multisectoral response to HIV/AIDS. Five commitments were presented as an overall framework for the Government's efforts to respond to HIV/AIDS at the UN General Assembly in September 2003: clarifying targets and improving accountability and supervision; providing free treatment to HIV/AIDS patients who cannot afford it; improving laws and regulations; protecting the rights of HIV/AIDS patients; and, increasing international cooperation. A coordinating body was set up which is today reporting directly to the State Council.

The Government also decided to allocate US\$ 1.2bn to HIV/AIDS prevention, treatment and care for 2003–2004. In 2003, during World AIDS Day on 1 December, Premier Wen Jiabao visited Ditan hospital in Beijing where he shook hands and talked with HIV-positive patients and emphasised the need for free antiretroviral treatment; anonymous testing; prevention of mother-to-child transmission; and, schooling for AIDS orphans. A week earlier, Vice Premier and Health Minister, Madame Wu Yi met with the UN Theme Group (UNTG) on HIV/AIDS during which she confirmed the importance of leadership and support from both the Premier and herself to fight HIV/AIDS. The publication of the Joint Assessment of HIV/AIDS Prevention Treatment and Care in China, by the Ministry of Health and UN Theme Group, launched in 2003, is a further example of the increasing openness to respond to the challenges posed by the epidemic. In addition, China's experience with the SARS outbreak has helped to increase the awareness of HIV/AIDS and the willingness of the Government to act.

In October 2003, the Board of the Global Fund approved China's application for US\$ 97.8 million, which was developed with UNAIDS Secretariat support. The funds will be used for voluntary testing and counselling, prevention activities and for treatment in seven provinces where people who were infected through paid blood donation during the 1990s have fallen ill or are beginning to fall ill in large numbers.

Major External Funding Sources (US\$, million)	
<b>Multilaterals</b> (UNDP, UNESCO, UNFPA, UNODC, WB, UNAIDS Secretariat) (2003–2005)	63.7
<b>Bilaterals</b> (AusAID, EU, DFID, USAID, CDC) and NGOs (FHI, Ford Foundation, Save the Children, World Vision, Marie Stopes Int'l) (2003–2005)	41.2
<b>Global Fund</b> (2003–2005)	32.4
<b>Total</b>	137.3

## UNAIDS Support to the National Response

In 2002, the UN Theme Group published an assessment of the HIV/AIDS situation in China. This assessment led to the acknowledgement, by national authorities, of the gravity of the HIV/AIDS problem in China and contributed to intensified collaboration between the Government and the international community. In 2003, efforts began to shift towards developing a joint plan of action to support the response and to strengthen multisectoral involvement. China has developed and adopted a National Medium- and Long-term Plan for AIDS Prevention and Control (1998–2010) and a Plan of Action (2001–2005). In addition, a national policy for conducting comprehensive health education through mass media has been developed. A national condom promotion strategy and guidelines for piloting harm reduction projects have also been developed.

Tariffs and value added taxes on imported antiretroviral drugs have been waived and as a result of early efforts that began in 2003, approximately 6 000 people in central China are receiving antiretroviral drugs. UNAIDS Secretariat and its partners will continue to support WHO to lead and advocate for the "3 by 5" Initiative.

In the last two years, there has been greater involvement of people living with HIV/AIDS (PLWHA) through the Mangrove Support Group for PLWHAs, and through capacity building activities for groups at local levels. Furthermore, UNAIDS Secretariat has actively supported civil society engagement in the response to HIV/AIDS in China.

In total, 28 best practices materials have been translated into Chinese on various subjects. UNAIDS Secretariat has prepared and disseminated a Menu of Partnerships Options – Join the Fight Against AIDS in China.

The first National Country Response Information System (CRIS) and Monitoring and Evaluation (M&E) workshop was conducted in 2003, where the National AIDS Centre as well as Government officials from high prevalence provinces were trained. UNAIDS Secretariat also sponsored the participation of Government officials in a Costing Workshop in New Delhi, and follow up activities to the workshop.

As chair of the Country Coordinating Mechanism working group on HIV/AIDS, UNAIDS Secretariat has focused on supporting the mobilisation of additional funding for HIV/AIDS from the Global Fund and the start-up and implementation of the round three Global Fund project in China.

## Functioning UN System

The efforts of the UN system in China have focused on: advocacy; promotion of a multisectoral response; joint strategic planning; capacity building; information sharing and coordination.

The UN Theme Group has evolved into an Expanded Theme Group where key international players including international and national NGOs and the Government are represented. Meetings are held once a month and the agenda is set jointly by the Ministry of Health and the Theme Group Chair, Vice Chairs and UNAIDS Secretariat. It is expected that eventually the Expanded Theme Group will evolve into a national partnership forum.

The Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China launched on December 1, 2003 identified eight key challenges for future collaboration among the Ministry of Health, the UN system and other international and national partners: leadership and coordination; surveillance and laboratory systems; information, education, behaviour change communication and interventions; comprehensive care and treatment; information sharing and utilization; implementation and supervision; laws and regulations; resource mobilization and utilization.

A UN system strategic framework to fight HIV/AIDS in China has been developed in early 2004. Issues related to HIV/AIDS are key components in the Common Country Assessments and the UN Development Assistance Framework (UNDAF).

UNAIDS Programme Acceleration funds were used to support the promotion of an enabling policy environment and quality legislation for HIV/AIDS care and support; strategic planning; joint and multi-pronged support to intensified condom promotion; implementing an HIV/AIDS training project in Chinese medical colleges; fighting HIV/AIDS related stigma and discrimination in China through the Greater Involvement of People living with HIV/AIDS (GIPA); and situational analysis and pilot models on delivering voluntary counselling and testing.

## Emerging Issues and Challenges for the national response

Little political support and limited capacity at provincial level, low awareness and rapid economic and social changes, weak surveillance system, inadequate strategic and operational planning as well as coordination of activities and external support, and limited engagement of civil society are some challenges to a multisectoral and coordinated national response to HIV/AIDS in China.

A range of prevention programmes have been carried out around China. However, coverage is very limited due to financial, technical and programmatic constraints.

Voluntary counselling and testing services, a key to prevention efforts, remain weak and/or non-existent in many provinces. At the end of 2002, restrictions against marketing of condoms were lifted; however, there are questions as to the quality of locally produced condoms. International support is focused on quality control.

Even though needle exchange and methadone maintenance pilot projects to reduce the spread of HIV among injecting drug users have shown some success, there still remain numerous challenges stemming from the lack of political and social support, and acceptance of such measures. Additionally, lack of access to care and treatment for those infected with HIV has made it difficult to initiate meaningful programmes to prevent transmission among injecting drug users.

To date, the only major effort to address HIV/AIDS among China's sex workers and their clients is condom promotion in selected cities, but condom use among Chinese sex workers remains very low.

Even though official blood banks have adequate safeguards including screening for HIV, many hospitals obtain blood from sources other than those of certified blood banks.

## UNAIDS Key Result Objectives 2004-05

### National Leadership

UNAIDS will continue to support leadership, advocacy (focusing on provincial level and also addressing sensitive issues related to HIV/AIDS) and coordination of a multisectoral response to HIV/AIDS in China. In particular, UNAIDS Secretariat and Cosponsors will prioritize its support to areas relating to: legislative reform and promotion and protection of the rights of people living with HIV and vulnerable groups. China's leadership in the regional response to HIV/AIDS will also be promoted.

UNAIDS Secretariat and Cosponsors will also support the China CARES programme through the "3 by 5" Initiative including access to antiretroviral treatment. UNAIDS Secretariat will also provide assistance to the scaling up of harm reduction and other prevention and care strategies.

### Civil society engagement and partnerships development

Given the limited involvement of the non-governmental sectors in the fight against HIV/AIDS so far, UNAIDS and Cosponsors will continue to support GIPA and other civil society actors (national and international institutions, foundations and corporations).

### Strategic Information

UNAIDS and Cosponsors will continue to draw upon experience from international best practices to support policies, guidelines/protocols for effective prevention, treatment and care services.

### Monitoring and Evaluation

UNAIDS and Cosponsors will focus their assistance in improving data collection, analysis, estimations, projections, reporting and utilization of information. UNAIDS will provide technical assistance to enhancing M&E particularly at the provincial levels.

### Technical/Financial Resources

UNAIDS Secretariat will be instrumental in mobilizing additional resources and assisting the Government in coordinating external resources.

## UNAIDS In Country

### UN Resident Coordinator

*Mr Khalid Malik*

### Chairperson

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Secretary (1)

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# THE REPUBLIC OF THE FIJI ISLANDS

## Country Situation Analysis

The Republic of the Fiji Islands is one of 22 Pacific Island countries. It has a population of approximately 850 000 and the Gross National Product per capita is US\$ 5 600. While HIV/AIDS epidemic is in the early stages in Fiji, the number of reported cases is rising rapidly. Among the factors influencing the population's vulnerability to HIV/AIDS are early initiation of sex as well as taboos related to sexuality, high rates of sexually transmitted infections, gender inequalities, and a large, young, and transient population.

The official number of confirmed HIV cases in Fiji stands at 142 (January 2004) but it is estimated that this figure represents only about one third of the actual cases.

The National AIDS Programme operates as a unit of the Ministry of Health and oversees the multisectoral/multirepresentational National Advisory Committee on AIDS (NACA).

The principal indigenous political advocacy body, the Great Council of Chiefs, has made HIV/AIDS one of the two priority advocacy issues for the coming five years.

Fiji receives funds through the Global Fund in addition to bilateral aid funding from Australia and New Zealand.

## UNAIDS Support to the National Response

The UN and its partners assisted the Fijian Government with the redrafting of its national five year strategic plan (2004–2009) which is currently under review. In addition, UNAIDS has been providing ongoing technical advice and support to the Ministry of Health Focal Point and Liaison to the NACA. UNAIDS capacities have been utilized to produce advocacy materials for the NACA for provision to the Great Council of Chiefs. Furthermore, UNAIDS has been instrumental in the mobilization of senior level government participants from four Pacific Island countries to attend the first Asia Pacific Leadership Forum (APLF) Shared Learning Workshop in Papua New Guinea from 6–10 October 2003.

## Functioning UN System

The UNAIDS Pacific office in Suva was re-established in September 2003. The Suva-based Theme Group has met three times since the re-establishment and has approved a workplan. The Theme Group has decided not to become an expanded Theme Group as this point in time. The Technical Working Group co-opts members from other organizations from time to time and holds meetings in venues other than UN offices as a starting point toward expanded inputs. It has held two expanded Technical Working Group meetings to which the Theme Group has been invited.

The Apia based Theme Group has not met since the re-establishment of the Suva based UNAIDS office though closer links are being forged through a cooperation agreement established in March 2004.

## Emerging Issues and Challenges for the National Response

The key challenge remains in generating and maintaining national momentum in Fiji as well as in the other 13 countries served by the UNAIDS Pacific office. To this end, the UNAIDS office will continue to engage the Fiji Great Council of Chiefs to ensure that HIV is a focus of their community level campaigns. In addition, in view of the deployment of peacekeepers to a number of places, it is imperative to engage the military and the police forces in HIV/AIDS programmes.

## UNAIDS Key Results Objectives 2004-05

### *National Leadership*

UNAIDS will continue to assist with the finalization of the five year strategic plan (2004–2009) and work with the Government to ensure its approval. In early 2004, WHO was commissioned to undertake a study of existing activities to identify gaps and overlaps within the UN system programmes and the findings has served as a starting point for ongoing planning. In addition, UNAIDS organized a weeklong workshop in March 2004 to review all UN system programmes, identify gaps, review coordination, and develop new coordination mechanisms.

### *Partnerships*

There is limited involvement of Civil Society Organizations (CSO) in the fight against the disease. UNAIDS will continue to advocate for meaningful participation of local bodies in the response to the epidemic. The UNAIDS Pacific office and the Suva-based Theme Group Chair are currently working with the Global Fund CCM, the Fijian NACA and other partners to form a partnership body.

### *Strategic Information*

There is limited information on HIV/AIDS. UNAIDS has provided strategic planning and M&E documents from the Best Practice collection to the NACA for use in the recently completed reviews of the National Strategic Plan. Gaps related to strategic information have not been identified as yet.

### *Monitoring and Evaluation*

NACA includes an M&E unit and M&E plans have been developed although a budget has not been secured for M&E activities. The Country Response Information Systems established to track, monitor and evaluate country responses is not operational as yet though training has been provided and implementation of the CRIS is expected to start in 2004. UNAIDS is providing technical support for national and sub-national M&E and resource tracking. The National Strategic Plan (2004–2009) has been costed and budgeted even though it has not yet been implemented.



## Technical/Financial Resources

UNAIDS has been working with the Government to ensure approval of the newly revised National Strategic Plan with emphasis on mainstreaming HIV/AIDS and national planning. UNAIDS continues to engage with the community of Civil Society Organizations in general through advocacy and through efforts to develop effective coordination mechanisms.

Since the Suva-based UNAIDS office was closed at the time of the development of the Global Fund funded proposal (now being implemented), UNAIDS was not instrumental in the design of the Global Fund proposals. Since the reopening of the office, however, UNAIDS has been providing technical support to non Global Fund resource mobilization.

There are continued negotiations with key regional bilaterals to secure funding for Civil Society Organisations and to keep a UNAIDS' presence in the region. In addition, there is continued lobbying for UNAIDS to have a chair on the Global Fund Country Coordinating Mechanism (CCM).

## UNAIDS In Country

### UN Resident Coordinator

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*Gillian Mellsoy (UNICEF)*

**Staff** UCC, *Stuart Watson*

Assistants (1)

# INDIA

## Country Situation Analysis

With a population of more than one billion people and one of the fastest growing economies in the world, India is a country of striking contrasts. The country accounts for 40% of the world's poor and its social indicators are still poor by most measures of human development.

India's socioeconomic status, traditional social norms, cultural myths on sex and sexuality, large-scale migration and a huge population of marginalized people make it extremely vulnerable to the HIV/AIDS epidemic. Since the first case was reported in 1986, HIV has spread rapidly from urban to rural areas and from high-risk groups to the general population. At the end of 2002, an estimated 4.58 million people were living with HIV or AIDS. HIV infection and AIDS cases have been reported from almost all the states and union territories of the country. Currently HIV prevalence is estimated to be 0.8% of the adult population (between 15 and 49 years of age).

In 1986, the Government of India established a National AIDS Control Programme (NACP) under the Ministry of Health and Family Welfare. Programme activities covered surveillance, screening of blood and blood products, and health education. In 1992, with the support of the World Bank, the Ministry established the National AIDS Control Organization (NACO) to coordinate an enhanced Programme of preventive activities. NACO provided national leadership and facilitated the development of State AIDS Control Societies (SACS) in all states across India.

The epidemic has become the most serious public-health problem faced by the country since Independence. It has also become a major challenge to development that goes beyond the realm of public health. The need to halt the growth of the epidemic and provide care and support to those infected and affected calls for an unprecedented response from all sections of society. India requires increased state commitment, more effective and efficient partnerships between the public sector and NGOs, donors and the international health community, and increased HIV-related work in other sectors (such as in education, transportation and rural development).

### Major External Funding Sources (US\$, million)

World Bank (1992–2003)	275.00
DFID (2001–2006)	175.00
USAID (2003–2007)	120.00
CIDA (1999–2005)	8.20
UNAIDS Cosponsors	20.00
Gates Foundation (2003–2007)	200.00
Global Fund (2003–2009)	114.82
UNAIDS (PAF funds, 2002–03)	00.91

## UNAIDS Support to the National Response

UNAIDS and its Cosponsors (particularly UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank); are extending technical and financial support for implementation of projects for the prevention and control of HIV/AIDS in India and are along with the National Programme striving to combat the AIDS epidemic as a common effort. UNAIDS has an UN Theme Group strategic plan for 2002–2005 titled “Towards an extraordinary response to HIV/AIDS in India” whose overall goal is to reduce the rate of growth of HIV infection and to strengthen India's capacity to respond to HIV/AIDS which is the same as NACP II goal.

In the year 2003, support was provided to the national Programme in several areas. Technical support was provided specifically in development of the Information, Education, Communication material and strengthening national and state capacity. Civil society participation at the state level was also strengthened. NACO together with the Indian Council for Medical Research (ICMR) and UNAIDS undertook the exercise of estimates for the year 2002. The HIV prevalence for 2002 was released in July 2003 which was endorsed by the Government of India and UNAIDS.

In the area of advocacy, the Parliamentary Convention in July 2003 facilitated by UNAIDS brought together 1 200 elected representatives from districts and states all across the country.

With additional funds available from the Global Fund, UNAIDS worked closely with NACO on facilitating NGO participation in proposal preparation and accessing additional resources. The civil society in parts of India is proactive and has undertaken several interesting initiatives. Several new NGOs working on women's issues have also come on board and have mainstreamed HIV and AIDS in their work. People living with HIV/AIDS networks are active in most states and are being strengthened. The challenge is to include small community based organizations and provide them with technical and financial support.

## Functioning UN System

In India, the UN Theme Group on HIV/AIDS is an expanded Theme Group. Besides the UN Family, it includes the National AIDS Control Organisation (NACO), bilateral donor agencies and the Indian Network for Positive People (INP+).

A Partnership Forum has been proposed by the National AIDS Control Organisation in November 2003. The Forum is envisioned to include NGOs, donors, faith-based organizations, research institutions etc. A concept note has been posted at the NACO website for comments. UNAIDS will facilitate and support NACO in formulating, establishing and managing the proposed Partnership Forum.

UNAIDS has been actively involved in mobilizing leadership at the national and regional level and facilitated formation of state forums. The forums are proposing concrete initiatives at state and district levels. The UN Theme Group and the Technical Resource Team is preparing the UN Implementation Support Plan (ISP) which will reflect joint UN support to the national Programme and also facilitate monitoring of joint UN activities. In 2003 UNAIDS

has conducted capacity building of NGOs/Community Based Organizations/People living with HIV/AIDS networks on resource mobilization, proposal formulation, public speaking, administration etc. as well as assisted in establishing linkages between different civil society groups.

The UN system has strategically allocated PAF resources for 2002–2003 to support the following areas: Greater Involvement of People living with or affected by HIV/AIDS (GIPA) concerning gender equality, human rights and empowerment; expansion of the world of work response to HIV/AIDS; formation of peer networks to address injecting drug users; and capacity building of NGOs.

UNAIDS has documented and is currently publishing two best practices. One a UNAIDS case study “Prison Interventions of Kerala, Gujarat and Andhra Pradesh”. The second a case study documenting the “GIPA-based interventions to reduce stigma and discrimination in the world of work and the health care setting”.

## Emerging Issues and Challenges for the National Response

There is still a great need to mainstream HIV/AIDS into national development efforts and to continue to mobilize resources for effective HIV/AIDS action. Given the increasing availability of resources, capacities need to be built to absorb these additional resources and to enhance the national response. Strategic information for an effective response needs to be effectively and scientifically established.

The Indian Government has recently announced that it would provide antiretroviral treatment free of cost in government hospitals to children aged below 15 years, mothers and people with clinically-defined AIDS. UNAIDS needs to play an active role as a focal point for the effective implementation of this and the “3 by 5” Initiative on provision of antiretroviral treatment to 3 million people by 2005.

UNAIDS needs to continue its role to develop the expanded Theme Group into a dynamic and effective partnership mechanism and also needs to actively coordinate the implementation activities of new players (e.g., Gates Foundation, the business sector) and support the national Programme as it moves towards the planning stages of Phase III of the National Programme.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to facilitate the formulation, launching and management of the government led Partnership Forum. It will facilitate the development of the Implementation Support Plan; provide technical support to the Parliamentary Forum to work with elected representatives down to the district/taluk level. It will also provide for the training and development of Project Directors of the State AIDS Control Societies.

**Partnerships:** UNAIDS will continue to advocate for meaningful involvement NGOs and community based organizations. It will assist NGOs in mobilising resources from donors. It also plans to mobilize the media and undertake specific training for media persons. UNAIDS will continue to facilitate the capacity building of people living with HIV/AIDS networks and also plans to facilitate the participation of civil society in different forums including the Partnership Forum.

**Strategic information:** UNAIDS will support the national Programme by reviving Technical Resource Groups and continue to track the epidemic and provide technical support to the National AIDS Control Organization on surveillance. It will also document and disseminate best practices, e.g., document INP+, strengthen the UNAIDS India resource Centre and website and support the national Programme in planning and formulating Phase III of the national Programme. UNAIDS will continue to support to the ongoing legislation reform process on HIV/AIDS.

**Monitoring and Evaluation:** UNAIDS will undertake an assessment of interventions with the uniformed services. It will continue to support NACO in strengthening M&E systems, support NACO in review and evaluation of the State AIDS Control Societies, and identify resource gaps, costing and budgeting plans and strategic allocation of resources.

**Technical/Financial resources:** UNAIDS will continue to actively work with NACO and NGOs for preparation and formulation of proposals to the Global Fund. It will continue to facilitate partnerships and linkages between bilateral agencies and cosponsors. UNAIDS through the Theme Group has effectively mobilized additional resources from CIDA and AusAID and facilitated linkages with UNFPA and UNODC for the same. This is an ongoing process and discussions are underway with DFID for additional resources to address key areas. UNAIDS will also engage in mainstreaming HIV/AIDS into relevant development frameworks.

## UNAIDS In Country

### UN Resident Coordinator

*Dr Maxine Olson*

### Chairperson, UN Theme Group on HIV/AIDS

*Dr Maxine Olson*

### Staff UCC, Dr Kenneth Wind-Andersen

National Programme Officers (3)

Programme Officer (JPO) (1)

Assistant/Admin Secretary (3)

Driver/messenger (1)

# INDONESIA

## Country Situation Analysis

Indonesia is the fourth largest country in the world. With a total population of over 210 million people, Indonesia's low adult HIV prevalence of 0.01% can mask the growing risk for HIV spread. It is estimated that 90 000–130 000 Indonesians nationwide are living with HIV/AIDS. Modelling indicated that unless behaviour changes, another 80 000 Indonesians would become newly infected in a single year. Commercial sex is widespread in Indonesia, with an estimated 190 000–270 000 female sex workers. Clients of sex workers number approximately 7–10 million, with condom use estimated at less than 10%. The majority of infections are concentrated in groups with high-risk behaviour, particularly sex workers and injecting drug users. People living with HIV/AIDS continue to experience stigma and discrimination.

In 2003, Indonesia's National AIDS Commission (NAC) revised the National HIV/AIDS Strategy, originally developed in 1993, as a result of the increase in HIV infections over recent years and, just as important, to respond to the commitments made at the UN General Assembly Special Session on HIV/AIDS. The new national HIV/AIDS strategy outlines six priority areas, each with proposed goals and activities. These include surveillance of the epidemic; prevention; treatment, care and support for people living with HIV/AIDS; research on HIV/AIDS and its impact; human rights of people living with HIV/AIDS; and government coordination at all levels. Harm reduction was included as a part of this new strategic plan. The sustainability of the response to HIV/AIDS has been enhanced by the renewed leadership of the Indonesian Government and the leadership from Bali, East Java, North Sumatra and other provinces.

The new National HIV/AIDS Strategy for 2003–2007 gives donors a clear framework within which to make decisions about development assistance.

Major External Funding Sources (US\$)	
Global Fund (2 years)	2 500 000
USAID	14 640 441
AusAID	6 780 000
KFW	909 159
World Bank	200 000
UN Agencies	1 500 000
UNAIDS (PAF funds, 2002–2003)	260 000

## UNAIDS Support to the National Response

In May 2003, following the revision of the National HIV/AIDS Strategy, the United Nations Theme Group on HIV/AIDS, led by Alan Boulton, ILO Country Director and Theme Group Chair, started the development of the United Nations Joint Action Programme (UN JAP), to ensure that UN system support is coordinated and that it has a strategic response based on needs identified by the National AIDS Commission. The UN Joint Action Programme was completed in December 2003 and focuses on strategic support for policy development as well as support to assist the Government to scale up its efforts. The Resident Coordinator in Indonesia, Bo Asplund, played a key role in the design of the programme. The UN JAP details current commitments by the UN system involving 10 agencies and over US\$ 6 million. UNAIDS has allocated two fixed term national programme officers to the UNAIDS Secretariat in acknowledgment of the importance of strong support for the Indonesian response and in response to the strong leadership and commitment shown by the UN Theme Group on HIV/AIDS in Indonesia.

Apart from the development of the UN JAP to strategically support the national response, the other major achievement of UNAIDS in Indonesia in 2003 was the continuous provision of support to the National AIDS Commission. This included:

- Technical assistance for the development of the National HIV/AIDS Strategy (funded by Programme Acceleration Funds);
- Technical assistance for M&E capacity building and the implementation of the Country Response Information System (CRIS), including reporting on progress toward the UNGASS Declaration of Commitment goals and targets; and
- Facilitation of technical and financial support from the World Bank (US\$ 200 000 from the DFID Trust Fund) and two full time fixed term National Programme Officers from UNAIDS to scale up capacity of the Secretariat of the National AIDS Commission, in close consultation with bilateral partners.

UNAIDS in Indonesia also supported the mobilization and capacity building of the private sector, civil society and people living with HIV/AIDS in order for them to be engaged in the national response. Activities included the UNGASS-AIDS Advocacy workshop for NGOs and the capacity building of the National Business Alliance on HIV/AIDS.

## Functioning UN System

The UN Theme Group on HIV/AIDS (TG) is chaired by the ILO Country Director. Fifteen agency heads are actively involved in the TG (WHO, WB, ADB, WFP, FAO, UNIDO, UNESCO, UNICEF, UNDP, UNFPA, IOM, UNHCR, OCHA). HIV/AIDS was a focus at the annual UN Country Team Retreat and the Theme Group met 7 times at stand alone-meetings. HIV/AIDS was also mainstreamed at the fortnightly UN Country Team meetings (information updates or discussion on advocacy issues).

UNAIDS Focal Points became even more crucial to UN support to the national response in 2003 with WHO, UNFPA, UNESCO, UNICEF, ILO either having or planning to have full-time HIV/AIDS Focal Points by early 2004. These technical leaders are critical if the UN response is to have depth and real impact.

## Emerging Issues and Challenges for the National Response

Leadership, especially outside of the National AIDS Commission and Health Ministry, has yet to be more visible and concrete. The NAC still lacks much needed capacity. At the same time, national and local NGO networks and initiatives, as well as people living with HIV/AIDS organizations require strengthening especially at local level. The National Business Alliance on HIV/AIDS has demonstrated strong commitment but its capacity remains weak.

There is a lack of access to strategic information, particularly those in the local language. A number of local best practices, if properly documented and disseminated, could motivate partners to adapt and replicate effective interventions. The NAC, which has a central role in strategic information, would need support to increase its visibility and capacity to store and disseminate strategic information. The M&E capacity of the NAC will necessarily require strengthening as well. There is an urgent need for the mapping of donor activities.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** The UN Joint Action Programme will remain as the basis for leadership and coordination with national partners and donors. UNAIDS will continue to advocate for the full engagement of leadership, including at provincial and district levels. The Asia Pacific Leadership Forum (APLF) will be utilised as a nationally-owned vehicle to facilitate local processes and initiatives, including the mobilization of media, private sector, religious and traditional leaders. Special attention will be given to political leaders, particularly those with fresh mandates from the 2004 elections.

**Partnerships:** UNAIDS will facilitate the establishment of a National HIV/AIDS Partnership Forum; support further multi-sectoral engagement in various initiatives, including those on “3 by 5” and human rights; strengthen the capacity of people living with HIV/AIDS organizations and vulnerable groups, especially partnerships with other civil society actors, the private sector and key government bodies; support the implementation of the UN Volunteers project on Greater Involvement of People living with HIV/AIDS, and; continue capacity development of the National Business Alliance on HIV/AIDS and other private sector partners.

**Strategic information:** UNAIDS will mobilize resources and involve Cosponsors to facilitate and support the translation and publication of strategic information. Priorities include: scaling up the volume and quality of strategic information produced; translating relevant best practices into the local language; promoting best practices in seminars, conferences, meetings, and; building the capacity of NAC by working on common tasks and helping to build their systems.

**Monitoring and Evaluation:** UNAIDS will support the establishment of M&E and reporting systems in the National AIDS Commission and priority provinces and districts. The principle of “one national M&E system” for effective coordination of national responses will be actively promoted among partners, including donors.

**Technical/Financial resources:** UNAIDS will provide support to enhance national capacities in the preparation, revision and negotiations of funding proposals, including those related to the Global Fund. Good practices and relevant experience gained in the management of major funds, including mechanisms such as the Country Coordinating Mechanism, will be analysed and documented. Inter-country horizontal learning on the mobilization of technical and financial resources will be promoted.

## UNAIDS In Country

**UN Resident Coordinator**

*Bo Asplund*

**Chairperson, UN Theme Group on HIV/AIDS**

*Alan Boulton (ILO)*

**Staff** UCC, *Jane Wilson*

National programme officers (2)

Assistant/Admin Secretary (1)

Driver/messenger (1)



# LAO PDR

## Country Situation Analysis

In Lao PDR, HIV prevalence remains low, with an estimated adult HIV rate of around 0.05%. There were 170 new HIV infections reported in 2003. The cumulative number of reported HIV cases at the end of 2003, was 1 212 (male 63%, female 37%), of which 670 had progressed to AIDS. A total of 486 AIDS-related deaths have been recorded. Notwithstanding the low numbers, it has been recognized that there is no room for complacency in the response to AIDS. Lao PDR is faced by many risk factors which could lead to increased HIV transmission in the near future if appropriate prevention measures are not taken. A study of 108 female sex workers showed infection rates of 43% for chlamydia, 26% for gonorrhoea, and 15% for mixed infection – giving a total infection rate of 54%, which is higher than reported anywhere else in South-East Asia. Of the 108 sex workers, only 22% reported consistent condom use.

Rapid socioeconomic changes, including infrastructure development and tourism, have come with changes leading some people to engage in behaviour which put them at higher risk of HIV infection. There is concern about the spread of HIV among vulnerable populations, such as bar workers, migrant workers, truck drivers and other mobile populations, including government officials and business people.

Lao PDR has taken a multisectoral approach in its national response to HIV/AIDS. The National Committee for the Control of AIDS (NCCA) consists of 14 members from 12 ministries and mass organizations. The National Action Plan on HIV/AIDS/STD (2002–2005) has a strong focus on prevention and advocacy. Five top priorities have been identified: surveillance of HIV/sexually transmitted infections and research; sexually transmitted infection prevention and treatment; prevention of HIV among service women; prevention of HIV among mobile populations; and prevention of HIV among youth (in and out of school). The total amount of funds estimated for the implementation of this action plan was US\$ 15 160 910. By the end of December 2003, over US\$ 11 000 000 have been raised. UN contributions account for close to 24% of the total.

Partners of the national AIDS programme are increasing. HIV/AIDS have been integrated into many development and health programmes. Activities such as peer education, inclusion of life skills training into school curriculum, community-based and outreach activities, mass media campaign, IEC materials, and other measured approaches are in place for vulnerable groups and the general population. The Lao Network of people living with HIV/AIDS (LNP+) has been established and care and support for people living with HIV/AIDS have been initiated in one province and are being expanded to four others. The 100% condom use programme has also been initiated. More politicians understand the HIV/AIDS situation and its impact.

Major External Funding Sources (US\$, million)	
Global Fund (5 years)	3.4
UNICEF	1.6
ADB (3 years)	1.4
MSF	1.0
AusAID	0.8
UNFPA	0.6
FHI	0.5
JICA	0.4
UNAIDS	0.4

## UNAIDS Support to the National Response

UNAIDS coordinates the UN system support to the national HIV/AIDS strategy and programme, focusing on monitoring the epidemic, policy development, advocacy, and resource mobilization. UNAIDS serves as the Secretariat and provides technical support to the UN Theme Group on HIV/AIDS (TG) and the Technical Working Group on HIV/AIDS (TWG), which represent the main mechanisms for inter-agency collaboration in the area of HIV/AIDS. The TWG is chaired by the Director of the National Committee for the Control of AIDS Bureau (NCCAB) and consists of representatives from all major national and international organizations involved in the HIV/AIDS programme.

UNAIDS has provided technical and financial support through Programme Acceleration Funds (PAF) to support the national AIDS programme in different areas, such as the development of national policy, the review of the National Strategic and Action Plan on HIV/AIDS/sexually transmitted infections, the strengthening of the institutional capacity of the NCCA and its key partners, the decentralisation of the HIV/AIDS response to district and community levels, and Monitoring and Evaluation.

UNAIDS has also provided support to the TG and its major partners in developing several key documents, such as: the UN Joint Plan of Action and Common Strategy in Support of the National Response to HIV/AIDS/STD for 2002–2005; the National Advocacy Strategy and Action Plan for HIV/AIDS 2003–2005; the National HIV/AIDS/sexually transmitted infections Programming Inventory; and; the Mid-Term Review of the Implementation of the UN Joint Plan and Common Strategy.

## Functioning UN System

The UN Country Team response to the AIDS epidemic is outlined in the UN Development Assistance Framework (UNDAF) for 2002–2006 under one of the four major goals (Response to Basic Human Needs). The UN has made a commitment to support a clear and integrated national HIV/AIDS response aimed at preventing the spread of HIV infection and minimizing its socio-economic impact. The UNCT assists the Government in mobilizing resources for HIV/AIDS prevention; building institutional and administrative frameworks; and extending adequate HIV/AIDS/STI counselling, testing, care and support

services to affected populations. An important objective is to enhance HIV/AIDS education and awareness that will lead to safer behaviour, especially among adolescents, young women and other vulnerable groups.

Under a common framework, each UN agency provides assistance based on its own comparative advantages and areas of expertise.

Some examples: UNDP has taken the lead in the HIV/AIDS Trust project, which has supported capacity-building of the NCCA, condom social marketing and safe blood initiatives, provincial activities (establishment and strengthening of the provincial and district level CCAs), other awareness raising, counselling, and community initiatives. UNICEF has focused on two areas: prevention, including life skills at schools and advocacy and social mobilization, and care and support to HIV-affected families and children. UNFPA, within its Country Programme, has integrated HIV/AIDS/STI in reproductive health activities, including projects implemented by the Maternal and Child Health Centre, the Lao Women's Union, the Lao Youth Union and, in collaboration with UNICEF, the Ministry of Education. UNFPA has also provided condoms for the Ministry of Health and for the PSI social marketing programme. WHO plays a leading role in supporting the National Action Plan in Surveillance and Research and helped develop guidelines for universal precautions, blood safety, care and support for PLWHA and affected children and families, and diagnosis and treatment of AIDS-related illnesses. UNODC's HIV/AIDS programme focuses on awareness-raising on HIV/AIDS and drug-related issues, and on the provision of training for youth and health workers on drug and HIV counselling. The HIV/AIDS activities actively supported by UNESCO include: needs assessment and development of prevention materials for highland minorities on a linked triad of problems: HIV/AIDS, human trafficking and non-traditional drug use, and; work with the Lao Institute for Cultural Research and Lao National Radio to produce appropriate interventions written in national languages. The ILO has been active in raising awareness on the economic and social impact of HIV/AIDS, and in fighting discrimination and stigma related to HIV status. UN Volunteers is involved in the promotion of the Greater Involvement of People Living with HIV/AIDS in the national response to AIDS in Lao PDR.

## Emerging Issues and Challenges for the National Response

The risk factors for the rapid spread of the AIDS epidemic in Lao PDR include: proximity to countries with higher HIV/AIDS prevalence, increasing travel and migration, poverty and low living standards, increase in risky sexual behaviour and drug use, and relatively low awareness about the existence, causes and prevention of HIV/AIDS. Based on cumulative case reports, more than 50% of HIV positive cases are found among Lao migrant workers who return from neighbouring countries. A qualitative study of migrant labourers from Lao is being undertaken to better understand their behaviour and risks in order to tailor appropriate and effective prevention programmes.

Recent case reports have also shown that there are far more HIV infections among women in the general population than among sex workers. Lao women and girls need more attention in terms of HIV/AIDS/STI prevention and care. Several HIV cases among men who have sex with men have also been documented. However, both the national strategy and the joint UN programme have yet to develop a strategy for men who have sex with men.

There has been major progress in care and support for people living with HIV/AIDS in Lao PDR. For example, in 2003 three new self-help groups were established and the Savannakhet Provincial Hospital started to provide Highly Active Anti-Retroviral Therapy (HAART) with support from Médecins sans Frontières Suisse. However, the government needs support in taking responsibility for the provision of HAART and in expanding HAART treatment to all who need it. Psychosocial and counselling services and facilities are also needed as the number of HIV infected and affected people increase.

## UNAIDS Key Result Objectives 2004-05

### Empowerment of leadership and advocacy for an effective response at the country level

- UNAIDS will implement the Advocacy Strategy and Action Plan on HIV/AIDS to mobilize strong support by the Government and other stakeholders for the expansion of the national response.
- Following the needs and capacity assessment done in 2003, UNAIDS will support the training in programme management of the National Committee for the Control of AIDS Bureau (NCCAB) and multisectoral partners at national, provincial and district levels.

### Mobilisation & empowerment of civil society engagement and partnership development

- UNAIDS will continue to support, and facilitate the expansion of, the national partnership forum. Apart from stronger civil society representation, donors will also be engaged.

### Strengthening country management of strategic information in order to guide the country's effort

- UNAIDS will facilitate assessments and reviews of relevant activities to identify and promote best practices.

### Building capacities in tracking, monitoring and evaluating country response

- As a follow up to the training on M&E of the core staff and key partners of the NCCAB in December 2003, UNAIDS will support M&E training at the central and regional levels. These trainings will be facilitated by those who were trained earlier.
- The Country Response and Information System (CRIS) will be established in Lao PDR.

### Facilitation of access to technical and financial resources at country level.

- UNAIDS will promote joint programming.
- UNAIDS will continue to encourage the Government to increase the budgetary allocation for AIDS. Mainstreaming of HIV/AIDS into development programmes will also be promoted.
- UNAIDS will advocate for better coordination among donors and other international partners to ensure the strategic use of resources. A Resource mobilization Strategy and Action Plan will be developed, with more joint programming to be promoted.

## UNAIDS In Country

### UN Resident Coordinator

*Finn Reske-Nielsen*

### Chairperson, UN Theme Group on HIV/AIDS

*Finn Reske-Nielsen*

**Staff** UCC, *Khamlay Manivong*  
UNV/Liaison Officer (1)  
Admin Assistant (1)  
Driver (1)

# MYANMAR

## Country Situation Analysis

Myanmar with a Gross Domestic Product per capita of US\$ 730 has been listed as an LDC (least developed country) by the Economic and Social Council of the United Nations. The HIV infection national prevalence data is around 2% out of a general population of 48.36 million; the rates were 2% among the new military recruits and 2.13% for pregnant women attending ante-natal clinics. The HIV prevalence among female sex workers in different sites ranged between 20.4% and 30.1%, and among injecting drug users from 10% to 73% in 2002. With its economic situation, high internal and external migration, growing sex industry and the sustained injecting drug use, Myanmar faces an epidemic with the potential to be one of the most serious in Asia.

As Myanmar is a “donor-constrained” country as a result of its decades-long political situation, insufficient resources had been a major obstacle in responding to the epidemic. There has been relatively little bilateral and other support for the response. In 2002, coordinated by the UN Theme Group and UNAIDS in Myanmar, the Ministry of Health representing the Myanmar government, UN agencies, national and international NGOs and other partners, in a collaborative effort, developed a joint programme to work on the national response against the epidemic – the Joint Programme (JP) for HIV/AIDS: Myanmar 2003–2005. The Joint Programme was also publicly supported by the leaders of the opposition party. The Fund for HIV/AIDS in Myanmar (FHAM) was established to support the Joint Programme by collective contributions from different donors who see HIV/AIDS in Myanmar as an area in urgent need of humanitarian emergency assistance and an area where they can contribute support without channelling the funds through the government. Global Fund Round III has allocated US\$ 54 million for Myanmar HIV/AIDS response.

Since 2003, Myanmar has been able to significantly raise the available resources for the national response to the HIV/AIDS epidemic, through the FHAM (mainly DFID) for 2003–2005 Joint Programme.

### Major External Funding Sources (US\$, million)

DFID (pooled the fund for FHAM)	16.6
SIDA (pooled the fund for FHAM)	5.1
Norway (pooled the fund for FHAM)	1.6
Global Fund Round III (5 years)	54.0 (not released yet)
EU (2003–2005)	5.8
Australia (2003–2005)	3.7
UN Agencies Core Funds (2003–2005)	4.1
NGO Core Funds (2003–2005)	1.9
Private Foundations (Packard, etc.)	2.6
UNAIDS (PAF funds, 2002–2003)	0.66

## UNAIDS Support to the National Response

UNAIDS in Myanmar and its existing cosponsors initiated the process of developing a UN joint plan of action on HIV/AIDS. In 2002–2003, UNAIDS mobilized participation of partners including NGOs, community based organizations and the departments which are implementing HIV/AIDS prevention and care programmes in Myanmar to develop a more comprehensive and consorted Joint Programme for a coordinated response in a resource-scarce setting like Myanmar. UNAIDS also contributed in establishment of a joint funding mechanism and lobbying for a significant amount of funding. UNAIDS has mobilized resources of both technical and financial nature, developed an M&E framework for a joint programme, and established a project tracking database. UNAIDS has been a prime mover in promoting M&E and conducting surveys and studies by the partners.

UNAIDS supported, together with the WHO in Myanmar, by providing technical and financial resources to assist the government, the development of the Global Fund proposals, of which the 3<sup>rd</sup> round proposal was successful in obtaining the acceptance by the Fund. UNAIDS is providing continued support in the process of fund receiving and has assisted in the development of a 4<sup>th</sup> round proposal recently. UNAIDS also provide assistance to the WHO-led “3 by 5” Initiative to provide antiretroviral treatment for 12 000 people living with HIV/AIDS by the end of 2005. Some funds from the FHAM will be utilized for the capacity building and system establishment for the “3 by 5” activities.

UNAIDS in Myanmar has been promoting the Asia Pacific Leadership Forum with different types and levels of leaders including non-health ministries and departments. The initiative will maintain and boost the participation and contribution of the decision and policy makers such as leaders of the Central Committee for Drug Abuse Control who have been major players in progressing and strengthening the response against HIV/AIDS. UNAIDS has moved forward the harm reduction agenda by providing resources for a coordinated and strategic programme by different partners working on harm reduction.

UNAIDS has organized for key activities including the Extended Behaviour Survey (EBS)/Behaviour Surveillance (BSS) to be initiated in 2004 and workshops on estimation of HIV/AIDS prevalence in Myanmar in 2002 and 2004 by supporting financial and technical resources. These activities will provide data and insight informing the players in the response on the trends, gap areas and impacts of the existing programmes, and will guide strategic decision making. UNAIDS, as an agency assisting in resource mobilization, has a potential role in influencing the key partners including the National AIDS Programme.

UNAIDS has been supporting the business sector initiatives by different partners. In particular the Myanmar Business Coalition on AIDS (MBCA) which has a unique position role in pushing the HIV/AIDS agenda in the private business sector. This sector is inexperienced with HIV/AIDS prevention and preparing for the impact of an AIDS epidemic.

In managing FHAM for the implementing partners, UNAIDS also provided capacity building for the NGOs, community based organizations and other groups with less experience in programme development and design, implementation and assessment.

UNAIDS in Myanmar plays a unique role regarding resource mobilization and technical management of the mobilized resources as Myanmar context poses a difficult setting for the donors and international implementers to work in. UNAIDS is designated in Myanmar with a different responsibility than other country offices.

## Functioning UN System

The UN Country Team has a focus on HIV/AIDS and the agency of the UN Residence Coordinator, UNDP, was invited by the Myanmar Ministry of Health to take on the role of the principle recipient of the Global Fund resources.

The UN Theme Group has been expanded to include the representatives from donor countries/agencies and national as well as international NGO's and the representatives from the MOH. UN Expanded Theme Group (UNETG) has been supervising policy decisions and providing strategic direction, and considering recommendations provided by Technical Working Group (TWG). TWG was formed with the participation of UN agencies, national and international NGOs, and the National AIDS Programme. TWG decides technical matters around the national response, reviews and clears documents and makes recommendations for the ETG to approve. In March 2004, TWG recruited a technical review panel for screening proposals submitted for funding by FHAM Round II, and oversaw and accepted the recommendations of the panel. ETG is chaired alternately by different Representatives from UN agencies on a rotation basis while TWG is chaired permanently by the UNAIDS Country Coordinator. TWG gather technical inputs from and involve wider constituencies through the component groups. The TWG and ETG represent good examples of a UN coordination system to support a national response.

The UN system has strategically allocated PAF resources for 2002–2003 to support the development of the strategic plan for HIV/AIDS at the national and township level, to promote multisectoral response for creating a supportive environment, to implement targeted interventions addressing key determinants, to respond to the emerging needs of people living with HIV/AIDS, to continue capacity building for community home-based care, and to pilot harm reduction activities. The next phase of PAF funding is soon to be programmed and implemented after identifying areas of work and appropriate implementing partners.

UNAIDS, with the support of DFID, has started documenting the development and implementation of the Joint Programme and establishment of Fund for HIV/AIDS in Myanmar as best practices. The experience, impact to date, and lessons learned from the two milestones in the history of Myanmar HIV/AIDS response are expected to be useful for other countries facing a similar setting.

UN system in Myanmar has had to play a sensitive and balancing role cooperating with the governmental structures while obtaining and maintaining the acceptance of the opposition and other parties. JP and FHAM are evidence of a success for the system in this delicate role. International NGOs and community based organizations often obtained coordination support from UN in implementing their projects on HIV/AIDS. UN system also assists in resource mobilization and capacity building for the NGOs and community based organizations.

## Emerging Issues and Challenges for the National Response

Improving resource absorption in line with the understanding and practice of accountability and transparency of different implementing partners particularly the new and smaller ones will be a challenge. Internationally accepted best practice and evidence-based programmes need to be promoted among different partners who may be conservative and in need of exposure and capacity building support. Risk-averse attitudes of some key decision makers may deter progress or even reverse the achievement to date. NGOs' participation in providing voluntary counselling and testing services, and moving forward with harm reduction initiatives including needles and substitution are crucial elements in ensuring effectiveness of the national response.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** Little information is available from the National AIDS Committee (NAC) as it is a government body not open to observers from UN or civil society. There is little opportunity to provide support or become involved in its functions. National AIDS Programme is supporting NAC with its limited capacity and UNAIDS will continue to provide support and for NAP technical capacity in monitoring and evaluation and resource management. Being in a donor constrained country context, Myanmar NAP has to rely on the UNAIDS Secretariat for resource mobilization. UNAIDS will provide support for the Country Coordinating Mechanism to technically manage the programmes funded by the Global Fund. The year 2004 will need to see increased focus on APLF activities both in country and regionally.

**Partnerships:** The Secretariat will continue to mobilize partnership with the Expanded Theme Group where UN, NGOs, the government partners and the donors jointly consider and discuss matters related to the national response against HIV/AIDS. Non-health ministries will work more together with more experienced partners under the JP activities funded by FHAM. The Expanded Theme Group needs to be strengthened by broadening membership to include civil society and people living with HIV/AIDS.

**Strategic information:** The JP and FAHM will be documented as Best Practice and the document will be distributed to the partners locally as well as other parties who would find the exercise useful to learn from. The JP will be translated into Myanmar language for more partners to access. Project tracking database will be constructed and reports generated for different partners to use in planning, implementation and programming. Sharing of information among the partners will also need to be promoted for a more coordinated national response. The biggest challenge will be to share nationally the information, serological and behavioural, compiled and analysed by the National AIDS Programme.

**Monitoring and Evaluation:** An interim M&E Officer has been recruited to set up an operational M&E system for the Joint Programme. Baseline behaviour survey is to be conducted. A new (the second of its kind in Myanmar) workshop on HIV/AIDS estimation will be conducted in June. Implementing partners will be provided with more support in M&E. The current phase of FHAM will have scaled up M&E activities and will make use of the project tracking database as well.

**Technical/Financial resources:** The UNAIDS Secretariat will recruit two finance staff for NAP to assist in managing the resources and reporting. Secretariat will work with the existing and new partners to proceed with contracting for the second round of FHAM. Some amount of funds left from the round 2 and PAF fund will also be programmed out for implementation by the partners.

## UNAIDS In Country

**UN Resident Coordinator**  
Charles Petrie (UNDP Rep)  
Chairperson, UN Theme Group on HIV/AIDS

**Staff** UCC, Eamonn Murphy  
Programme Coordinator (FHAM) (1)  
National Officer (3)



# PAPUA NEW GUINEA

## Country Situation Analysis

Papua New Guinea with an estimated population of 5.2 million people has a Gross National Product per capita estimated at about US\$ 500. It has the highest reported rate of HIV infection in the Pacific with an estimated HIV prevalence of over 1% among women attending antenatal clinics in Port Moresby, the capital. In other areas, recent sero-surveillance of antenatal mothers has recorded prevalence rates of 2% and 3%. Based even on limited sexual behaviour and surveillance data, the potential for a more serious epidemic is real. The epidemic is driven by high levels of heterosexual practices including multiple sex partners. In 2003, an estimated 150 new cases of HIV infection were reported each month and AIDS has become the leading cause of mortality and morbidity among adults at the Port Moresby General Hospital. Papua New Guinea is the first Pacific Island and fourth Asian country to report a generalized epidemic.

Papua New Guinea faces numerous challenges related to its economic, social, and infrastructure development amidst rapid cultural changes amongst its many ethnic groups. Decreasing access to adequate health services and deteriorating infrastructure over the past few years have affected the national response to HIV/AIDS. Poverty, in particular, appears to be contributing to the increase in commercial sex activities in towns and around the economic enclaves including mining, logging and fishing areas. There is increasing prevalence of HIV/AIDS among poor street kids.

The HIV/AIDS prevention and control activities in PNG are heavily dependent on funding from AusAid which has been providing about 90% of all resources.

Major External Funding Sources (US\$)	
AusAid (time period) 2000–2005	30 million
EU 2003–2007	3.5 million
USAID 2004–2006	2.5 million
UN and Partners (ISP etc.) 2003–2005	1.4 million
UNAIDS (PAF funds) 2003–2005	200 000
Asian Development Bank 2004–2005	450 000

## UNAIDS Support to the National Response

UNAIDS has been actively working with a few senior government officials and parliamentarians including a Minister to bolster political commitment from the highest levels against the fight against HIV/AIDS. Through the Asia Pacific Leadership Forum consultations have already been held with the Ministries of Education, Social Welfare and Development, and Planning and Rural Development. UNAIDS has continued its advocacy work with the organization of a Senior/Eminent Citizens Advocacy Group of six key and reputable nationals who spoke on HIV/AIDS resulting in some advocacy with key groups like the Provincial/District Councils and Religious/Traditional leaders. UNAIDS has further facilitated discussions on the development of a Parliamentary Sub-Committee on HIV/AIDS to advocate on HIV/AIDS issues within the Parliament.

Through Programme Acceleration Funds the UN and partners assisted the National AIDS Council (NAC) leadership in starting and sustaining a multisectoral partnership and an inclusive participatory process for the development of a nationally owned Strategic Plan (NSP) (2004–2008). UNAIDS will continue to provide technical assistance to the finalization and the costing of the National Strategic Plan. Additionally, UNAIDS plans to strengthen national leadership through the provision of a M&E framework to assess progress and the impact of national response activities undertaken by NGO's.

## Functioning UN System

In tandem with the national strategic planning process, the UN Theme Group carried out a joint UN Theme Group Work Plan formulation process. This recommended three key areas of joint support: ensuring high level political leadership and advocacy, (this has already started with the UNAIDS Country Coordinator organizing an Eminent Citizens Advocacy Group of six key and reputable nationals who would speak on HIV/AIDS); support to partnership and civil society involvement and monitoring and evaluation. The joint workplan will be implemented with resource allocations through the Asia Pacific Leadership Forum, Programme Acceleration Funds (for M&E training activities) and contributions from Cosponsors. An additional US\$ 100 000 allocated to Papua New Guinea, as a priority country, will be utilized in the implementation of other activities.

Despite the absence of some Cosponsors, the UN Theme Group has been working well. All meetings are dominated by discussions on the situation of the epidemic, direction of the national response and the weaknesses therein. A Technical Working Group has not yet been formed but these meetings have ensured a sense of collective support to the national response. The UN Theme Group is revitalized with the new UNICEF Country Representative who brings with him extensive HIV/AIDS experience from Tanzania. An Expanded Theme Group including relevant partners will be convened on appropriate times and on particular issues.

UNAIDS is facilitating dialogue with various groups such as men who have sex with men, people living with HIV/AIDS, and youth groups and is engaged with faith-based organizations to explore areas of collaboration. The UN Theme Group has a representation on the Partnership Forum of the National Strategic Plan Working and Steering Groups. This representation was productive during the process of the preparation of the National Strategic Plan.

The Anglican Church in Papua New Guinea has established Anglicare StopAIDS PNG, with a mission to treat and care for people. To date, it has been in the forefront of prevention and care activities in the country and has been expanding. As this is innovative work by a religious establishment, UNAIDS assisted in the preparation of an article on this organization and assisted in the publication of the evolution of the Anglican Church position on the Prevention Care and Support.



The Catholic Church is also actively involved in the national response and is expanding its activities in one of the bigger provinces in the area of counselling, care and support. UNAIDS collaborated with UNICEF in providing assistance to this project with additional assistance coming from the National HIV/AIDS Support Project (NHASP).

## Emerging Issues and Challenges for the National Response

Even though the NAC, has recognized the need for immediate action, the challenge remains in generating and maintaining national momentum as well as in producing surveillance data to inform advocacy and policy. While assistance is being provided through NHASP, there has not been a robust response from local individuals or institutions with research interest. Only one research institution has been undertaking behavioural surveillance surveys to produce relevant data and, it appears to have been over stretched in its work and capacity. This underlines the observable absence of critical and strategic information on the epidemic in the country. The activities and the effectiveness of the NAC are also affected by a lack of commitment on the part of some of its members and the overall security situation in Papua New Guinea. Some provinces, districts and communities have very little prevention and care activities, and lack of adequate funds has affected outreach programmes for vulnerable population. Meanwhile, stigma and discrimination undermine effective mobilization of and advocacy by people living with HIV. It is hoped that the introduction of a pilot treatment programme will encourage more people to join the existing organization and slowly lead to change in attitudes.

The new National Strategic Plan specifies a target of making antiretroviral treatment available to at least 10% of people living with HIV/AIDS by 2005 and to 25% by 2008. A pilot antiretroviral treatment has begun through WHO, the Asian Development Bank and the National Department of Health collaboration within the framework of the Global "3 by 5" Initiative with coverage expected to reach 3 000 AIDS patients by 2005. Major concerns regarding this pilot (shared by the UN Theme Group) are issues relating to adherence and compliance to the treatment regime, the general impact of the availability of treatment on the perception of the epidemic, and personal responsibility vis-à-vis sexual practices.

## UNAIDS Key Result Objectives 2004-05

### National Leadership

National political leadership has demonstrated its commitment through two legislative instruments which brought into existence, the National AIDS Council and its Secretariat in 1997, and the HIV/AIDS Management Bill in 2003. Engaging the Prime Minister to deliver the World AIDS Day message to the nation and the formation of the Parliamentary Sub-Committee on HIV/AIDS are further efforts in the pursuit of committed leadership and advocacy. UNAIDS will continue to engage senior government officials and policy makers. The Asia Pacific Leadership Forum has helped bring in these officials in addition to representatives from the private sector, NGOs and eminent citizens.

### Partnerships

The preparation of the National Strategic Plan to which all civil society partners were invited was a learning exercise during which NGOs, especially, realized the need to adopt a multipronged approach and the need for collaboration. UNAIDS will continue to advocate for the creation of an NGO Federation to allow a united NGO voice to dialogue with the Government and seek resources, share responsibility based on comparative advantage and share results. However, civil society organizations lack adequate capacity thus limiting their involvement in the national response. UNAIDS has brought up this issue of limited NGO capacity with a donor to seek technical assistance to build up the capacity of NGOs. Some faith-based organizations have on the other hand, continued to be active in both prevention and care activities. In collaboration with UNICEF, UNAIDS is planning intensive work with religious and traditional leaders.

### Strategic Information

There is a lack of reliable and organized information on HIV/AIDS. Improvements have occurred with more surveillance centres established and adequately resourced. Additionally, with the formation of the M&E Working Group and the proposed introduction of CRIS and training in social/behavioural research, data analysis and management, the National AIDS Councils ability to manage strategic information will be greatly enhanced.

### Monitoring and Evaluation

The stark absence of M & E within the framework of the national response became clear during the UNGASS, 2003, reporting. There is very little M&E capacity within the Government. UNAIDS will strengthen M&E capacity through the formation of an M&E working group to support the National AIDS Council in M&E as well as strategic information. UNAIDS will seek collaboration with AusAID in this effort.

### Technical/Financial Resources

There are gaps in the technical capacity of the national response especially in M&E, including data handling and management and socio behavioural studies; advocacy material presentation; and innovative techniques for Information, Education and Communication. While financial resources exist they are yet to be appropriately channelled into capacity building in these above mentioned areas. The UN Theme Group is encouraging the integration of M&E and resource tracking into the NSP. UNAIDS provided the chance for the Director of the National AIDS Council Secretariat to become familiar with costing models of National Strategic Plan through his participation in the Costing Workshop held in New Delhi, India in 2003.

## UNAIDS In Country

### UN Resident Coordinator

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### Chairperson, UN Theme Group on HIV/AIDS

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### Staff

UCC, *Dr. Nii-k Plange*

Admin Assistants (1)

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# PHILIPPINES

## Country Situation Analysis

The Philippines has a population of 80 million (2003) with an annual population growth rate of 2.37%. It is classified by the World Bank as a Lower Middle Income Country. The low HIV prevalence of 0.01% (or an estimated 10 000 HIV/AIDS cases) provides a window of opportunity to avert a wide-scale epidemic that the country can ill afford.

Available data shows an increasing pattern in high risk behaviour implying that the possibility for an epidemic remains clear. The practice of multiple sexual partners usually commercial and unprotected; high rates of sexually transmitted infections; low condom use and low perception of risks even among most-at-risk groups; and, sharing of unclean needles among injecting drug users continues to be documented. There is also a rising concern for overseas Filipino workers (OFWs) since 32% of the reported cases now come from this vulnerable population. In addition, the 2002 Young Adult Fertility and Sexuality Study (YAFS3) reported alarming findings, to wit: 1) 23% of young people (15–24 years old) reported engaging in premarital sex (PMS), an increase of 6% from 8 years ago; 2) 34% of sexually active youths have multiple sex partners; 3) 20% of sexually active males have paid for sex, while 12% have received payment for sex; 4) among those with commercial sex experiences, only 30.6% had ever used condom; 4) while 94 % has heard of HIV/AIDS, 23% think that AIDS is curable; and 5) 60% among the youth believe that there is no chance for them to contract HIV/AIDS.

The Government was quick to respond to the growing HIV/AIDS epidemic. Aware of the multisectoral and multilevel dimensions that need to be addressed, it created the Philippine National AIDS Council (PNAC) in 1992. Major milestones have been achieved and in 1998 the Philippines AIDS Law was enacted. The Law fully protects the human rights and civil liberties of people living with HIV/AIDS, bans mandatory testing for HIV antibodies, promotes confidentiality for people accessing information, and ensures the institution of a nationwide information and educational programme. In most urban centres, local government units in partnership with local NGOs implemented targeted education interventions for most-at-risk groups as early as 1994 and were found to be effective and locally acceptable.

The mandate of the Philippine National AIDS Council to coordinate the national response to HIV/AIDS has not been fully carried out as the council suffers severe organizational constraints due to limited human resources and inadequate budget for the operations and full functioning of its Secretariat. Most of the planned activities, as articulated in the AIDS Medium Term Plan 2000–2004, have not been carried out. Huge foreign assisted projects like the AIDS Surveillance and Education Project (ASEP) have already reached their conclusion yet efforts to continue and preserve the gains are meeting some difficulties primarily because of the lack of, or inconsistent, political commitment both at the national and local (city) levels. This deteriorating commitment stems, to a major extent, from the fact that the epidemic continues to be “silent” and other public health problems compete for national attention and budget allocation are “visible” and growing (e.g., TB, Dengue, Malaria).

### Major External Funding Sources (US\$)

USAID (2000–2003)	5 700 000*
UNAIDS Cosponsors (2001–2003)	1 881 139
UNAIDS PAF funds (2002–2003)	140 000

## UNAIDS Support to the National Response

UNAIDS has worked closely with the Philippine National AIDS Council in support of its priority programmes. Advocacy efforts continue in order to sustain past and ongoing efforts at institutionalizing prevention, care and support interventions.

With financial support from the UNAIDS Office for Security and Humanitarian Response and technical assistance from the UNAIDS Secretariat in the country, HIV/AIDS has been integrated into the curriculum for new recruits in the Armed Forces of the Philippines and Philippine National Police.

Through Programme Acceleration Funds, UNAIDS has scaled up efforts to integrate HIV/AIDS education in the schools at all levels, expand community-based care and support services, as well as develop media advocates, through the training of teachers, social workers/community volunteers and media practitioners, respectively. It has expanded its advocacy to local government executives in areas identified by the National AIDS Council as priority sites in order to establish local level policies and programmes on HIV/AIDS and sexually transmitted infection prevention and control targeting most-at-risk groups. Efforts have been initiated to improve welfare and other services for overseas migrant workers in their host countries by integrating HIV/AIDS and migration in the curriculum of the Foreign Service Institute (FSI), which trains all labour and welfare attaches for foreign posting. UNAIDS and its cosponsors assisted the government in developing HIV/AIDS proposals for the Global Fund, the ongoing development of a national M&E system and the establishment of CRIS. UNAIDS engaged a “champion” within the business sector to lobby for private sector investments in HIV/AIDS. It had successfully brokered partnership between the private sector, government and NGOs through the 1<sup>st</sup> Music Summit on HIV/AIDS, which it co-sponsored with MTV and other companies.

With the limitations of the National AIDS Council, both in terms of financial and human resources, the UNAIDS Secretariat provided technical support to the Council's Secretariat, particularly in organizing, coordinating and facilitating major consultation processes like the assessment of the Medium Term Plan on HIV/AIDS 2000–2004, the development of the UNGASS Country Progress Report and Global Fund proposals.

## Functioning UN System

The membership of the UN Theme Group on HIV/AIDS have been expanded to include FAO, IOM, UNIC and UNRC. Its Technical Working Group also includes two representatives from PLWHA and the Secretariat of the National AIDS Council. The UN Theme Group regularly meets and HIV/AIDS is now being mainstreamed in the broader UN Country Team monthly meeting. Within the UN, there is growing internal advocacy to heighten the level of engagement of Cosponsors through the HIV/AIDS focal points' involvement in UNAIDS Secretariat-initiated activities/projects/efforts. The UN Country Team Chair and Resident Coordinator have manifested greater personal involvement and visibility in advocacy efforts. In the UN Development Assistance Framework and Country Programme Documents of each UN agency, there is a clear articulation of HIV/AIDS. Lastly, there is an improved system in Resource Center management to make it user-friendlier.

## Emerging Issues and Challenges for the National Response

There are several emerging issues and challenges for the national response to progress:

- 1) Weak leadership of the PNAC which resulted in 1.1) diminishing government budget earmarked for HIV/AIDS programme; 1.2) weak political will to implement the provisions of the Philippine AIDS Law; 1.3) inability to preserve the gains and scale up pilot targeted intervention for most-at-risk groups that have been proven effective in the local settings; and 1.4) a general complacency attitude among most of its members;
- 2) Absence of a systematic monitoring and evaluation of HIV/AIDS response in the country that could be strategically used for program planning and advocacy;
- 3) Absence of clear policy and appropriate intervention for emerging vulnerable populations like injecting drug users and overseas foreign workers.

## UNAIDS Key Result Objectives 2004-05

### Objective 1: To empower leadership for an effective response in the Philippines

1. Continue providing assistance to strengthen PNAC and its Secretariat specifically in the area of capacity building on appropriate political advocacy skills needed to move resources in a low-prevalence country;
2. More meaningful involvement in the Philippine Country Coordinating Mechanism in relation to the Global Fund;
3. Support to regional leadership initiatives like the Asia Pacific Leadership Forum on HIV/AIDS and Development;
4. Development and implementation of a fully integrated UN Implementation Support Plan for the national response to HIV/AIDS, 2004–2006.

### Objective 2: To mobilize and empower country-level public, private and civil society partnerships

1. Support national forum, like the Philippine National Conference on AIDS, where government agencies, non-government organizations, private sector, civil society including groups of people living with HIV/AIDS can share and exchange learnings, debate and discuss policies and strategies that works best or least, in the Philippine setting;
2. Continue to support full and informed inclusion of PLWA in national and local HIV/AIDS forums;
3. Continue to technically and financially support the National Consensus Workshop of People Living with HIV/AIDS including their families and significant others in their lives;
4. Facilitate UN TG and UN working group (WG) on HIV/AIDS to assist PNAC and Local AIDS Councils (LAC) in managing and coordinating partnership forums and partnership processes;
5. Support the continued engagement of the media sector for prevention education, care and support;
6. Support the involvement of the private sector, specifically the Employers Confederation of the Philippines (ECOP) in responding to the HIV/AIDS problem in the country.

### Objective 3: To promote and strengthen country management of strategic information

1. Support the systematic country-level processes to identify gaps in key policy and programme areas through the ongoing assessment and review of national responses. These processes includes the ongoing assessment of AMTP III (2000–2004) as the country prepares for the formulation of the next AMTP (2005–2009);
2. Support institutional strengthening of PNAC through the development of in-country capacity to document lessons learned and best practices particularly in the areas of: targeted prevention interventions; local policy development (Enactment of Local AIDS Ordinance in some key Cities); national partnerships; mainstreaming of HIV/AIDS prevention programme; horizontal collaboration; and the implementation of UNGASS Declaration of Commitment and the Millennium Development Goals;
3. Continue to support national capacities for an in-depth analysis and packaging of strategic information so that it can be easily understood by local policy makers and programme planners;
4. Spearhead the management of the production of progress reports including the Country Profiles on HIV/AIDS.

### Objective 4: To build capacities to track, monitor and evaluate country response

1. Support the development of a systematic monitoring and evaluation programme of the Philippine response to HIV/AIDS and likewise, country-level management skills to evaluate information gathered in country responses;
2. Assist in operationalizing the Country Response Information System (CRIS);
3. Support PNAC capacities for strategic HIV/AIDS planning and management, and costing of national plans and programmes;
4. Facilitate and support PNAC-led participatory review processes of national response.

### Objective 5: To facilitate access to technical and financial resources at country level

1. Continue providing support to enhance national capacities in the preparation, revision and negotiations of funding proposals including the development and process management of GFATM, Phase 4;
2. Facilitate the documentation and analysis of good practices and experience gained in the use of mechanisms for management of major funds, including CCM and Global Fund processes.
3. Support exchange with other countries, on the effectiveness of mechanisms like CCM and Global Fund processes.
4. Provide or broker technical support in mainstreaming HIV/AIDS into national development plans like the Philippine Medium Term Development Plan and the Philippine Poverty Reduction Strategy, among others.

## UNAIDS In Country

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Program Assistant (1)

Resource Center Coordinator/Secretary: (1)

Driver (1)

# THAILAND

## Country Situation Analysis

Thailand is known for its success in fighting HIV/AIDS, making it one of the very few countries that have managed to reverse the spread of the epidemic. However, the challenge now is to ensure that this success does not lead to complacency and inaction. The prevalence of the disease is still relatively high, affecting many lives, and Thailand is still vulnerable to a resurgence of a generalized epidemic. If Thailand falters in its effort to control the disease, the impact would be far-reaching, dealing a major blow to the global response to HIV/AIDS, to UNAIDS, and to the many countries of the world struggling to follow Thailand's example, bringing into question the effectiveness of the prevention-based paradigm.

### Achievements

- Thailand has achieved a stunning 83% reduction in new infections, dropping from the 1991 peak of 142 819 new infections per year to an estimated 21 260 in 2003.
- An early multisector response involving several key ministries, municipalities, NGOs, media, communities, private sector, and the police, focused largely on risk reduction in commercial sex, has enabled Thailand to achieve this turn-around in HIV infections.
- Strong political commitment in the early 1990s and the formation of the National AIDS Prevention and Control Committee under the Office of the Prime Minister and Prime Minister's own chairing of NAPCC (National AIDS Prevention and Control Committee) ensuring participation of all ministries supported by a comprehensive multi-ministerial plan by the NESDB (National Economic and Social Development Board)
- Financing for HIV/AIDS reaching US\$ 89.85 million in 1996 (per capita investment of US\$ 1.32 ) of which 91.2% came from Royal Thai Government (RTG).
- Overall, three factors contributed to reducing sexual transmission of the HIV virus: reducing brothel visits, condom compliance, and improved sexually transmitted infection control through the introduction of powerful antibiotics, thereby reducing risk of HIV infection.

Major Funding Sources (US\$) 2003	
UNAIDS Geneva Non-PAF	39 650
Global Fund (5 years)	235 000 000
UNAIDS Cosponsoring agencies in Thailand	82 767
US CDC	85 000
Rockefeller	50 000
Private enterprise and business sector	80 304
UNAIDS (PAF funds, 2002–2003)	190 000

## UNAIDS Support to the National Response

In Thailand, UNAIDS operates through the UN Theme Group on HIV/AIDS and the UN Technical Working Group on HIV/AIDS. The Theme Group was initially established as a core group of the UNAIDS cosponsors' Heads of Agencies, but it has progressively expanded at its quarterly meetings to include representatives of other UN agencies, international and national non-governmental organizations, and the Royal Thai Government (including the National Economic and Social Development Board and the Ministry of Public Health's Department of Disease Control). The Technical Working Group was established as a group of focal points within each agency to address technical issues and advise the Theme Group.

In Thailand, the Theme Group and the Technical Working Group have the support of a UNAIDS-funded secretariat, in 2002 comprising a Country Programme Adviser (CPA) and Programme Assistant. The secretariat also provides support to other stakeholders in the national response (through advice, assistance and direct action in areas such as strategic planning, resource mobilization and the development of partnerships). These activities are supported by an annual Programme Acceleration Fund (PAF) budget of \$100 000. In recent years, the Theme Group has approved PAF support for collaborative processes in priority areas (Task forces); as well as technical support for poorly-addressed areas (e.g., human rights), recurring needs not permanently addressed (fund raising for small and medium-sized organizations), and on-going efforts of UNAIDS co-sponsors.

The roles and responsibilities of these bodies share common elements and reflect the global mandate of UNAIDS. These include:

- Advocacy for political commitment, multisectoral involvement and appropriate policies,
- Technical and financial resource mobilization,
- Information dissemination, exchange and sharing,
- Collaboration and coordination amongst cosponsors, national stakeholders and international partners.

## Functioning UN System

The UN Country Team operates through the Heads of Agency meetings. The meetings are usually co-chaired by UNESCAP Executive Secretary and the UN Resident Coordinator. HIV/AIDS has been a regular item on the agenda and has been usually reported by Chairperson of the UN Theme Group on HIV/AIDS. With another 10 thematic Working Groups on various issues, the UN Theme Group has participated in various UN processes to develop UN Common Database, the UN Development Assistance Framework (UNDAF) and the Annual Report from the UN Resident Coordinator.

The role of the UN Theme Group on HIV/AIDS in Thailand is to provide technical support and add value to the national response.

The UN Theme Group is made up of representatives from UNAIDS cosponsoring agencies that are empowered to make decisions at meetings chaired by annually rotated chair from each cosponsor. Recently, membership has been expanded to international agencies, key government and non-governmental

organizations. Present members in addition to nine cosponsors include: UNIFEM, FAO, IOM, Thai Red Cross, Thai NGOs Coalition on AIDS, the Network of people living with HIV/AIDS and the Department of Disease Control, National Economic and Social Planning Board, Ministry of Public Health and Thailand Business Coalition on AIDS (TBCA). The UN Technical Working Group on HIV/AIDS which is composed of HIV/AIDS Focal Point from each cosponsor serves as the technical forum to prepare technical inputs and the meeting agenda for the Theme Group.

## Emerging Issues and Challenges for the National Response

**Thai epidemic – a moving target:** In 1990, the main route of infection was among sex worker and their clients (95%). Now transmission between spouses accounts for 50% of new infection. Young people and the general adult population need to be reached with prevention messages on a constant basis. Concurrently, HIV/AIDS continues to spread unabated among certain vulnerable groups, especially injecting drug users, men who have sex with men, migrant labourers and other mobile populations. In addition, HIV hotspots are moving from Bangkok and the North to the industrial areas north and south of Bangkok, mainly due to concentrations of migrant labourers combined with drug use problems.

**Waning political leadership and weakening multi-sectoral response:** The response to AIDS is no longer actively led by the Office of Prime Minister and as a result the participation of other ministries is very weak. Most non-health ministries do not have resources for HIV/AIDS, nor do they have their own operational plans, including Education, Labour and Social development. Although the demand for intervention coverage has increased, the overall budget for HIV work has not reached the previous level of investment. The budget has declined from a 1996 budget of 217.3 million baht (10% to prevention) to 121.6 million baht (8.2% to prevention) in 2001.

**Continued Stigma and discrimination:** Stigma still exists in many forms. A recent study found that 25% of people living with HIV/AIDS report having been “ridiculed, insulted or harassed because of HIV status”. The key problem is lack of confidentiality in health care centres, and poor counselling services.

**War on drugs:** An intensified government crackdown on drug dealers has had an effect on the rights and needs of drug users. Given the bias toward law enforcement at the expense of prevention and harm reduction efforts, this crackdown has further marginalized drug users, many of whom spend time in jail making them more vulnerable to HIV infection and harder to reach.

**“Social Order Campaign”:** The government is intensifying a ‘social order campaign’, a reflection of lessening social tolerance towards drug users, men who have sex with men, immigrants, and young people in general. Many regulations have recently been introduced towards controlling recreational behaviours of young people that may be undermining an open and frank awareness campaign about HIV/AIDS, sex and condoms.

**The Antiretroviral challenge:** Given that over 580 000 people are living with HIV/AIDS, the demand for antiretrovirals is substantial. Estimates for current number of people with access vary between 10 000 and 50 000

## UNAIDS Key Result Objectives 2004-05

In early 2003, the UN Theme Group launched the UN Joint Plan of Action on HIV/AIDS (UNJPA 2002–2006) which has been used as the main tool to implement programmes both to achieve strategic objectives and key results for UNAIDS future directions and specially to technically support and add value to the national response. Following the UNJPA, UNAIDS and the UN Theme Group has assisted the National AIDS Committee (NAC) through the NAC Secretariat in revitalizing and strengthening the national mechanisms to ensure an effective response.

Based on the UN Joint Plan of Action and the PAF funded UN Implementation Support Plan (the UNJPA operational Plan), political advocacy has started with the endeavor to organize dialogues with key ministries that were previously weak and need more encouragement.

UNAIDS and cosponsors will work closely with national partners, especially the National AIDS Committee, the Ministry of Public Health and other key stakeholders to ensure an effective response. Major activities will be:

- 1) Reviewing the national AIDS plan and providing technical training for capacity building of the NAC secretariat and multi-ministries
- 2) Establishing a nationally mandatory unit to carry on monitoring and evaluation of the national AIDS programmes.
- 3) Developing an advocacy plan to provide opportunities to organize political dialogues and partnership forum. Also, the plan will be implemented to develop technical guidelines on specific issues such as (among many issues) how to develop and implement a methadone maintenance programme and how to integrate life skills education into school curriculums.
- 4) Giving support for national mechanisms and stakeholders to participate in Global Fund process and the XV International AIDS Conference.

## UNAIDS In Country

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*Robert England*

### Staff

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# VIET NAM

## Country Situation Analysis

Viet Nam is experiencing an expanding HIV epidemic. Cases have been reported from all provinces, and there are a number of sub-epidemic “hot spots”, including Ho Chi Minh City, Hai Phong, Quing Ning, and Can Tho. The epidemic has been largely based among injecting drug users, but there are a growing number of infections due to sexual transmission. The government had previously defined HIV as a problem of socially marginalized groups (injecting drug users and female sex workers), but is in the process of recognizing the need for a multi-sectoral response, and to mobilize all of society for HIV/AIDS prevention, and to address stigma and discrimination.

The HIV/AIDS epidemic is in a “concentrated” epidemic stage in Viet Nam, with a national adult prevalence of 0.3%. The national HIV prevalence for injecting drug users is 30% while it is 6% for female sex workers. However, in a number of areas more than 60% of drug users are infected. There are four provinces/cities where more than 1% of pregnant women attending antenatal care are seropositive. The link between HIV and Tuberculosis in Viet Nam is also strong. In 10 provinces more than 3% of Tuberculosis patients are also seropositive, and the figure is more than 9% in Ho Chi Minh City. Stigma and discrimination against people living with HIV is a major problem, which is becoming more recognized by the Party, Government and the National Assembly.

The Party Resolution and National Assembly Ordinance on HIV/AIDS was issued in 1995. There has recently been an increase in financial allocations for HIV/AIDS, and increased policy support from the Party, National Assembly and Government. Significant numbers of pilot and other projects have been undertaken at national and provincial levels by health departments, Youth Union, Women’s Union and others.

In March 2004, the Prime Minister approved the first National Strategy on HIV/AIDS Prevention and Control up to 2010 with a vision to 2020. The National Strategy promotes a multi-sectoral approach to HIV/AIDS, and the mobilization of the whole society. There is a clear assignment of responsibilities to different ministries and sectors to implement the National Strategy. However, the action plans to implement the Strategy, and coordination mechanisms are not yet developed. An important development is that the National Strategy establishes harm reduction as approved policy.

The direct national budget for HIV/AIDS for 2004 is US\$ 4 million. Three fourths of the budget for HIV/AIDS prevention, care and support in Viet Nam is covered by donor assistance.

### Major External Funding Sources (US\$, million)

US Government (USAID and CDC) (2001–2008)	30.0
DFID/NORAD (2002–2007)	25.0
Global Fund round 1 (2003–2007)	12.0
Asian Development Bank (2003–2004)	3.0
CIDA (2003–2005)	3.3
AusAID (2003–2005)	2.2
French Government (2004–2005)	0.7
UNAIDS (PAF funds, 2002–2003)	0.25
World Bank	Under development

## UNAIDS Support to the National Response

UNAIDS has been strongly involved in supporting the government in:

- Development of National Strategy on HIV/AIDS Prevention and Control, including coordinating technical inputs from international partners. UNAIDS will continue its coordination role and support the Ministry of Health in preparing the nine action plans of the National Strategy.
- Strong advocacy with senior leaders on the seriousness of the expanding HIV epidemic in Viet Nam and the need for urgent action, highlighting concerns of stigma and discrimination against people living with HIV. The Asia Pacific Leadership Forum initiative is a key focus of this work, mobilizing leadership in the Party, Government and National Assembly. Efforts are coordinated through the Community of Concerned Partners (CCP) where UNAIDS plays a leading and coordinating role to bring together international support for the expanded national response on HIV/AIDS.
- Development of new HIV and AIDS Estimates (2002) and Projection (up to 2007): close collaboration with national technical team and international epidemiologists to collect, review and clean all existing data related to the epidemic in Viet Nam.
- Expanding access to care and support: strong participation in the WHO/UNAIDS “3 by 5” country mission taking place in March 2004. The summary of findings and proposed next steps for Viet Nam has been presented to the Government at the Interested Parties in Health co-chaired by Minister of Health, UN Resident Coordinator and WHO Resident Representative held in Hanoi in April 8-9, 2004.
- Uniformed Services project beginning with the Military in early 2004, and expected to expand to the Ministry of Public Security (Police) later in 2004.

## Functioning UN System

For the past two years, HIV/AIDS and young people have been identified as the top two priorities of the UN Country Team in Viet Nam. The main function of the UN system is to advocate for a stronger leadership for the expanded national response. This work is directed and overseen by the UN Theme Group. Other working mechanisms include the UN Technical Focal points meetings and the Community of Concerned Partners.

The UN Country Team is developing the 3rd round of Common Country Assessments (CCA) and UN Development Assistance Frameworks (UNDAF).

HIV/AIDS has already been identified as a key priority. The UN-Implementation Support Plan will be developed in line with the CCA and UNDAF. Other initiatives include the development of a UN Country Team Advocacy Strategy for HIV/AIDS, the Greater Involvement of People living with HIV/AIDS and UN Learning Strategies. PAF 2003–2004 under the Resident Coordinator mechanism has been allocated to UNESCO and UNFPA as leading agencies.

## Emerging Issues and Challenges for the National Response

The HIV/AIDS epidemic in Viet Nam is increasing and speeding up rapidly. Young people are at the centre of the HIV/AIDS epidemic but many young people in Viet Nam lack the information and skills necessary to protect themselves from HIV/AIDS, including access to condoms and other health care services such as voluntary counselling and testing. An increasing number of children are born to HIV infected mothers, and are therefore at risk of contracting HIV before birth, at birth or while breastfeeding. This expanding epidemic needs an extraordinary response from the leadership and people of Viet Nam. The first priority is to engage the Party, National Assembly and the Government in leading and promoting the national response to the epidemic. Strengthening the engagement of national leaders at all levels, individually and effectively, is a priority action required at this stage.

Urgent action is needed to prevent stigma and discrimination against people living with HIV/AIDS, and to promote their involvement in HIV/AIDS activities. Interventions with drug users, sex workers and their male clients are still largely carried out as pilot projects, and need to be scaled up. There is also a need to strengthen the involvement of communities in HIV prevention, care and support, including care for orphaned and vulnerable children. The situation in Ho Chi Minh City is of special concern, given the increasing epidemic there.

## UNAIDS Key Result Objectives 2004-05

**National Strategy:** Coordinate and support the Government in developing nine action plans for the Strategy.

**National Leadership:** Continue to advocate for involvement of leadership at the highest level in HIV/AIDS: engaging the Party, National Assembly and the Government in leading and promoting the expanded national response to the epidemic.

**Strategic Information:** Actively use evidence to build the case for policy changes needed for an effective response to HIV/AIDS, including: policy approval for large scale implementation of harm reduction.

**Development of one M&E Framework:** joint work with the Government, and international partners in the development of a national M&E framework, based on the National Strategy and UNGASS commitments

**Multi-Sectoral Response:** Promote and support the involvement of the non-Health sector in HIV/AIDS activities in order to broaden the response. This should include the National Assembly in a monitoring role and “power” Ministries such as the Ministries for Foreign Affairs, Defence and Planning and Investment.

**Stigma and Discrimination and GIPA:** Advocate and support Greater Involvement of People living with HIV/AIDS (GIPA); develop concrete strategies to tackle stigma and discrimination against people living with HIV, highlighting the right to work, education and access to health care.

**Partnerships:** support the emerging civil society organizations working on HIV/AIDS; coordinate and support the involvement of international partners in HIV/AIDS activities in Viet Nam, including through the CCP, technical working group and sub-groups; joint action to address the expanding epidemic in Ho Chi Minh City.

**Coordinated UN Action:** HIV/AIDS as a priority in the new CCA and UNDAF; development of a UN Implementation Support Plan, including Advocacy, GIPA and Learning Strategies.

## UNAIDS In Country

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Jordan Ryan

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## Country Annexes

# Eastern Europe and Central Asia



# BELARUS

## Country Situation Analysis

By January 2004, 5 485 cases of HIV had been officially recorded in the country, making 55.41 cases per 100 000 of the population. The estimated overall number of HIV cases is 15 000. The number of new HIV cases in 2003 was 713. The leading mode of infection transmission remains needle sharing (73.89%) with numbers varying in different regions of the country. There is a slow trend towards an increasing number of persons infected by sexual transmission – from 27.16% in 2001 to 35.48% in 2003 – and a growing rate of HIV cases among women: 29.35%. The overwhelming majority of HIV cases are young people aged 15–29 (81.24%). The rate of infection in the 15–19 age group has decreased from 24.5% in 1996 to 10% in 2002 and 7.9% in 2003. There have been 388 children born to HIV-positive mothers, 23 of whom have been diagnosed positively. It is expected that the number of people with clinical manifestations of the disease will go up significantly in 2005–2006.

Responses to the growing threat of HIV have been in place in Belarus over the entire period. The main areas of activity included: preparation and dissemination of information on HIV prevention; training and refresher training of medical personnel; support to people living with HIV; incorporation of HIV prevention issues into healthy lifestyles programmes; improvement of legislation to comply with generally accepted international principles and norms; and exclusion of discrimination against people affected by HIV infection. The national programme has managed to attain significant success in HIV prevention. The rate of growth of new HIV cases has slowed down in 2003 compared to 2002; the percentage of 15–19-year-old HIV-positive people has been reduced; the number of cases among young men recruited to the armed forces has decreased; vertical transmission has decreased. Population awareness of HIV prevention measures has grown from 60% in 1996 to 95% in 2001. However opportunities for influencing the epidemic remain limited due to the fact that there still exists a range of social, cultural, economic and behavioural factors defining the nature and rate of the spread of HIV infection.

Major External Funding Sources (US\$, million)	
Global Fund (2004–2008)	17.350
UNAIDS (2002–2003)	0.200
IHRD/OSI (2002–2003)	0.120
UNICEF (2002–2003)	0.080
UNDP (2002–2003)	0.063
Tides Foundation (2003)	0.040

## UNAIDS Support to the National Response

UNAIDS and the UN Theme Group have made a crucial contribution in preparing the Belarus proposal to the Global Fund under the heading «Prevention and Treatment of HIV/AIDS in Belarus», and in setting up the local CCM in Belarus. UNAIDS helped to initiate the work; mobilize high-level political support from the government; bring NGOs and people living with HIV into the process; collect information and ideas for the proposal from all stakeholders; review the final draft and the budget; ensure the revision of the draft by the Theme Group and WHO and its discussion by NGOs and people living with HIV; and coordinate its preparation with the World Bank credit negotiations.

With UNAIDS assistance the government has taken a decision to develop a universal system for monitoring the country response as an integral part of the National Strategic Plan of responses to the HIV epidemic. A working group has been set up. National professionals have been trained on M&E issues at the UNAIDS workshop on M&E for CIS countries. CRIS software and guidance materials on the M&E system have been provided to the AIDS Prevention Centre.

Expanded advocacy efforts have been undertaken by UNAIDS and Theme Group members for accelerated access to drugs and improvement of treatment infrastructure. As an immediate result of these efforts the government reviewed the institutional setting of treatment services, made steps to involve people living with HIV in the planning process, and for the first time acknowledged that around 500 people living with HIV need treatment and do not get it, and that this figure may rise sharply in the coming two to three years. A new strategy to improve treatment facilities is being developed by the government and accelerated access to treatment has been included as a core activity in the Belarus application to the Global Fund.

With the support of UNAIDS a regional conference on “Increasing advocacy possibilities for the rights of people living with HIV/AIDS in the newly independent states” has been held in Minsk. The conference was attended by 75 participants, including activists for the rights of people living with HIV and representatives of their support groups, drug users’ self-help groups, and health care representatives. The conference discussed the agenda for HIV activism and advocacy, the obstacles and strategies in carrying it out, the development of communications networks, etc. UNDP organized a regional workshop on “Leadership for Results: Strengthening the Response to HIV/AIDS”, to enable leaders in Eastern Europe and the CIS to enhance the effectiveness of subregional and national responses to the HIV/AIDS pandemic. With the assistance of UNAIDS and UNDP a national conference “HIV/AIDS in the penitentiary system” was held, attended by medical professionals, prisons administrators and NGOs. Best practices were shared at the conference, and materials were compiled on basic legal frameworks and guidance for health protection of people living with HIV in the prisons system and were widely distributed. Within the framework of the UNAIDS supported national conference “Medical and social aspects of HIV infection, parenteral viral hepatitis and STIs” a round table “Interaction of governmental and public structures in realization of national strategies fighting HIV infection in Belarus” took place where government representatives and 20 NGOs were able to identify approaches for strengthening mutual cooperation.

## Functioning UN System

The Theme Group on HIV/AIDS has been working since 1996 to integrate the efforts of the government, UNDP, UNFPA, UNICEF, the National UNESCO Committee, UNDP, WHO and World Bank. Representatives of two leading NGOs and the National AIDS Centre are also members of the Theme Group. There were three formal meetings and some six informal meetings of the Theme Group in 2003 with the main focus on the following objectives:

identification of priority areas for joint advocacy work; development and implementation of a joint public information action plan, including cooperation within the national AIDS campaign with the UNAIDS Goodwill Ambassador for Belarus; monitoring implementation of PAF-supported projects; and preparation of the Belarus proposal to the Global Fund.

With support from the Theme Group a number of projects were implemented in Belarus in 2003 targeted, first of all, at risk groups. Most of the Theme Group members are involved in the Strategic Planning Process (situation analysis, response analysis, strategic plan elaboration and resources mobilization) that began in 2003.

The Theme Group continues to advocate a multisectoral approach to implementation of HIV prevention actions, helps mobilize resources to support the implementation of the government programme, and assists in solving issues related to harm reduction strategies as the most effective method of HIV prevention among injecting drug users and other vulnerable groups, including men who have sex with men and female sex workers. One of the largest projects supports the government and local NGOs in setting up a network of needle exchange points for injecting drug users in five cities with high levels of HIV, where 7 519 users were reached and over 189 000 syringes exchanged (from August 2002 to July 2003). Another project assists in setting up self-help groups and improves social acceptance of people living with HIV. These projects have been implemented and financed partly through government organizations, but most of the funding came from international organizations financing NGOs in Minsk, Vitebsk, Svetlogorsk, Pinsk, Soligorsk and other towns. Three youth services have been established by UNICEF within a UNAIDS-supported project in Minsk, and another is being developed in Svetlogorsk, a city with high HIV rates.

Two national conferences were held on HIV/AIDS and prevention of mother-to-child-transmission and training was given to 90 professionals in this field. A situation analysis on mother-to-child transmission, and care and services for children and women was conducted. Information on prevention of mother-to-child transmission was developed and printed.

As part of the UNAIDS-supported project “HIV/AIDS/sexually transmitted infections Prevention in the Armed Forces”, implemented by UNFPA, training courses and workshops have been introduced into the Military Academy curriculum, 200 000 condoms provided, and training manuals for army trainers and a reader kit developed. UNAIDS is assisting in strengthening the training capacity for HIV/STI prevention in the Belarus Army by supporting the Academy’s activities on HIV/STI prevention. This forms part of the State programme for the prevention of HIV infection for 2001–2005.

Assistance has been provided in the preparation and implementation of the National Action Plan for the World AIDS Campaign (WAC) and World AIDS Day. Hundreds of activities have been organized across the country, including charity concerts, press conferences, religious services of hope and remembrance by different churches, community art projects and exhibitions, and radio and television discussions. An action plan for cooperation with the UNAIDS Goodwill Ambassador for Belarus within the WAC has been prepared and implemented by the Theme Group.

#### Emerging Issues and Challenges for the National Response

- The national policy on antiretroviral therapy must be improved. Medical professionals should be trained in antiretroviral treatment and related diagnostics. Laboratory diagnostics facilities should be improved to enable expansion of antiretroviral treatment.
- Administrative capacities of national organizations and partnership between the government and civil society organizations should be strengthened for effective implementation of the Global Fund grant.
- Stigma and discrimination need to be addressed and people encouraged to speak openly about HIV/AIDS.
- Faith-based organizations should be involved in HIV/AIDS prevention work.
- The new strategic plan of responses to HIV/AIDS should be fully incorporated into national planning frameworks of social and economic development.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for the strengthening of a national AIDS coordinating body and provide assistance, as necessary, for the effective functioning of the CCM. Involvement of planning and implementation of the national response measures will be monitored to strengthen the institutional capacity of involved organizations. Assistance will be provided in organizing the participatory development of the new National Strategic Plan for HIV/AIDS.

**Partnerships:** There is limited involvement of civil society, faith-based organizations, artists and sportsmen in the national response. UNAIDS will continue to advocate for meaningful involvement of civil society and international organizations in various HIV/AIDS coordinating bodies, initiate advocacy activities with participation of popular personalities and facilitate coordination among the main faith-based organizations through assistance in setting up the Church-Public Council on HIV/AIDS.

**Strategic Information:** The available information on the HIV/AIDS epidemic is outdated. UNAIDS will provide assistance in preparing the country situation analyses and in the targeted distribution of the results to national institutions and donors, and the media.

**Monitoring and Evaluation:** UNAIDS will provide technical assistance in developing the national M&E system and training national professionals in its management. It will facilitate the activities of the cross-sectoral M&E working group and assist in establishing and activating the CRIS at the Ministry of Health. Assistance will be given to studies on the follow-up and implementation of the UN Declaration of Commitment on HIV/AIDS and to second generation surveillance among commercial sex workers, men who have sex with men, and injecting drug users.

**Technical/Financial Resources:** The main gaps in technical resources are: clinical care, including training in ART and diagnostics; M&E and surveillance; effective programmes for prisons. Most financial needs will be met if the Global Fund programme is successfully implemented. To this end UNAIDS will facilitate coordination between all stakeholders; assist in developing working plans and setting up the project management office; assist in developing a smooth mechanism for funds distribution and management; and advocate for expanded cooperation between government institutions and NGOs.

## UNAIDS In Country

**UN Resident Coordinator**

*Ciban Sultanoglu*

**Chairperson, UN Theme Group on HIV/AIDS**

*Ciban Sultanoglu*

**Staff UCC, Alexei Ilitski**



# BULGARIA

## Country Situation Analysis

According to the World Development Report, Bulgaria is classified as a lower middle income country. In the past 15 years Bulgaria has moved from a centrally planned to a market oriented economy, accompanied by growing unemployment, deterioration of social safety nets, and the re-emergence of poverty for much of the population, especially the Roma minority. Bulgaria has low HIV/AIDS prevalence: since the beginning of the epidemic in 1987, 479 HIV-positive cases have been officially registered in a population of 7.8 million (end of 2003). However, Bulgaria is situated in a region with one of the fastest rates of increase in HIV/AIDS in the world, and in the last few years there has been a rapid increase in newly registered cases – up to 50 new cases a year compared to 3–10 per year previously. In 2003 the total number of newly registered cases was 63 out of 260 000 HIV tests. The tendency towards an increase in the number of new HIV-positive cases is accompanied by a rapid growth in the sexually transmitted infection rate, drug abuse, prostitution, and migration. The main mode of HIV transmission is sexual – 91% of all cases (88% heterosexual), 4 % from injecting drug use and 1% from mother-to-child transmission.

Since 1998, Bulgaria has been able to mobilize an effective multisectoral response to HIV/AIDS and strengthen the existing HIV/AIDS-related bodies and systems in the country through the support of UN agencies (UNAIDS, UNICEF, UNFPA, WHO and UNDP) and CIDA. National assessments were conducted and in February 2001 a National Strategy for HIV/AIDS and sexually transmitted infections and National Programme for Prevention and Control of HIV/AIDS and sexually transmitted infections 2001–2007 were adopted by the government. The National AIDS Committee (NAC) in the Council of Ministers was formed in 1996 and is the executive body coordinating HIV/AIDS policy development and implementation. The NAC comprises 11 ministers and deputy ministers from 11 ministries and has two expert commissions attached to it: the expert commission on HIV/AIDS/sexually transmitted infections prevention, treatment and care, and the expert commission on primary AIDS and sexually transmitted infection prevention and collaboration with NGOs. The National AIDS Coalition comprising 55 organizations, non-governmental, governmental and business, working in the field of HIV/AIDS prevention, treatment and care functions as a mechanism for broad partnership between the different stakeholders in this field.

In May 2002 Bulgaria submitted its second country proposal to the Global Fund. The application was successful and a five-year US\$ 15.7 million grant was approved for Bulgaria for HIV/AIDS. In July 2003 a grant agreement was signed between the Global Fund Secretariat and the Bulgarian Ministry of Health. A CCM for the Global Fund proposal implementation was formed at the NAC with the participation of the National AIDS Coalition.

### Major External Funding Sources (US\$, million)

UNAIDS (PAF) 1998–2003)	0.18
UNFPA, UNICEF, CIDA (2001–2003)	0.56
Global Fund (5 years)	15.70
WHO	0.11

## UNAIDS Support to the National Response

UNAIDS provided technical and financial support for conducting national assessments and the development of the National Strategy for HIV/AIDS and sexually transmitted infections and National Programme for Prevention and Control of HIV/AIDS and sexually transmitted infections 2001–2007. UNAIDS in partnership with UNICEF assisted in restructuring the NAC and training 60 policy-makers and expert-level specialists in HIV/AIDS action-plan development and programme implementation. National AIDS Coalition coordination was supported and broad partnership strengthened. As part of successful lobbying efforts, a representative of people living with HIV and the chair of the National AIDS Coalition became members of the Expert Commission on HIV/AIDS attached to the NAC, providing policy advice on HIV/AIDS. UNAIDS assisted the government in developing the Global Fund country proposal and preparing for implementation. UNAIDS supports the follow-up of the UN Declaration of Commitment on HIV/AIDS and the Millennium Development Goals. UNAIDS supported the local strategic planning process in 10 pilot municipalities where local civic committees (LCC) on HIV/AIDS were formed and developed their municipal action plans to stop the spread of HIV/AIDS in their communities. Around 120 policy-makers, experts and LCC representatives were trained in local strategic planning and action plan development. Pilot interventions targeting the most vulnerable groups were supported. Outreach and harm reduction programmes in four towns were supported by financing the provision of IEC, clean needles and syringes and condoms. UNAIDS provided technical support for the establishment, operation and promotion to the general public of 10 voluntary counselling and testing centres in eight towns in Bulgaria offering anonymous and free HIV testing. More than 300 national and local specialists were trained in HIV/AIDS prevention work among young people, injecting drug users, commercial sex workers, men who have sex with men and Roma. A draft manual on local response to HIV/AIDS and drug abuse was developed. Three public awareness campaigns on HIV/AIDS prevention and HIV/AIDS related stigma and discrimination, implemented by the National AIDS Coalition, were supported.

## Functioning UN System

The Theme Group in Bulgaria is composed of representatives from UNDP, World Bank, UNHCR, WHO, ILO, Ministry of Health, EC Delegation, UNAIDS Focal Point. The Theme Group chair of is the UN Resident Coordinator and UNDP Resident Representative. There is also a subsidiary body, the Technical Working Group (TWG), or Expert Group, that serves as an operational arm of the Theme Group and assists in executing the groundwork and overseeing day-to-day activities in the field of HIV/AIDS. During 2003 the Theme Group had one official meeting to review achievements in Bulgaria in 2001–2002 and to discuss proposed future support from UN System organizations to the implementation of the National AIDS Strategy through the development of a fully integrated UN-ISP.

The Theme Group in Bulgaria supported the following national achievements: thanks to high-level government commitment some 100 people living with HIV are able to receive free antiretroviral drugs; restructuring and operations of the NAC; development of a programme of health education for students aged 10–19; draft programme on sexual and reproductive health; assessment of surveillance system in Bulgaria; development of 10 municipal action plans that are under implementation; mapping and recommendations on youth friendly services; network of 10 effectively operating voluntary

counselling and testing centres; continuing education on family planning and sexually transmitted infections for doctors; broad partnership through the National AIDS Coalition; public awareness campaigns on HIV/AIDS related stigma and discrimination and prevention; 82 small-scale projects focused on awareness raising; modern contraceptives including five million condoms as a donation; IEC package on HIV/AIDS/STI prevention; US\$ 15.7 million for HIV/AIDS from the Global Fund; and funding from UNAIDS PAF resources, CIDA, WHO, UNFPA, UNICEF and project municipalities.

The achievements were realized mainly due to the integrated efforts of the UN Social Development Unit (SDU) – a unique example of how the UN is working together. The idea of a common UN unit came as a result of a joint UNICEF, UNAIDS and WHO mission in 1999 which concluded that more focused and better coordinated action by the UN is required to change attitudes, values and above all, behaviours that put young people at risk. The Unit was established under the general leadership of the UN Resident Coordinator to enhance the impact and efficiency of UN support in the country. The Unit is supported by UNDP, UNICEF, UNFPA and UNAIDS. Its objective and mandate is to provide technical assistance and managerial support in the areas of young people's health, development and protection, HIV/AIDS/sexually transmitted infections, sexual and reproductive health.

## Emerging Issues and Challenges for the National Response

The HIV surveillance system in Bulgaria is based mainly on passively collected data through the national case reporting system for HIV/AIDS. The existing system needs to be improved by building an integrated national system for sentinel and behaviour HIV surveillance with special attention to groups most at risk (Roma, commercial sex workers, injecting drug users, mobile populations, young people aged 14–25).

HIV/AIDS counselling and testing need to be broadened and promoted, as well as timely care for individuals tested HIV-positive, provision of psychological support through more voluntary counselling and testing offices, developing and adopting standards for voluntary counselling and testing services, and training of personnel.

Health care and social assistance systems have failed to recognize and reflect the impact of HIV/AIDS on affected individuals and families and society as a whole. As a result, people living with HIV, although entitled to formal rights as patients, in fact drop out of the general health care system which is not prepared to respond to their specific needs: general practitioners lack competence and motivation to treat HIV-positive patients; very often people living with HIV face stigma and rejection from medical services and receive treatment mainly on a case-to-case basis. Equally, the social protection system is not adjusted to the specific needs of people living with HIV stemming from the added burden of HIV infection. Stigma and discrimination still need to be tackled at all levels of society in order to encourage people to speak openly about HIV/AIDS.

Modern methods of health promotion and prevention among young people such as peer education and learning through participation have been utilized for 15 years but young people are not fully covered through integration of health education in school curricula. Capacity-building and strengthening of professionals providing services, and the introduction of a youth-friendly approach in existing services are key factors for the success of the integrated national response to the epidemic. Broadening the scope of programmes and services addressing the most vulnerable groups is crucial to maintaining the low HIV incidence rate in the country.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to: advocate for greater involvement and increased number of representatives of people living with HIV in national bodies; continue to support the strengthening of the national AIDS coordinating mechanisms; continue to actively participate and provide technical and managerial assistance for the effective functioning of the CCM; assist in organizing the government-led participatory review of the National HIV/AIDS Action Plan implementation and update.

**Partnerships:** UNAIDS will continue to: foster the broader and active participation of different government organizations and institutions, NGOs and community-based organizations, people living with HIV, young people and other vulnerable groups, faith-based organizations and the private sector into the national and local response to HIV/AIDS; advocate for strengthening the partnership between organizations of people living with HIV in the country and building partnership and consensus between them on main advocacy messages; support existing broad partnership represented in the National AIDS Coalition and advocate for its strengthening through greater involvement of people living with HIV in the strategic planning process and activities; and support the greater involvement of the National AIDS Coalition in the CCM.

**Strategic Information:** UNAIDS will continue to contribute to the creation, identification and sharing of existing best practices and to identify and comment on “bad practices”; collect strategic information for the implementation of effective HIV/AIDS interventions at local level; continue to monitor closely the Global Fund programme implementation and effective spending of additional resources in order to ensure increased access to ARVs, care and support, and introduction of health education into the school curriculum; support a needs assessment survey for people living with HIV as well as national round-table discussions with all key national and local policy-makers, key stakeholders and experts, in order to better meet the needs of people living with HIV.

**Monitoring and Evaluation:** UNAIDS will continue to: advocate for and provide technical assistance in the development of integrated and multisectoral M&E of the national response on HIV/AIDS; support the introduction and functioning of CRIS.

**Technical/Financial Resources:** UNAIDS will: support the capacity development for Global Fund programme implementation; support the NAC addressing women and HIV; continue to mobilize resources in the fight against HIV-related stigma and discrimination, including a fund-raising campaign for the needs of people living with HIV; continue to work on resource mobilization both within the UN cosponsors and other international donors as well as with the national government and business sector to leverage additional financial support to address the gaps in the implemented HIV/AIDS strategies.

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# KAZAKHSTAN

## Country Situation Analysis

Kazakhstan is a lower middle-income country with a gross national income per capita of US\$ 1 510 (according to the official exchange rate 2001). A 2003 sentinel survey found 3.8% HIV prevalence among injecting drug users; 4.7% among commercial sex workers; 0% among men who have sex with men; 0.5% among prisoners and 0.05% among reproductive health clinic clients belonging to none of the above groups (to be extrapolated to the general population aged 1–49 years, totalling 6 500 000). In addition it has been calculated that 10–100 children were born to HIV-infected mothers who were not involved in prevention of mother-to-child transmission. Thus, the overall estimated number of people living with HIV in the country varies from 8 500 to 20 000. The total number of reportedly registered HIV cases since 1987 reached 4 004 as of 1 January 2004, an increase of 25% over 1 January 2003. Drug injectors were still predominant among newly registered HIV-positive cases in 2003 (75%), while about one fourth of them had been infected by sexual transmission, that is 50% more than in 2002. Over 700 registered people with HIV/AIDS do have clinical manifestations of the infection and are eligible for antiretroviral therapy. Five per cent of them were covered by this treatment as of 1 January 2004.

Kazakhstan has developed and adopted a multisectoral strategic programme of response to HIV/AIDS for 2001–2005, which serves as a national HIV/AIDS action framework. The three key strategies are: HIV prevention among particularly vulnerable groups through harm reduction interventions; HIV prevention among youth through education, information and communication; and providing treatment, care and support to people with HIV/AIDS. The Ministries of Culture, Defence, Education, Health, Interior, Labour and Social Protection and the Penitentiary Committee have developed and put into operation detailed sectoral programmes on combating the HIV/AIDS epidemic. The country has integrated HIV/AIDS into its strategic development plan up to 2010. Multi-sectoral National AIDS Councils at central and provincial levels guide HIV/AIDS prevention and control programmes in Kazakhstan with three TWGs on vulnerability and legislation; education, information and communication; and epidemiological surveillance, treatment and care issues. Since 2001, the country has moved to the second generation of sentinel surveillance for tracking the HIV/AIDS epidemic and this has been incorporated into the national M&E system. In 2002, 17 governmental, non-governmental, bilateral and international organizations have established a national-level partnership to combat HIV/AIDS and TB (under the CCM.) that made a submission to the Global Fund. The HIV/AIDS component was approved for the total amount of US\$ 22 360 000 for five years in January 2003.

Since 2001, the government has been able to significantly scale up the national response to the HIV/AIDS epidemic, through the implementation of the National Strategic Programme. The total governmental allocations to fight against HIV/AIDS in 2003 reached US\$ 4 100 000 or US\$ 0.27 per capita.

Major External Funding Sources (US\$, million)	
Global Fund (2003–2008)	22.36
USAID (2003)	1.12 (PSI 0.21; CDC 0.37; Soros Foundation 0.54)
UNAIDS Cosponsors: UNICEF, UNDP, UNFPA, UNODC, UNESCO, WHO (2003)	0.25
UNAIDS PAF (2003)	0.42 (UNICEF 0.22; UNDP 0.2)
Soros Foundation (2003)	0.2 (Core resources)
AIDS Foundation East-West (2003)	0.06

## UNAIDS Support to the National Response

UNAIDS assisted the government with developing and updating the national strategic programme and sectoral strategic programmes to combat HIV/AIDS (2001–2005) with the programmes for the cultural and labour and social protection sectors being finalized in 2003. Better coordination of antiretroviral therapy provision to eligible people living with HIV was given special focus at the Central Asian regional consultation meeting in October 2003 in cooperation with

UNAIDS continued to play a leading role in support to further clarification of the Global Fund proposal by providing technical assistance in developing responses to the questions of the Global Fund technical review panel, leading to final approval of the proposal and signing of a grant agreement for US\$ 6.5 million for two years.

Assistance was provided to harmonize and optimize the use of international partners' resources for improving the technical and institutional capacities of the national partners, following the Global Fund approval of the proposal, through facilitation of a round-table meeting and follow-up activities.

In cooperation with UNDP, technical, consultation and managerial assistance was provided to key national stakeholders in developing and expanded implementation of HIV prevention interventions among priority groups of the population within the framework of projects supporting the national strategic programme: namely, HIV prevention among injecting drug users; commercial sex workers; men who have sex with men; the prison population; and in the armed forces

UNAIDS is supporting a project aimed at strengthening HIV-prevention activities in the armed forces that forms part of the Strategic Programme on HIV/AIDS Prevention in the Armed Forces for 2002–2005 as part of the national strategic framework.

With UNAIDS technical and managerial support a rapid assessment and follow-up survey of the social needs of people living with HIV were conducted. The results of these studies are used as an advocacy tool aimed at enhancing support to people living with HIV and their greater involvement in combating the epidemic.

UNAIDS facilitated a countrywide campaign against stigma and discrimination including organization of a musical performance relayed throughout the country.

UNAIDS facilitated the further strengthening of the skills of the government and NGOs in tracking the epidemic and monitoring the response through training, counselling, rapid assessment of population groups that are hard to reach, national guidance and smoothing the progress of the country report on implementing the UN Declaration of Commitment on HIV/AIDS.

## HIV/AIDS has a strong position on the agenda of the new UNDAF that was finalized in 2004.

In 2003 UNAIDS cosponsors and other members of the expanded UN Theme Group took the lead in assisting the government in a wide range of technical issues surrounding the country strategic programme that serves as a national HIV/AIDS action framework. UNDP targeted the vulnerable population groups (injecting drug users, commercial sex workers, men who have sex with men, prisoners in eight priority areas, and military personnel nationwide). UNICEF provided a series of training workshops aimed at public health professionals, young leaders and journalists on HIV prevention topics including the establishment of youth-friendly health services and prevention of mother-to-child transmission. The latter was specifically emphasized at the Seventh Regional Forum on Mother and Child Health held in Almaty in November. UNFPA addressed reproductive health issues with special emphasis on youth and condom supply. UNESCO arranged a regional meeting on HIV preventive education strategy held in Almaty in October, and shared the overall experience of the UN Theme Group in the fight against HIV/AIDS through developing and disseminating biannual "Into Focus" newsletters. UNODC led youth NGOs at a regional meeting on drug demand reduction in Almaty in June. WHO developed manuals to provide guidance on treatment of people living with HIV in Central Asian countries and provided international consultants to the regional level consultation meeting. CDC has led further improvement of tracking and monitoring the HIV/AIDS epidemic by assisting the implementation of an expanded sentinel serological and behavioural surveillance in four priority areas of the country. AIDS Foundation East-West conducted workshops on improving counselling skills of health professionals and started interventions in several prisons that were not covered previously. The Soros Foundation continued supporting drug use harm reduction projects in seven cities and HIV prevention projects among commercial sex workers in two cities.

The UN System has strategically allocated PAF resources for 2003–2004 to support the development of regional/country institutional capacities through conducting training for trainers workshops and formation of sustainable teams of trainers in: legislation; HIV prevention amongst injecting drug users, commercial sex workers, men who have sex with men, and young people; tracking and M&E; and greater involvement of people living with HIV. UNESCO was the executing agency for the project.

Implementation of the UN learning strategy on HIV/AIDS has started.

## Emerging Issues and Challenges for the National Response

There are several major challenges to the response to HIV/AIDS:

Resource allocation for combating HIV/AIDS needs to be expanded dramatically, as the available funds still cover only 20% of the needs determined by the National Strategic Programme.

Combating HIV/AIDS is still mainly the responsibility of the Ministry of Health and should be moved to a top government level.

The number of people with HIV/AIDS eligible for antiretroviral therapy is increasing. Ensuring access to drugs through their procurement at significantly reduced prices and enhancement of regional cooperation within the CIS and Central Asian region to produce generic drugs have become a top priority issue.

Drug injecting remains an important mode of new infection. Implementation of substitution therapy programmes should be considered as a measure to prevent HIV transmission and ensure adherence of patients to antiretroviral therapy. Restrictions on discussion of sex in the mass media and public schools should be reviewed. Acceptable and affordable treatment of sexually transmitted infections must be ensured in order to reduce sexual transmission of HIV, especially in vulnerable population groups.

Urgent measures should be considered to eradicate stigma and discrimination of people living with HIV and vulnerable population groups.

The M&E system has not been unified all over the country and needs further improvement.

The involvement of civil society in combating HIV/AIDS needs strengthening.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for empowering leadership by strengthening the National HIV/AIDS Coordination Council; to provide assistance to the regional leadership initiative within CIS countries related to monitoring and reporting on UNGASS; to facilitate the development of coordinated subregional strategies to address inter-country issues of HIV/AIDS in Central Asia, specifically focusing on migrant populations, "shuttle dealers", injecting drug users, sex workers and truck drivers.

**Partnerships:** UNAIDS will continue to advocate for meaningful involvement of NGOs, the mass media and private sector in various HIV/AIDS coordinating bodies and working groups/committees. UNAIDS will facilitate the establishment of the national network of AIDS service organizations focusing on people living with HIV and vulnerable groups and their empowerment for social dialogue.

**Strategic information:** UNAIDS will facilitate documentation of country specific best practices on HIV prevention in prisons, application of international best practices on HIV/AIDS treatment, including ART for injecting drug users, and implementation of harm reduction and prevention interventions among vulnerable groups.

**Monitoring and Evaluation:** UNAIDS will facilitate the determination of country specific indicators and establish CRIS countrywide by conducting training workshops with follow-up technical support. UNAIDS will also facilitate the development of an updated national strategic plan for the response to HIV/AIDS effective from 2006.

**Technical/Financial Resources:** UNAIDS will facilitate further mobilization of financial, material and human resources, and smooth access to Global Fund funding by providing assistance on implementation of the proposal and timely reporting

## UNAIDS In Country

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### Chairperson, UN Theme Group on HIV/AIDS

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# KYRGYZ REPUBLIC

## Country Situation Analysis

Up to 1 May 2004, 534 HIV cases have been officially recorded in the country or 10.68 cases per 100 000 of the population. This figure includes 457 citizens of the Kyrgyz Republic, 49 of whom are females. Independent estimates put the overall number of HIV cases at about ten times the official figure. The number of new HIV cases in 2003 was 132, and during the first four months of 2004, 40 cases have been recorded, including 38 citizens of the Kyrgyz Republic. The leading mode of infection transmission remains intravenous (prevalence among injecting drug users is 82–85%), with the highest figures in the capital Bishkek and southern city of Osh. An estimated 60 000 people are injecting drug users and in some cities the prevalence of HIV among them is over 20%. There is a trend towards an increasing number of people infected by the sexual mode of transmission – from 8% in 2001 to 16.5% in 2004 – and a growing rate of HIV cases among women, 10.7%. The overwhelming majority of HIV cases are amongst young people aged 20–39 years who comprise 85.4% of infected people.

Responses to the growing threat of HIV have been in place in the Kyrgyz Republic for several years. The country has already mobilized a multisectoral response to HIV/AIDS. The State Programme on the Prevention of AIDS was adopted in December 2001. The main activities of this programme include: preparation and dissemination of information on HIV prevention; training and refresher training of medical personnel; support for people living with HIV; incorporation of HIV prevention issues into various programmes; and advocating for the rights of those affected by HIV infection. The state programme has managed to attain some success in HIV prevention. General population awareness of HIV prevention measures has grown, and is targeted to reach 90% among youth by 2008.

The Kyrgyz Republic has become a model for other CIS countries and beyond in its methadone maintenance and syringe exchange programmes in Bishkek and Osh. The latter needs urgent financial support, since the current financing by international donors ends in September 2004. Innovative work has been done with the media and youth organizations to create awareness and knowledge among young people. There is considerable progress in joint work with the religious community. Influential Muslim leaders have become essential actors in a successful response to HIV/AIDS as they have legitimacy and durable presence in local communities, particularly those in the south of the country. Some of them have already taken a stand against stigma and discrimination.

Major External Funding Sources (US\$)	
Global Fund	2 288 441
KFW German Development Bank	1 032 429
USAID	854 820
UNDP	160 000
Soros-Kyrgyzstan Foundation	153 000
UNICEF	113 864
DFID	113 000
UNODC	100 000
WHO	55 000
Swiss Development Cooperation	25 000

## UNAIDS Support to the National Response

The UN Theme Group made a significant contribution to the preparation of the proposal to the Global Fund entitled «Prevention and Treatment of HIV/AIDS in the Kyrgyz Republic» and to setting up the local CCM. UNAIDS helped to initiate the work, mobilize high-level political support for the government, bring NGOs and people living with HIV into the process, gather information and proposals from stakeholders, prepare the zero draft and review the final proposal and its budget.

With UNAIDS and Theme Group assistance, the government has taken a decision to develop a universal system for monitoring the country response as an integral part of the State Programme on the Prevention of AIDS. A working group has been set up. National professionals have been trained on M&E issues at the UNAIDS workshop on M&E for CIS countries. CRIS software and guidance materials on M&E have been provided to the National AIDS Prevention Centre.

Expanded advocacy efforts have been undertaken by the Theme Group to advocate accelerated access to antiretroviral therapy and improvement of treatment infrastructure. Thirty people living with HIV need treatment and do not get it, while the number of people in need may sharply rise in the coming years.

## Functioning UN System

The UN Theme Group on HIV/AIDS has worked since 1996 to integrate the efforts of the government and NGOs, with assistance from UNAIDS and other UN agencies, bilateral organizations such as USAID and the Swiss Development Cooperation, and international organizations such as the Soros Foundation. Experienced international specialists have trained national partners. Theme Group members have consulted government specialists on developing the legislation on AIDS prevention in the Kyrgyz Republic, leading to the adoption of an international-standard law. The first National Programme on AIDS Prevention has been achieved as a joint effort between the state and UN Theme Group. The Theme Group has also coordinated the situation assessment, national response, development of the National Strategic Plan and of the second National Programme on AIDS Prevention. The main strategic UNAIDS provisions and Theme Group recommendations were taken into consideration by the government authorities. The Theme Group made a significant contribution to the development of the UNDAF 2005–2010 and HIV/AIDS has been identified as a UNDAF priority area. A results matrix that defines major



outcomes of the joint work of UN agencies, donors and the civil society on HIV/AIDS issues has been created, and matrix monitoring will be in the Theme Group focus for the next six years. Since 2002, the UNICEF Resident Representative has acted as the chair for the Theme Group.

There were several meetings of the Theme Group in 2003 with the primary focus on the following objectives: identification of priority areas for joint advocacy work of the Theme Group; development and implementation by the Theme Group of a joint public information action plan; monitoring implementation of PAF supported projects; preparation by the Kyrgyz Republic of the proposal to the Global Fund; presentation of the Jonathan Mann award to the NGO Koz Karash which effectively advocates for the rights of people living with HIV; and advocacy for school-based life skills education focusing on HIV/AIDS.

With support from the Theme Group, a number of projects were implemented in the Kyrgyz Republic in 2003. The Theme Group continues to advocate a multisectoral approach to implementation of HIV prevention actions, helps mobilize resources required for supporting implementation of the government programme, and assists in the solution of issues related to elaboration and introduction of harm reduction strategies as the most effective method of HIV prevention among injecting drug users and other vulnerable groups.

Assistance has been provided in the preparation and celebration of World AIDS Day. Hundreds of activities have been organized across the country, including charity concerts, press conferences, religious services of hope and remembrance, community art projects and exhibitions, radio and television discussions. The Theme Group works in close collaboration with the UNAIDS Regional Advisor stationed in Almaty in the neighbouring Republic of Kazakhstan.

## Emerging Issues and Challenges for the National Response

1. More effective policies for prevention and treatment need to be adopted and additional financial and technical assistance is necessary.
2. Advocacy should be targeted to the highest level of government, and public-private partnerships should be built. The effectiveness of the CCM is still insufficient.
3. The national policy for antiretroviral therapy is not yet available. Medical professionals should be trained in antiretroviral treatment protocols.
4. Administrative capacities between the government and civil society organizations for effective implementation of the Global Fund and IDA grants should be strengthened.
5. Policies protecting human rights, confidentiality, and anonymous voluntary counselling and testing need to be specifically addressed. Stigma surrounding vulnerable people living with HIV is an important issue. The rights of prisoners and vulnerable groups, e.g., migrants, are not presently protected.
6. Community- and faith-based organizations, as well as the private sector, should be more widely involved in HIV/AIDS prevention work.
7. Capacity building for NGOs is a critical activity, since the local, not international NGOs should play a predominant role in programme implementation. Major programmes of training in all aspects of HIV/AIDS control activities must be delivered.
8. Lack of country, regional and donor coordination. Among other recommendations, the head of the state should become more involved; the UN Theme Group should take a stronger leadership role; and the Ministries of Health, Justice and Interior should closely cooperate to control four overlapping epidemics.
9. M&E capacity remains weak. The CRIS needs to be implemented with PAF support in 2004.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** Estimate of resource needs for the national response to HIV/AIDS to meet UNGASS and Millennium Development Goals in the Kyrgyz Republic. Training of key state officials, government authorities and other decision-makers. Strengthening of the Multisectoral Coordinating Committee team. Continuous support to community- and faith-based organizations and NGOs.

**Partnerships:** Sustain high level of political commitment and facilitate innovative partnerships and comprehensive approaches. This may include: young people and people living with HIV, political and religious leaders, outstanding community individuals, e.g., athletes and artists, renowned people from the expatriate community working with international organizations. Use other countries' successful experience of Goodwill Ambassadors.

**Strategic Information:** Although there is no lack of information on the subject, reliable sources of it are still unorganized. Sometimes materials on the national HIV/AIDS epidemic are out of date. UNAIDS in collaboration with other partner organizations will provide assistance in preparing country situation analysis, as well as technical help and support. It will provide opportunities for learning, on-going training, peer-to-peer education and other forms of continuous knowledge acquisition, including workshops, conferences, seminars, etc.

**Monitoring and Evaluation:** Building capacity in HIV surveillance and further support of the CCM as a tool for coordination of donor support. Costing national needs and provision of technical assistance in designing the national M&E system. M&E capacity-building, facilitating activities of the cross-sectoral working group for developing the M&E system, and assisting in implementation of CRIS.

**Technical/Financial Resources:** The main gaps in technical resources are: migration, drug-trafficking and trafficking of women; coverage of highly vulnerable groups, vulnerable group amongst the migrant population, and youth at risk; lack of skilled human resources on a national scale; availability and affordability of antiretroviral drugs, including training in antiretroviral therapy and diagnostics; HIV surveillance and M&E – the lack of early response system is undermining efforts in Global Fund implementation; building the implementation capacity of the country-based agencies, including government's ability in policy implementation and procurement/contracting activities of NGOs; increase involvement of potentially strong private sector and address overall weakness of integration among state stakeholders.

## UNAIDS In Country

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# MACEDONIA

## Country Situation Analysis

The latest available official census data for Macedonia put the population total at 1 936 877. Macedonian society is composed of several ethnic groups. Since independence in 1991, the country has undergone dramatic changes to adjust itself to a new political and economic environment. The first years of independence were marked by a steady decline in Gross Domestic Product and hyperinflation. Over the last few years the inflation rate and Gross Domestic Product have stabilized but unemployment figures (53.4% of the working age population) have steadily increased. Large numbers of the unemployed are under the age of 30 (44.65%).

The Kosovo crisis of 1999 intensified economic pressures on Macedonia. More than a quarter of a million Kosovo refugees severely stretched an already overburdened economy. In 2001, the internal conflict further disrupted the economic situation and led to 80 000 internally displaced persons and 50 000 Macedonians seeking asylum in other countries. At the beginning of 2003, 2 140 displaced persons remain in temporary centres. Extreme poverty affects one quarter of the population of the country.

Poor economic indicators continue to have significant implications both with regards to the health needs of the population and the cost of health service provision.

Although the known prevalence of HIV/AIDS is low, the true epidemiological picture in the country is not clear due to a relatively weak national surveillance system and the lack of specific data for the most vulnerable groups in society.

The first HIV-positive case was officially registered in 1987, and the first AIDS case in 1989. The total cumulative number of registered cases of HIV/AIDS is 64 (46 AIDS and 18 HIV-positive). From the total number of 46 persons diagnosed with AIDS, 41 have died. The dominant mode of transmission reported is heterosexual sex. Stigmatization of homosexual behaviour makes it conceivable that some of the cases declared as heterosexual, and unknown cases, could be due to homosexual/bisexual encounters.

There is a great deal of evidence that conditions in Macedonia are conducive to the spread of HIV/AIDS. These conditions include displacement and migration of people, the country's location on drug trafficking routes, increasing availability of drugs, increasing number of injecting drug users, and growth of sex work. A serious HIV/AIDS epidemic could have an extremely devastating effect on the country's vulnerable economic position.

For the past several years, NGOs were the leading force in combating HIV/AIDS, but last year the government recognized both the existence of factors that could facilitate a rapid growth of the epidemic, and the value of the existing window of opportunity to stop the spread of HIV/AIDS. This was reflected in the active support for the establishment and participation of government representatives in the National Multisectoral Commission and during the preparation of both the national strategy and Macedonian Global Fund application.

The National HIV/AIDS Strategy (2003–2006) provides a framework to guide the development of targeted interventions and activities within national programmes and will serve as the basis for monitoring and evaluation of the national response.

### Major External Funding Sources (US\$, million)

Global Fund (2004–2006)	4.3
UNAIDS (2002–2003)	0.098
UNICEF (2002–2003)	0.120
IOM (2002–2003)	0.080
USAID (2002–2003)	0.063

## UNAIDS Support to the National Response

UNAIDS PAF funds were used as seed money for the initiation of the country's National Strategic Process in 2002–2003.

As a result of the UN Theme Group on HIV/AIDS and UNAIDS advocacy for strengthened partnership between the government and civil society, NGOs, academia, the media and faith-based organizations were included in the National Multisectoral Commission and the first national strategy on HIV/AIDS was developed. The National HIV/AIDS Strategy (2003–2006) is based on the results of the Situation Analysis and Response Analysis for HIV/AIDS, completed in late 2002 and early 2003, the Global Fund proposal submitted in May 2003, and the strategic planning workshop conducted by the Theme Group and UNAIDS in the spring of 2003.

The Theme Group and UN TWG wanted to include the wider civil society in the formulation process of the national strategy. Thus, NGO members of the UN TWG organized round tables to present the draft national strategy to local NGOs in five cities. These discussions were fed back into the National Multisectoral Commission and incorporated into the final version of the national strategy. The national strategy was officially launched on World AIDS Day, 1 December 2003. High-level government ministers, representatives of the health sector and civil society, UN and other international organizations and partners, and key media attended this event. The President of Macedonia also spoke at the event via pre-recorded video link.

The establishment of partnership with the local NGOs and other community stakeholders was initiated both within the framework of the National Multisectoral Commission and the UN TWG. A booklet, "Basic Facts on HIV/AIDS in Macedonia" was printed, and journalists from different media reported on HIV/AIDS-related activities throughout the country. In collaboration with the Association of Journalists, six round tables were organized on how to report on HIV/AIDS related issues.

A CCM was established and this formation has been supported and officially recognized by the government and its constituent ministries. In addition, representatives of the Theme Group were included within the CCM. The Theme Group supported the CCM in the overall preparation and application process of the Macedonian Global Fund proposal HIV/AIDS component.

Capacities of local NGOs were strengthened to implement interventions based on assessments and research through their work within the UN TWG, their inclusion and active participation in the National Multisectoral Commission on HIV/AIDS and the CCM, as well as during the preparation of the first national strategy and the Global Fund application.

A key aspect of an expanded national response is to understand the progress of the epidemic, the responses that are mounted to combat it and the impact that those responses are having. Considering this, and after consultations with the national stakeholders and the Theme Group, in 2003 UNAIDS allocated additional PAF resources for establishing an integrated, Multisectoral M&E System for the national response on HIV/AIDS.

## Functioning UN System

The Theme Group has been active in Macedonia since 1999 and composed of UNDP, UNICEF, WHO, IOM, UNHCR and the World Bank. Since September 2002, the Theme Group has been supported by a UNAIDS focal point, and the Theme Group chair rotates on a yearly basis, with the chair being held by the UNDP Deputy Resident Representative in 2003, and the WHO Head of Office in 2004.

The successes of the UN Theme Group in 2003 were based on successful interagency collaboration. Achievements in 2003 included the continued work of the Theme Group in strengthening the capacities of civil society organizations, both through their support to the TWG and their facilitation in the creation of the National Multisectoral Commission on HIV/AIDS, leading to the development of the national strategy on HIV/AIDS.

HIV/AIDS advocacy activities continued within the Theme Group in 2003, including ongoing awareness raising activities in collaboration with government and civil society organizations, awareness raising TV spots on national TV in the week leading up to World AIDS Day, and targeted interventions with journalists throughout the country.

Within the UN system, the emergency Post Exposure Prevention Protocol was established as an emergency response to HIV/AIDS infection for UN staff and their families. On 1 December, World AIDS Day, there was significant awareness raising among UN staff, as each UN national and international staff member in the country was given a card, condom, and a personal message from the Resident Coordinator announcing the coming implementation of the UN Learning Strategy on HIV/AIDS for 2004.

Finally, the success of the application to the Global Fund on HIV/AIDS ("Building a Coordinated National Response to TB and HIV/AIDS in Macedonia", for US\$ 4.3 million towards HIV/AIDS activities in the country) marked a significant achievement of both the National Multisectoral Commission, and the Theme Group.

## Emerging Issues and Challenges for the National Response

The major emerging issues and challenges for the national response are:

- preventing the spread of HIV/AIDS among youth, injecting drug users, commercial sex workers, men who have sex with men, mobile groups, Roma and prisoners;
- improving access to, and the quality of, counselling and testing services;
- improving national epidemiological and behavioural surveillance systems, establishment of an integrated M&E system;
- improving access to treatment and care for people living with HIV; and
- strengthening capacity and coordination within the national response to HIV/AIDS, both at central and local level.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for the strengthening of the National AIDS Commission and involvement of people living with HIV; provide technical assistance for the effective functioning of the CCM and the newly-formed Principal Recipient Implementation Unit; assist in organizing the government-led participatory review of the national strategy implementation and update.

**Partnerships:** In coordination with the Theme Group, UNAIDS will continue to promote participative involvement of civil society organizations, people living with HIV and the media in the implementation of the national response, initiate advocacy activities and facilitate coordination among key stakeholders. Reinforcement of the partnerships between the public and private sectors will be also addressed.

**Strategic Information:** UNAIDS will provide assistance in collection and analysis of strategic information, and its appropriate use in planning, and M&E at the central and local level. Efforts will be made for identification and dissemination of the best practices from the region.

**Monitoring and Evaluation:** UNAIDS will continue to provide technical assistance in developing an integrated, multisectoral M&E system and assist in the introduction and activation of the CRIS.

**Technical/Financial Resources:** Considering the need for increased collaboration, UNAIDS in cooperation with the Theme Group will further facilitate coordination among all stakeholders; provide technical assistance and advocate on mainstreaming HIV/AIDS into sectoral networks at central and local level; and continue to work on resource mobilization both within the UN family and other international donors

## UNAIDS In Country

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# MOLDOVA

## Country Situation Analysis

The Republic of Moldova with an area of 13 000 square miles and with a population of 4.3 million is located in South Eastern Europe between Romania and Ukraine. The spread of HIV in the country is linked to the high population density (129 people per sq km) and by the relative political isolation of Transnistria, a post-war conflict zone. The geographic location of Moldova not only favours illegal drugs trafficking, but also the cultivation of poppy and cannabis which are manufactured into drugs for internal consumption.

Currently Moldova is facing a long and severe social and economic crisis, which has led to a deterioration of living standards and to a precarious demographic situation. It is estimated that there is an annual 12 000–14 000 decline in the population. The urban population constitutes 46%, and the rural population 54%. The working population is currently 57% of the entire population. It should be taken into consideration that in the future this balance could change as the number of retired people remains constant while the number of young people of employment age is decreasing annually. The indexes of infant mortality remain stable, out of 1 000 live births about 20 newborn infants do not survive.

Since the onset of the HIV/AIDS epidemic in the early 1990s, a cumulative total of over 5 500 people are estimated to be living with HIV in Moldova; 59 people have died, 75% among injecting drug users. Rapid socioeconomic changes and migration have led to behaviours with high risk of HIV infection. According to data of the Department for Statistical and Sociological Analyses, 10 800 people migrated in 2000, and during 2002 approximately 600 000 citizens left the country.

The health care system is going through a deep crisis due to limited funding, an irrational use of available resources, and lack of medicines and equipment. For this reason a serious discrepancy has appeared between the excessive demand for medical services and the extremely limited service provision. The large majority of the population does not have access to costly services offered by specialized medical institutions and therefore resorts to self-treatment.

The response to the HIV/AIDS epidemic in Moldova is problematic. The government is struggling with serious financial problems in some public sector services, including the health sector, but it is strongly committed to fighting the spread of the HIV/AIDS epidemic. On the policy front, Moldova has developed and approved a National Strategic Framework for 2001–2005; put into effect harm reduction programmes both for injecting drug users and for prisons; approved a palliative care strategy for people living with HIV; and opted for methadone maintenance programmes. The time frame of the National AIDS Programme (NAP) 2001–2005 is elapsing and a review is being undertaken based on the commitments undertaken during UNGASS. Other frameworks such as behaviour change communication, a review of the legal framework for HIV/AIDS from the human rights perspective, and the establishment of an M&E system for the NAP are well under way.

Civil society participation in the fight against HIV/AIDS has been institutionalized through the establishment of coordination mechanisms such as the harm reduction network and a network of NGOs working in the field of HIV/AIDS.

Major External Funding Sources (US\$, million)	
Global Fund (2004–2008)	5.2
World Bank	5.5
SIDA	2.0

## UNAIDS Support to the National Response

UNAIDS provides overall support to critical areas: policy development, strategic information, resource mobilization, best practices, Global Fund proposal, leadership and technical support to the UN Theme Group on HIV/AIDS. Technical assistance was provided to:

- development of a national strategic plan;
- development of a plan for intensified UN support to the country response to HIV/AIDS 2003–2004;
- support to the development of an M&E system by providing an M&E consultant to the M&E unit;
- review and development of a legal framework for HIV/AIDS from the perspective of human rights;
- support to involvement of people living with HIV in the response through capacity-building and establishment of networks, mainly through PAF;
- development of the Global Fund proposal which was approved for financing in the first round.

## Functioning UN System

In Moldova, UNAIDS operates mainly through the country-based staff of its nine cosponsors. Through the UN Theme Group on HIV/AIDS, representatives of the cosponsoring organizations share information, plan and monitor coordinated action between them and other partners, and decide on joint financing of major AIDS activities to support the government and other national partners. The main objective of the Theme Group is to support the host country's efforts to mount an effective and comprehensive response to HIV/AIDS. The government is actively involved in the activities of the Theme Group. Increasingly, other partners such as representatives of other UN agencies and bilateral organizations and NGOs working in the country are also included.

The UN Theme Group in Moldova supported the development of the first National Strategic Plan for HIV/AIDS Prevention 2001–2005 based on a comprehensive analysis of the HIV/AIDS situation in the country.

The Theme Group has been instrumental in helping relevant state and nongovernmental organizations with the design and launching of a number of successful pilot initiatives, such as needle exchange in prisons and methadone maintenance therapy. The Theme Group also helped with raising funds in support of these projects, either from its own resources or from a variety of donors. The Theme Group places particular emphasis on developing guidelines and training professionals to assist the government in successfully implementing activities specified in the national strategic plan.

In 2002, the Theme Group led efforts to mobilize US\$ 10.7 million from the Global Fund and World Bank for the implementation of the NAP. It also helped the Ministry of Health to conclude an agreement with pharmaceutical companies to reduce the cost of antiretroviral drugs by 80%.

Supported by the Country Coordinator, funded as of September 2003 by UNAIDS, the Theme Group provided technical assistance and coordination to nine projects financed by SIDA, UNAIDS, UNDP, the Soros Foundation, World AIDS Foundation, Global Fund and World Bank. The most noteworthy projects are prevention of HIV/AIDS and STIs among female sex workers; capacity-building in communication; establishment of a national M&E system; and support to the NAP.

The Theme Group also supported the development of the UN HIV/AIDS Advocacy Strategy and the National HIV/AIDS Communication Strategy. Two UN HIV/AIDS facilitators were trained and will support UN Country Team efforts aimed at facilitating a more integrated national response to HIV/AIDS and management of HIV/AIDS-related issues in the workplace. Special mention should be made of the success of the Theme Group's earlier interventions targeted at intravenous drug users. The funds raised by the Theme Group for harm reduction activities, later channelled through the network of NGOs working in harm reduction under the coordination of the Soros Foundation, resulted in a reduction of the share of intravenous drug users in the total number of new cases from 76% in 2000 to 69.85% in 2001 and to 51.91% in the first half of 2003.

Other important results of the Theme Group included the strengthening of the capacity of the National Committee on HIV/AIDS, implementation of a HIV/AIDS/sexually transmitted infection prevention project in the armed forces, coordination of the TWGs established under the Global Fund and World Bank projects, and development of a HIV/AIDS communication strategy. Under the armed forces project, 120 military educational specialists will be trained between 2002 and 2004 with the aim of targeting 12 000 servicemen and women annually.

## Emerging Issues and Challenges for the National Response

The presence of many partners and the sudden availability of financial resources scaled up the fight against HIV. However, one of the limiting factors for the rapid expansion of activities is the poor capacity at national and decentralized levels to implement the many programmes. Furthermore, there is an urgent need for better coordination of the national response and harmonization of existing systems among the different partners. Given the high dependence on external support for the national HIV/AIDS response, the donors' commitment to the "Three Ones" will be another major emerging issue. The national HIV/AIDS institutions need to be strengthened to lead the national response and the multisectoral approach. Support will also be given to the establishment of a Secretariat, which will help to strengthen the administrative capacities of national organizations and partnership relations between the government and civil society organizations. Another emerging issue is the lack of high quality voluntary counselling and testing services.

The conflict zone of Transnistria poses a threat to the fight against HIV/AIDS, since the self-proclaimed republic does not have appropriate strategies for control of the infection or a strategy to reduce its effects.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for the strengthening of a national AIDS coordinating mechanism and provide assistance, as necessary, for its effective functioning. Assistance will be provided in organizing a participatory approach for the new NAP, the new law on AIDS and the established M&E system.

**Partnerships:** UNAIDS will continue to advocate for meaningful involvement of NGOs and international organizations in various HIV/AIDS coordinating bodies. Particular attention will be paid to the establishment of a network of people living with HIV and to the establishment of partnerships between NGOs working in the field of HIV/AIDS through information dissemination and capacity-building.

**Strategic Information:** The available information on the national HIV/AIDS epidemic is outdated in many aspects. UNAIDS will provide assistance in preparing country situation analyses and in targeted distribution of the results among national institutions and donors, and in making them available to the general population through the media. The NAP is currently working on this information.

**Monitoring and Evaluation:** UNAIDS will provide technical assistance in designing a national M&E system and training national professionals in its management, facilitate activities of the cross-sectoral working group for developing the M&E system, and assist in establishing and activating the system at the Ministry of Health. Assistance will be provided to carry out studies on the follow-up and implementation of the UN Declaration of Commitment on HIV/AIDS and to undertake second generation surveillance among commercial sex workers, injecting drug users and men who have sex with men.

**Technical/Financial Resources:** The main gaps in technical resources are clinical care of HIV/AIDS, including training in antiretroviral treatment and diagnostics, M&E and surveillance, and voluntary counselling and testing. Most of the financial needs will be met if the Global Fund programme is successfully implemented. To achieve this UNAIDS will facilitate coordination among all stakeholders; assist in developing working plans, setting up the project management office, and developing a smooth mechanism for funds distribution and management; and advocate for expanded cooperation between government institution and NGOs.

## UNAIDS In Country

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# ROMANIA

## Country Situation Analysis

Romania is one of the few countries in Central and Eastern Europe with a large number of people affected by HIV/AIDS. In December 2003 there were 14 353 registered cumulative cases of HIV/AIDS in the country and 10 259 people living with HIV. By the end of 2002 the overall HIV/AIDS prevalence rate was about 44 per 100 000 inhabitants, and the proportion of the population infected with HIV was 0.04%. However, given the absence of a systematic surveillance of HIV prevalence throughout the population, the rates could actually be much higher. A particular feature of the HIV/AIDS epidemic in Romania is the massive primary incidence of HIV infection in children in the late 1980s. It is believed that the use of unscreened blood and blood products and the repeated use of contaminated needles between 1987 and 1991 led to thousands of newborn and young children becoming HIV infected. In parallel with this, and particularly from 1994 onwards, there has been a steady increase in the HIV/AIDS incidence rate among young adults, that seems to be mainly related to sexual (predominantly heterosexual) and, to a lesser extent, injected drug use transmission of the virus.

Recent studies have identified the various population groups at risk, not only from HIV/AIDS but also from other sexually transmitted infections. Romania has a high rate of syphilis: 44 cases per 100 000 inhabitants in 2003. National survey results showed that more than 50% of men and some 20% of women had had two or more sexual partners in the previous three months; only 40% and 20% respectively had used condoms. Furthermore, studies show a significant lack of awareness in key areas, such as transmission, prevention and safe behavioural patterns. The situation appears to be worse in rural areas. High levels of unsafe injecting practices are reported in areas like Bucharest, where it is estimated that more than 24 000 people (1% of the city population) are injecting heroin, with the possible risk of an epidemic outbreak.

The Romanian response to HIV/AIDS became more structured in 2000 when the National AIDS Strategy 2000–2003 was launched. Romania is the only country in Central and Eastern Europe providing universal access to treatment and care, having more than 5 700 HIV/AIDS patients out of a total of 8 000 in active medical surveillance and receiving antiretroviral therapy according to international standards. In 2001 a strong public-private partnership facilitated by the UN was launched, leading to price reductions and donations of ARV and anti-opportunistic infection medications from the six major pharmaceutical companies. In early 2002, the government established the National Multisectoral AIDS Commission, under the authority of the prime minister, which includes 16 ministries, seven NGOs, private sector representatives, UN agencies and a host of other bilateral and multilateral donors. People living with HIV/AIDS are represented in the commission.

In 2002 a special law was adopted on HIV prevention and care for people living with HIV that provides for free treatment and dietary supplements for patients, funded through public sources and based on needs. Substantial amounts of money have been allocated to care. A new HIV/AIDS strategy covering the period 2004–2007 aims to keep the HIV incidence rate down to the level registered in 2002 and to improve significantly the quality of the life of people infected and affected by HIV/AIDS. Priority areas for the new strategy are prevention, especially among young people and vulnerable groups, increasing the quality and the access to HIV/AIDS treatment, care, social support, and reducing discrimination and stigma.

### Major External Funding Sources (US\$, million)

Global Fund (5 years)	28.1
EU (PHARE) (3 years)	3.7
UN and Partners (ISP), 2004	0.5

## UNAIDS Support to the National Response

Since 1996, the UN agencies acting in Romania (UNICEF, UNDP, UNFPA, WHO, ILO, UNHCR and World Bank) have joined to form an HIV/AIDS Theme Group and have been actively assisting the Romanian government in the development, coordination and implementation of the National HIV/AIDS Strategy.

The Theme Group has a considerable record of achievements, including assistance to the government in participating in the Accelerated Access to Care Initiative (AAI), development of the National HIV/AIDS Strategy 2000–2003 and 2004–2007, the establishment of the National Multisectoral HIV/AIDS Commission, the successful application to the Global Fund, and support towards its successful implementation.

With substantial support from the UN agencies, in 2001 Romania was accepted for the Accelerated Access Initiative. It was one of the 12 countries to be selected, and was the first country to join from Central and Eastern Europe. Participation in this global initiative has opened up access to lower-price drugs for antiretroviral therapy and treatment of opportunistic infections, and is of a great importance.

The Theme Group supported the implementation in key areas: prevention among vulnerable groups, introduction of health education in schools, condom promotion, surveillance, development of policies and development of national coordination mechanisms.

An integrated workplan has been developed for 2000–2001 and 2002–2003, essentially covering the national needs as spelled out in the National HIV/AIDS Strategy 2000–2003. For the period 2004–2007 the UN Theme Group developed the Joint UN Strategy in Support of the National Response (UN-ISP) in line with the new strategy for the period 2004–2007 and with UNDAF 2005–2009 where HIV/AIDS was identified as one of the major areas of cooperation for the UN agencies and one of the model areas for joint programming.

The Theme Group has been chaired by the UNDP Resident Representative since 1 January 2003 and has an annual workplan designed to provide support to the implementation of the National HIV/AIDS Strategy. The Theme Group had six meetings in 2003. Members of the Theme Group are also permanent participants in the National Multisectoral HIV/AIDS Commission and are actively participating in the commission meetings and structures. UN agencies are also represented in the CCM and its operational structures.

## Functioning UN System

Following a consistent and intense process of internal consultation and consultation with national partners, in early 2004 the UN System in Romania launched the UNDAF 2005–2009.

Guided by national goals and policy priorities, by global commitments made by the government (Millennium Development Goals) and results generated by the CCA, the UNDAF for Romania focuses on three priority areas for assistance during the 2005–2009 programme cycle:

- **Capacity Building for Good Governance**, in order to strengthen by 2009 administrative capacity at central and local levels for the government to be able to develop, implement and monitor sustainable policies and programmes in key areas (public service delivery, environmental governance and the protection of the rights of vulnerable groups).
- **Economic Growth**, in order to enhance by 2009 national economic growth and reduce poverty levels among vulnerable groups through sustained social inclusion and capacity promotion.
- **Basic Social Services**, in order to increase by 2009 equal access to improved social, health and education services with focus on vulnerable groups and under-served areas.

HIV/AIDS was chosen as one of the areas for joint programming and consequently the UN Joint Strategy in Support of the National Response for HIV/AIDS 2004–2007 was developed.

## Emerging Issues and Challenges for the National Response

Romania has made significant advances in the area of policy development, partnership between government and civil society, greater involvement of people living with HIV/AIDS, and treatment and care. Most of the national resources were concentrated on meeting the increasing demand for treatment, care and social support, while prevention interventions were severely underfunded and relied heavily on external funding.

The national response to the HIV/AIDS epidemic faces two major challenges:

1. Developing a comprehensive range of HIV/AIDS primary and secondary preventive interventions to target groups at risk and the population as a whole. The progression of the HIV/AIDS epidemic among adults, mainly due to heterosexual HIV transmission, the precarious state of HIV/AIDS awareness of the population as a whole and its vulnerable communities in particular, and widespread high-risk behavioural patterns, all create a favourable environment for a possible epidemic explosion in the not-too-distant future. Preventive activities undertaken so far are mainly aimed at informing the population about the nature of HIV infection and its spread among children. Good models of intervention have been developed in all prevention areas and the capacity for expanding them exists, but a lack of resources has prevented any real impact. The Global Fund focuses on this issue, however donor support post-Global Fund is drastically reduced and ways of making the programmes sustainable through an increase in public commitment and national funding are a priority.
2. Maintaining access to care, treatment and social support for all HIV-infected patients. As a result of the major improvements in the area of treatment and care the life expectancy of people living with HIV has increased to over six years. More than 70% of the 10 000 children infected in the late 80s are living, most of them are adolescents and young adults. Adequate programmes for their social integration have to be developed in parallel with providing them access to proper education and employment.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** The main forum for coordination, participation and partnership is the National Multisectoral HIV/AIDS Commission established under the authority of the prime minister. The commission is entrusted with the overall development and implementation coordination of the National HIV/AIDS Strategy. UNAIDS will focus on supporting the functioning of the commission and assisting the development of the commission's secretariat and working groups and will provide technical assistance for the commission in priority policy areas of the national response.

**Partnerships:** Partnerships among different stakeholders are established in areas like treatment and care, prevention among vulnerable groups, development of policies and legislation. UNAIDS will continue to facilitate these partnerships, information sharing, and dissemination and expansion of good practices.

**Strategic Information:** In the context of low prevalence and competing social priorities provision of strategic information is essential to strengthen the national response. UNAIDS will continue building the capacity of the national partners to be able to generate strategic information in the area of treatment and care, risk behaviours among vulnerable groups, and financing of the national response.

**Monitoring and Evaluation:** UNAIDS will support the development of an integrated, multisectoral M&E system for the national response. It is expected that the system will be operational in the third quarter of 2004 and will produce its first report before the end of the year. UNAIDS is mapping existing sources of information and will support the production of strategic information in areas of injecting drug users, commercial sex workers, HIV/AIDS surveillance, treatment and care. The CRIS will be used at country level to support this system.

**Technical/Financial Resources:** UN System in Romania is already one of the main providers of technical assistance for HIV/AIDS and related areas. In the context of increasing funding for programmes in Romania, timely and quality technical assistance is an important area for support. The UN will focus on identifying the needs for technical assistance of the national partners and designing appropriate mechanisms to meet them. Priority areas for technical assistance provision will be: M&E, information, education and communication, behaviour change, strategic planning, treatment and care for people living with HIV, policy revision, access to services for vulnerable groups and under-served areas.

The UN System will also continue to support the national partners to identify and access additional financial resources for the HIV/AIDS programmes. Two main directions will be funding from the EU and national funding.

## UNAIDS In Country

**UN Resident Coordinator**  
*Soknan Han Jung* (UNDP Resident Representative)  
**Chairperson, UN Theme Group on HIV/AIDS**  
*Soknan Han Jung* (UNDP Resident Representative)

**Staff** UCC, *Eduard Petrescu*  
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# RUSSIAN FEDERATION

## Country Situation Analysis

2003 was another good year for the Russian economy: real Gross Domestic Product growth is estimated at 7.3%, which brings Gross Domestic Product to US\$ 434 billion. Rapid growth started to reach the poorest members of society, causing the official poverty count to fall from 27% to 22% by September 2003. However, 31.2 million people remain below the official poverty line, and the unemployment rate has increased.

As of 2 February 2004, the cumulative number of officially registered HIV infections totalled 265 296, of those 8 328 in children under 15 years of age. Experts estimate that the true number of people living with HIV in the country is 3–4 times higher than officially reported. Reported AIDS cases amount to 817, of these 193 in children under 15. A total of 3 498 people with HIV have died, 217 of them children; 610 people died of AIDS, 125 of them children. A total of 7 671 children were born to HIV-positive mothers.

The overall framework of the response to HIV/AIDS is provided by the Federal AIDS Law and Federal AIDS Programme (FAP), which is a subprogramme of the Federal Targeted Programme on Diseases of Social Character, 2002–2006. The latter was developed by a partnership of federal bodies, including the Ministries of Health, Justice, and Education, and the Russian Academy of Medical Sciences. Responsibility for the development and implementation of the programme rests with the Ministry of Health and Ministry of Justice, with the Ministry of Health coordinating all efforts. Though health institutions remain the main implementers of the FAP, participation of other social sector institutions is increasing. The number of Russian regions where NGOs participate in the response to HIV/AIDS is growing, funded on a competitive basis from the FAP budget.

The current AIDS programme runs from 2002 to 2006 and is funded from the federal and regional budgets. The overall budget of the FAP is US\$ 92.4 million, with US\$ 24.5 million coming from federal, and US\$ 65.5 million from regional budgets.

In 2003, there was a visible increase in leadership and commitment at higher political levels to combat the HIV epidemic:

- In his 2003 address to the Federal Assembly, the President of the Russian Federation said AIDS, along with drug abuse, was aggravating the negative demographic situation in Russia.
- The speech of the Minister of Foreign Affairs of the Russian Federation at the 58<sup>th</sup> Session of the UN General Assembly also confirmed that AIDS is featuring on the Russian political agenda.
- The completion of negotiations on the US\$ 150 million AIDS and TB Control Project and recent coming into force of the World Bank loan agreement are another sign of growing political commitment to fight HIV/AIDS.
- Recently approved amendments to the Criminal Code demonstrate growing understanding of HIV/AIDS among legislators.
- The establishment of the Advisory Council on HIV/AIDS, bringing together representatives of different state sectors and civil society organizations, sets a model of multisectorial coordination in Russia and will help pave the way for a federal coordinating body on HIV/AIDS.
- The establishment of the AIDS NGO Forum and preparations for a national forum of people living with HIV open up new opportunities for the full participation of civil society in the development and implementation of HIV/AIDS strategies.
- The establishment of a CCM and application for a Global Fund grant are further confirmation of the country's increasing attention to the issue.

### Major External Funding Sources (US\$, million)

World Bank	150.0
Global Fund (5 years) awarded to NGO Consortium)	88.74
EU	9.9
DFID	27.44
USAID	2.00
CIDA	1.32
UNAIDS (PAF 2002–2003)	1.008

## UNAIDS Support to the National Response

UNAIDS, in coordination with UNDP, provided support to a number of initiatives aimed at strengthening coordination among state bodies and civil society. In particular, assistance was provided to establish the Advisory Council on HIV/AIDS of the Ministry of Health. Political support and technical and financial assistance was given to establish a National Forum of HIV/AIDS NGOs. The UNAIDS Executive Director addressed the NGO forum during his September 2003 visit to Moscow. With UNAIDS support, the first meeting of people living with HIV groups was held in May 2003, which established a Russian Forum of People Living with HIV, and a federal forum was set up with UNAIDS support (PAF 2002–2003).

In cooperation with UNDP, WHO and other UN agencies, technical assistance was provided to partners for a number of projects and initiatives:

- HIV/AIDS Prevention and Care among Military Personnel (Russian Ministry of Defence, NGO Accent);
- HIV Prevention among Uniformed Professionals (Ministry of Emergency Situations, Emercom, and NGO Accent; UNAIDS-funded project);
- HIV/AIDS Prevention and Care Programme of the Russian Orthodox Church (PAF 2002–2003);
- Comprehensive Partnership Strategies for HIV/AIDS/sexually transmitted infection Prevention among Young People in the Russian Federation (UNFIP/DFID);
- HIV prevention among men who have sex with men;
- Harmonization of the UNFIP/DFID project and DFID Knowledge Programme operations.

Assistance was provided in cooperation with the ILO to Shell International/Sakhalin Energy Investment Company in the development of an HIV-prevention initiative for the Sakhalin Region.

A mission to Brazil was organized in cooperation with DFID and the Brazilian Government that exposed Russian state and civil society partners to successful Brazilian experiences and laid the foundation for future cooperation between national AIDS programmes.

All necessary assistance was provided in the preparation of the country report on the implementation of the UN Declaration of Commitment on HIV/AIDS. UNAIDS led the process of preparation and was actively involved in the finalization of the Russian report on Millennium Development Goal 6. At the request of UNDP, assistance was provided in the preparation of the Regional Human Development Report on HIV/AIDS.

UNAIDS sponsored the participation of Russian professionals in the workshop on CRIS held in Moscow in April 2003. An inventory of internationally funded AIDS projects implemented in Russia was prepared and distributed to all partners. A set of proposals was developed to assist with the improvement of the M&E system in Russia. UNAIDS, on a routine basis, collects and disseminates among state and civil society organizations information materials and scientific papers on HIV/AIDS, UN policy papers and other strategically important materials. When appropriate information is delivered in the form of lectures and presentations, or through participation in radio and TV programmes. UNAIDS took the lead in preparing for the implementation of the HIV/AIDS Learning Strategy.

## Functioning UN System

Seven TWGs were established in 2003 under the Expanded UN Theme Group, to cover the following topics: epidemiological surveillance; care and treatment of people living with HIV; prevention of HIV among vulnerable groups; counselling and psychosocial support; M&E; HIV prevention and care among injecting drug users and prison inmates.

The UN System has strategically allocated PAF 2002–2003 resources to strengthen and support HIV/AIDS subnational programme planning for: reducing demand and HIV prevention amongst injecting drug users; development of regional strategies on HIV/AIDS in the workplace; consolidation of partnerships between governments and NGOs for a more effective response amongst commercial sex workers; development of a community-based model for the care, education and social protection of HIV-infected and affected children; building participatory networks for HIV prevention among rural and migrant youth and street youth; anti-HIV/AIDS programme of the Russian Orthodox Church; strengthening the M&E system; implementation of second generation surveillance of men who have sex with men, and military personnel.

First steps were made to implement the UN Learning Strategy on HIV/AIDS.

## Emerging Issues and Challenges for the National Response

The two major emerging issues constituting serious challenges for the response to HIV/AIDS are the following:

- the growing proportion of sexual transmissions of HIV and increasing numbers of HIV infections in pregnant women indicating a spread amongst the general population;
- the number of people living with HIV in need of antiretroviral treatment, estimated at 50 000 and likely to grow substantially in the coming years.

The new challenges are developing against a backdrop of insufficient commitment at the highest political levels in implementing a comprehensive response to HIV/AIDS; lack of universal access to adequate prevention, care, support and treatment, including antiretroviral drugs; stigma, discrimination and marginalization of people living with HIV and other vulnerable populations; insufficient public awareness and education about HIV/AIDS, particularly among young people; insufficient involvement of certain civil society segments, e.g., business, employers' and workers' organizations, the national media, and faith-based organizations.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** Advocacy efforts will be intensified for the establishment of a federal coordinating body on HIV/AIDS, and the involvement and visibility of high-ranking Russian officials as leaders of the response to HIV/AIDS in the country.

**Partnerships:** In coordination with other UN agencies, UNAIDS will continue supporting initiatives aimed at strengthening partnerships and empowering civil society. Special attention will be paid to building partnerships with the private sector.

**Strategic Information:** UNAIDS will intensify efforts aimed at generating strategic information and its appropriate use for planning, monitoring and evaluation purposes at federal and regional levels. Technical support will be provided in the identification, documenting and dissemination of Russian best practices, in particular within the framework of the UNFIP/DFID project.

**Monitoring and Evaluation:** Technical consultations on the establishment of CRIS will be continued, and necessary assistance provided to the Russian partners. Technical assistance to federal and regional partners will be provided in carrying out participatory reviews of country and regional responses to HIV/AIDS. In coordination with the World Bank, negotiations will be continued on the creation of national HIV/AIDS accounts, and necessary technical support will be provided to the partners. Assistance will be provided to national and regional partners in the development and implementation of the M&E system.

**Technical/Financial Resources:** UNAIDS will continue to provide, in cooperation with other UN agencies, technical assistance to integrate HIV/AIDS into national and regional sectoral networks, to mobilize financial and technical resources for partners.

## UNAIDS In Country

### UN Resident Coordinator

*Stefan Vassilev* (UNDP Resident Representative)

### Chairperson, UN Theme Group on HIV/AIDS

*Flavio Mirella* (UNODC Representative)

**Staff** UCC (1)  
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# SERBIA AND MONTENEGRO

## Country Situation Analysis

The union of Serbia and Montenegro consists of two republics with a population of 7 498 000 in Serbia (excluding Kosovo) and 617 740 in Montenegro. It is classified as a low middle-income country. In **Serbia** 56% of the population lives in urban areas. The average age is 40.4 years. Up to the end of 2002 the cumulative number of HIV infections was 1 702, of which 1 126 cases have developed AIDS. The male-female ratio of cases is 2.6:1. Most of the registered HIV cases are in Belgrade (84.3%). Most newly registered infections have been acquired through sexual intercourse; there is a decrease amongst injecting drug users and in cases transmitted via blood and blood products from 42% (1987) to 0.4% (2001). Of AIDS cases 73% are in Belgrade. The AIDS incidence is 10 cases per million in the last three years, with 86.1% of these in the 15–49 age range. Of total AIDS cases 5.3% are in the 15–24 age range. Among AIDS cases 55.3% have contracted HIV via blood (46.1% injecting drug users, 9.2% haemophiliacs and blood product recipients), 34.2% through unprotected sex, and 9.2% by unknown transmission mode. The cumulative number of deaths due to AIDS in Serbia is 830. The mortality rate has been decreasing since 1997, with 0.3 per 100 000 in 2002. This is due to the introduction of highly active antiretroviral therapy (HAART) among AIDS patients, and it should be borne in mind that 72% of all HIV infections have been detected at the clinically-defined AIDS stage. The HIV testing rate is very low at 1.5 per 1 000 inhabitants. The estimated number of HIV cases is 10 000. HAART is being provided to 400 people living with HIV through central purchasing and distribution. Government annual expenditure on diagnostics and treatment of HIV/AIDS in 2002 was 4 296 375 euros.

In **Montenegro** the cumulative number of HIV infections is 54, of which 34 have developed AIDS. The main mode of transmission is through unprotected sexual intercourse, 48% among heterosexuals, 25% among homosexual and bisexual men, and 6% through injecting drug use. The structure of HIV cases indicates that the most vulnerable groups are sailors and their partners (25%), and workers in the tourist industry (14%). The number of deaths due to AIDS is 23. The Montenegrin Health Insurance Fund reimburses costs of antiretroviral treatment to all people living with HIV.

The only place in for treatment of HIV/AIDS in Serbia and Montenegro is the Centre for AIDS at the Institute for Infectious and Tropical Diseases in Belgrade.

Both governments established Republican AIDS Commissions (RACs) in 2002 to respond to the epidemic and meet the goals set in the UN Declaration of Commitment on HIV/AIDS. These RACs are based on multisectoral partnership. CCMs were put in place in both republics to facilitate applications to the Global Fund. Serbia has received funds from the Global Fund, while Montenegro is waiting for a response to its application submitted in the fourth round.

Up until 2003 the Serbia and Montenegro governments were providing funds for treatment and testing of blood donors, while preventive activities were mostly implemented by NGOs and financed from other sources (bilateral and multilateral agencies, international organizations). Since 2003 Serbia has scaled-up its response on HIV/AIDS through implementation of the Global Fund project. Republican AIDS strategies are under development in both republics.

### Major External Funding Sources (US\$, million)

Global Fund (2003–2005)	2.718
DFID/Imperial College London/OSI IHRD/ UNDP (2004–2006)	2.1
UNICEF/ CIDA/SIDA/Irish Government (2002–2005)	1.475
HIVOS (2002–2006)	0.58
UNTG on HIV/AIDS of S and M (2002–2004)	0.13
US Government (2003–2004)	0.116
Netherlands Embassy (2002–2004)	0.11
UNAIDS PAF (2004)	0.05
USAID/ORT (2003)	0.027
CIDA	0.017
IPPF-EN (for reproductive health including HIV/AIDS)	0.44

## UNAIDS Support to the National Response

The goal of the UNAIDS Theme Group in Serbia and Montenegro is to complement the response of individual agencies to the design, setting up and coordination of a sustainable and affordable national/republican response to the HIV/AIDS challenges. Five projects are proposed to implement this goal:

1. Support for the national/republican bodies dealing with HIV/AIDS. UNAIDS provided overall support to the setting up of RACs in both republics in 2002. The UNAIDS Theme Group assisted the development of proposals for HIV/AIDS submitted to the Global Fund. Continuous assistance has also been given since 2002 for the development of the republican AIDS strategies: both republics are expected to finalize AIDS strategies by the end of 2004. The Theme Group is advocating and leading the initiative, jointly with the RACs, for a reduction in the cost of antiretroviral drugs.
2. Improvement of the HIV surveillance system for Serbia and Montenegro. The Theme Group is providing assistance to improve the national/republican HIV/AIDS/STI surveillance system in order to introduce the second generation of surveillance. The new system will have improved reporting and data processing systems, merged HIV/AIDS and STI surveillance, and behavioural sentinel studies among selected vulnerable groups in place. The Theme Group is coordinating the initiative and has brought on board financial and technical assistance of Imperial College, OSI, DFID, the US Government, CDC Atlanta, Canadian Public Health Association, Health Canada, WHO Europe, and Project HOPE. Several workshops and meetings of stakeholders in surveillance have been organized in order to build capacities, plan and coordinate future activities. Local professionals have participated in a number of international workshops on surveillance matters. The first behavioural sentinel studies are expected to be conducted in 2004. The Theme Group is contributing to the expansion of VCT sites by supporting the training of health professionals in voluntary counselling and testing.



- 3: The national campaign. The Theme Group is coordinating and developing the framework and partnerships for the WAC, in line with UNAIDS recommendations. In 2003 a TV clip was broadcast on 25 TV stations across the country. Printed materials and public events were organized to promote the theme of the campaign. The focus of the Theme Group's activities in 2004 is developing preventive activities, targeting different groups; fighting stigma and discrimination against people living with HIV; strengthening the role of people living with HIV in the response and involving community-based organizations dealing with vulnerable groups.
- A. 4: Networking and national capacity-building against HIV/AIDS. The Theme Group is contributing to the expansion of the network against HIV/AIDS by organizing coordination meetings of stakeholders, information sharing, and facilitating attendance at international capacity-building meetings. It is coordinating and assisting the donors' response on specific topics, thus avoiding overlapping initiatives. It is ensuring proper capacity-building of UN staff through the introduction of the UN Learning Strategy on HIV/AIDS. This experience will be shared with local partners in order to facilitate the development of workplace policies on HIV/AIDS at the country level.

## Functioning UN System

The UN Theme Group on HIV/AIDS has been operating since 2000 and consists of UNDP, UNICEF, WHO, UNHCR, UNHCHR, the World Bank, IFRC, and IOM. The Theme Group has two TWGs, one in each republic, and a Secretariat with two staff members. The Theme Group chair rotates among the heads of UNICEF, UNDP and WHO. The programme is being co-sponsored locally by the UNDP, UNICEF, WHO, and UNHCR, and for the first time in 2004 UNAIDS has assisted local activities by allocating PAF.

The Theme Group TWG developed the HIV/AIDS component in the CCA and UNDAF, and ensured that HIV/AIDS is represented within the PRSPs of both republics. Some Theme Group member agencies also have their own programmes on HIV/AIDS. UNICEF has the Young's Peoples Health Development and Participation Programme in which HIV/AIDS is the strongest component. This programme is mainly financed by CIDA, SIDA, and the Irish Government. UNICEF is involved in the development of prevention of mother-to-child strategy, training of health professionals in voluntary counselling and testing, and establishing youth-friendly health services. UNDP is implementing a joint project with Imperial College London and OSI IHRD, funded by DFID, called the HIV Prevention among Vulnerable Populations Initiative. The project will run from 2004–2006, and will have a preventive component consisting of demonstration projects in vulnerable groups, and a research component. WHO is dealing with capacity-building of stakeholders in HIV/AIDS surveillance and in providing technical assistance towards improvement of the existing system.

The UN will start implementation of the UN Learning Strategy on HIV/AIDS for all its staff operating in Serbia and Montenegro. UN TWGs will lead learning teams, develop a plan for action, and raise funds for its completion.

## Emerging Issues and Challenges for the National Response

1. Republican AIDS Commissions in both Serbia and Montenegro need to be strengthened, their leadership enhanced, and the Secretariat staffed to deal on a daily basis with response to HIV/AIDS. Republican AIDS strategies have to be finalized and implemented. RACs have to deal with coordination of all ongoing initiatives on HIV/AIDS.
2. Special rates for antiretroviral drugs have to be negotiated with pharmaceutical companies. This will reduce budgetary spending on treatment, but will increase allocations for prevention.
3. Proper standards of treatment monitoring should be available to all people living with HIV.
4. Stigma and discrimination need to be addressed to encourage people living with HIV to speak openly about HIV/AIDS.
5. The capacities of local stakeholders, especially those in government, have to be raised in order to respond to the needs and to secure proper M&E of the overall country response to the epidemic.
6. The new AIDS Strategy and Plan of Action should be fully incorporated into national/republican planning frameworks for social and economic development.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS Theme Group will continue to advocate for the strengthening of RACs and to provide assistance, as necessary, for the effective functioning of the CCM.

**Partnerships:** The Theme Group will advocate for greater involvement and influence of community-based organizations in the national response. It will raise the capacity of RACs to coordinate all ongoing activities and stakeholders in HIV/AIDS.

**Strategic Information:** UNAIDS will provide assistance in preparing the country situation and response analyses, distributing the results among national institutions and donors, and making them available to the general public through the media. Based on this analysis, the RACs will be assisted to develop the AIDS Strategy with Plan of Action.

**Monitoring and Evaluation:** UNAIDS will provide technical assistance in designing the national M&E system and training national professionals in its management, facilitate activities of the cross-sectoral working group for developing the M&E system and assist in establishing and activating the CRIS at the Ministry of Health. Assistance will be given to carry out studies on the follow-up and implementation of the UN Declaration of Commitment and to undertake the second-generation surveillance.

**Technical/Financial Resources:** Technical assistance is needed for: M&E and surveillance; effective programmes for vulnerable groups; strengthening of capacities for fighting stigma and discrimination, and for human rights of people living with HIV; and greater inclusion of people living with HIV in public health initiatives.

## UNAIDS In Country

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**Chairperson, UN Theme Group on HIV/AIDS**

*Dr Luigi Migliorini*

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# TAJIKISTAN

## Country Situation Analysis

The Republic of Tajikistan has the lowest Gross Domestic Product per capita US\$ 290 of the CIS countries; according to official data, 80% of the population is living below the poverty line. The Republic of Tajikistan is currently viewed as a country with low prevalence of HIV infection. As of March 2004, 170 cases of HIV infection have been registered in the republic, or 0.28 cases per 100,000 of the population. More than half the cases of HIV are among people under 29 years old. Of the total number of cases, 81% are men, and 19% women, but since 2000 there has been a growing trend of infection among women. In 71 % of cases infection was transmitted through injecting drug use, in 9% through sexual contacts, in 4% through blood transfusion, and in 16% the mode of transmission is not identified. However, the official data do not reflect the real situation. Due to economic instability in the last decade, Tajikistan could not afford full testing in the country. Improved laboratory diagnostics for HIV began only in 2003 with support from the Global Fund.

In just two months in 2004, 51 new cases were registered. UNAIDS experts estimate that, taking into account the factors conducive to the spread of HIV infection (an increasing number of injecting drug users, sex work, unemployment, poverty and migration), the real number of HIV-infected people in the country is 10–20 times higher than the official data.

Tajikistan has already mobilized an effective multisectoral response to HIV/AIDS. The National Coordination Committee on HIV Prevention was established in 1997. In 2000, the government approved a second national programme for the period up to 2007. In 2002 the National Strategic Plan (NSP) for the response to the HIV/AIDS epidemic in the country for the period 2002–2005 was adopted by the government.

The plan places great emphasis on preventive activities among injecting drug users, sex workers, and youth, as well as on donor blood safety. On the basis of the NSP, the health sector strategic programme was developed, activities on prevention among vulnerable groups were expanded, treatment, care and support were included, and the sectoral programme was approved by the government. The government submitted a proposal for support for the NSP to the Global Fund and the HIV/AIDS component of the first submission was approved in 2002 for the total amount of US\$ 2 425 245 for three years. For this purpose the CCM was established, chaired by the vice premier of Tajikistan. With the deteriorating HIV situation a fresh proposal was submitted to the fourth round of the Global Fund and included expanded activity on prevention, treatment and care.

Since 2003, the government has been able to significantly scale up the national response to the HIV/AIDS epidemic through the implementation of the Global Fund grant and with support from other partners.

Major External Funding Sources (US\$)	
Global Fund (3 years)	2 425 245
USAID (2002–2007) Drug Demand Reduction Programme (including HIV prevention)	5 000 000
US Department of Defence (2004)	100 000
OSI 2003 (including OSI/USAID grants for HR)	300 000
2004	257 375
UN 2003	238 000
2004 (planned)	380 000
UNAIDS (PAF 2002–2003, 2003–2004)	100 000

## UNAIDS Support to the National Response

The UN and partners assisted the government with the development and dissemination of the NSP (2002–2005), preparation of sectoral programmes in health and education, and preparation of the national report on the implementation of the UN Declaration of Commitment on HIV/AIDS in 2003. Additional support was provided to facilitate the functioning of the HIV/AIDS-related CCMs.

UNAIDS capacities were used to mobilize technical and financial resources to assist the government with the costing and budgeting of the NSP and the submission of the first and third round Global Fund proposals. UNDP was nominated as principal recipient for the Global Fund grant implementation and the Theme Group assisted in the start of the process. UNAIDS provided technical and financial support to conduct an assessment of the HIV situation among injecting drug users and sex workers, and rapid assessment and response among especially vulnerable groups of youth.

UNAIDS assisting the establishment of the M&E system at the country level. UNAIDS and the Theme Group is assisting national capacity-building on HIV. With technical, advocacy and financial support from UNAIDS new programmes were opened in 2003–2004, and more vulnerable groups were covered: the first NGO for men who have sex with men was supported, the first NGO for people living with HIV was established, and a prevention programme in the uniformed services was launched. Partnership with public and civil society organizations was strengthened through the establishment of interagency working groups on the implementation of healthy lifestyles under the Global Fund proposal, and a network of NGOs working on HIV and centres for HIV prevention were established with support from the Theme Group.

## Functioning UN System

The UN Theme Group on HIV was established in 1997 comprising cosponsor organizations present in the country: UNICEF, UNDP, UNFPA, the National Commission of UNESCO, WHO, the World Bank, and UNODC, and chaired by the UN Resident Coordinator. During 2000–2003 other interested partners joined and the Expanded UN Theme Group on HIV/AIDS in Tajikistan now includes the IOM, UNHCR, OSI-Tajikistan, IFRC, USAID, Agha-Khan Foundation and national partners. The UNAIDS TWG has regular monthly meetings. HIV/AIDS was included in the agenda of UN Country Team meetings, and especially at the donor organizations' meeting on HIV conducted by the UN Resident Coordinator in 2004. HIV/AIDS issues are included as a priority in the CCA and UNDAF.

The UN System has strategically allocated PAF resources for 2002–2003 to support the development of the Five-Year National Strategic Plan on HIV/AIDS; to promote the involvement of people living with HIV; and to support the development of interventions for migrants, street children and other vulnerable groups.

The UN Theme group participated in the UNAIDS pilot “Capacity-building of the UN Theme Group through learning” project. Implementation of the Learning Strategy on HIV prevention in the UN workplace has begun.

## Emerging Issues and Challenges for the National Response

There is a strong push from the government to further increase the budget for HIV/AIDS.

An M&E system at country level and CRIS system in pilot districts need to be established. The national policies on antiretroviral therapy, mother-to-child transmission, and sentinel surveillance has to be developed. The concept of healthy lifestyles need to be introduced into the state education system. Legislation on HIV/AIDS issues needs to be revised and appropriate changes made. National capacities in HIV issues need to be increased and the diagnostic system improved.

It is necessary to advocate for increased prevention programmes among vulnerable groups, and there needs to be better understanding of the impact of HIV/AIDS on households and the public sector. Stigma and discrimination against people living with HIV must be fought.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to support the principle of one national body, one national programme and one M&E system, and to assist the effective functioning of the CCM. It will also provide training and development for senior government officials to facilitate the development of HIV/AIDS sectoral plans and programmes, and will assist the implementation of the UN Declaration of Commitment on HIV/AIDS.

**Partnerships:** UNAIDS will continue to advocate for meaningful involvement of NGOs (especially those representing vulnerable groups), religious leaders, and community-based organizations in the various HIV/AIDS coordinating bodies and working groups/committees.

**Strategic Information:** There is a lack of reliable and organized sources of information on HIV/AIDS outside the UNAIDS office. UNAIDS will try to disseminate information on HIV/AIDS issues by sharing information between partners, developing a web site on HIV, conducting public events and supporting national campaigns.

**Monitoring and Evaluation:** The UN (UNDP) will provide technical assistance for the costing and budgeting of the national programme to achieve the Millennium Development Goals. UNAIDS will give technical and financial assistance to establish an M&E system at the country level and CRIS system in the pilot districts.

**Technical/Financial Resources:** The main gaps in technical resources are: the need for improvement of the sentinel surveillance system, treatment and clinical care of HIV/AIDS, home-based care and voluntary counselling and testing; limited national capacity for the management of HIV programmes, coordination, and expertise; prevention of mother-to-child transmission and development of the communication strategy, training, quality assurance, and supervision; integration of TB and HIV/AIDS; M&E and surveillance, including setting up of the CRIS; and socioeconomic impact studies/surveys.

## UNAIDS In Country

**UN Resident Coordinator**

*William Paton*

**Chairperson, UN Theme Group on HIV/AIDS**

*William Paton*

**Staff** UNAIDS focal point (National Programme officer)

# UKRAINE

## Country Situation Analysis

With a population of 48.4 million (2001), Ukraine is facing a challenge in moving towards a market economy. The complicated political and economic transition process has social implications, including increased levels of unemployment and poverty. Recent years have seen economic growth taking off (9.2% in 2001 and 4.6% in 2002), but with an average annual Gross Domestic Product per capita of US\$ 800 (2002) the socioeconomic conditions remain difficult.

Ukraine has the highest prevalence of HIV amongst the CIS countries (an estimated 1% of the adult population). Since 1995, the virus has spread dramatically, first due to HIV transmission among injecting drug users, but lately also increasingly through sexual transmission. In 2002, 74% of HIV-infected people were injecting drug users, 40% were women and about 64% were under the age of 29. Currently the total number of injecting drug users in the country is estimated by national experts to be 560 000 (2002).

The national response to the HIV epidemic since 1996 can be regarded as adequate and effective, involving several ministries and seeking active collaboration with civil society partners in the planning and implementation of the response. The strong political commitment, indicated by a combined policy index on HIV/AIDS of 90%, was confirmed by the President of Ukraine in his speech at the recent high-level meeting on HIV/AIDS of the UN General Assembly. The implementation of commitments and programmes nevertheless shows need for improvement. The effectiveness of the multisectoral State AIDS Commission (SAC) is still limited. It is functioning as a decision-making body only, without support of an operational-level secretariat and its own budget. Civil society organizations, the network of people living with HIV and other relevant partners are not yet fully involved in a national decision-making body on HIV/AIDS.

The overall resource portfolio in Ukraine significantly improved when the country successfully accessed the Global Fund, receiving a grant of US\$ 92 million in total. In addition, the EU and USAID committed extra funding for HIV/AIDS interventions, the World Bank loan for HIV/AIDS and TB of US\$ 62 million was ratified in 2003 and international NGOs increased their support for capacity-building of civil society organizations.

The increased availability of resources revealed the urgency of building capacity and expertise to effectively utilize the funds.

Major External Funding Sources (US\$, million)	
Global Fund (2003–2008)	92.00
World Bank Loan on HIV/AIDS and TB (ratified end 2003; 5 years)	62.00
USAID (2000–2002)	4.77
(2003–2008)	18.00
European Commission (2000–2002)	2.00 (million Euro)
(plan 2003–2005)	4.00 (million Euro)
SIDA (Sweden) (2002–2003)	0.91
International Renaissance Foundation (2001–2003)	1.35
(plan 2004–2007)	1.45
UN (2000–2003)	5.05
(plan 2004–2007; available with more funding expected)	3.34
UNAIDS (PAF, 2002–2003)	0.46

## UNAIDS Support to the National Response

The UN provided assistance and advice for leadership development and capacity-building of the government, basing its collaboration on the principles of national ownership and leadership. It especially supported the development of the National Concept Paper on HIV/AIDS (to 2011) and the National AIDS Programme for 2004–2008.

UNAIDS took a leading role in the development of partnerships and the empowerment of nongovernmental partners. Within regular Expanded Theme Group meetings and six TWGs working on different subjects related to HIV/AIDS, partners from all stakeholder groups come together to exchange information and plan coordinated action. UNAIDS continuously advocated for the establishment of a national partnership forum involving partners from all sectors and stakeholder groups, and facilitated the involvement of new partners, especially from faith-based organizations and the private sector.

UNAIDS in Ukraine facilitated access to comprehensive HIV/AIDS care, including antiretroviral therapy. During the past year, scaling up access to quality comprehensive care was defined as one of the national priorities, enabled by the resources provided through the Global Fund. UNAIDS cosponsors, especially WHO, provided technical support for a systematic approach to quality care and facilitated the involvement of civil society organizations and the People Living With HIV Network. WHO and UNAIDS Secretariat jointly promoted the participation of Ukraine in the “3 by 5” Initiative, to increase resources for capacity-building and to support Ukraine’s leadership role within the CIS region.

As an outcome of extensive advocacy and facilitation by UNAIDS, the Government of Ukraine, and in particular the Ministry of Health, committed itself to establish one national M&E system to monitor and evaluate the response to the HIV/AIDS epidemic. Particular emphasis was placed on the leadership role of the government, the involvement and capacity-building of all sectors, the utilization of existing structures and systems, the involvement of all stakeholders, and the complementarity of their efforts. UNAIDS, at the request of the Ministry of Health, provides technical support, and assists with the coordination of efforts undertaken by the main stakeholders. Discussions on the relevance of CRIS were initiated and collaboration with major partners was sought to avoid duplication of efforts in enabling data collection at the implementation level.

Coordinated through the UN System Integrated Plan on HIV/AIDS, each UNAIDS cosponsoring agency contributed to the national response to HIV/AIDS according to their mandate. This reaches from the subject of “Governance of HIV/AIDS” over “Prevention among Youth” or “Harm Reduction” to “Treatment and Care of People Living with HIV” and “Prevention of Mother-to-Child Transmission”.

## Functioning UN System

HIV/AIDS is one of the priority subjects for the UN System in Ukraine. All present UNAIDS cosponsors and other UN agencies are strongly involved in the response to the epidemic through projects according to their mandates in the field of HIV/AIDS.

The core Theme Group on HIV/AIDS has become a well functioning platform for the UN partners to discuss and plan their joint action. The Act Now Programme and the UN System Integrated Plan on HIV/AIDS provide the strategic framework and annual plan for a coordinated UN contribution to the response to HIV/AIDS.

Through the Resident Coordinator the UN Family conducts joint activities related to HIV/AIDS, e.g., the annual Race for Life and World AIDS Day events. In addition, ongoing information sharing is promoted and workshops are held to discuss and plan action on specific topics (e.g., UN contribution to the “3 by 5” Initiative).

The UN System is hosting a total of six TWGs, covering care and treatment; injecting drug use, commercial sex workers; the Strategic Planning Process (SPP)/UNGASS, the uniformed services; and information, education and communication (IEC). Under the lead of UN partners and in strong collaboration with other stakeholders they function as important forums for bringing together all interested partners and enabling technical discussions on relevant topics.

The UN System has strategically allocated PAF resources for 2002–2003, which enabled relevant contributions to priority issues (M&E), new or neglected topics, e.g., the response to HIV/AIDS in the workplace.

Through the UN Learning Programme on HIV/AIDS, “We care”, the UN System itself became a best practice example for HIV/AIDS prevention in the workplace.

## Emerging Issues and Challenges for the National Response

In January 2004 the three principal recipients of the Global Fund grant were suspended and in March a new temporary recipient was announced. The provisional interruption of the Global Fund project caused uncertainty and demotivation and delayed the provision of antiretroviral treatment to 2 100 patients for several months. The changes also created some tension between governmental partners and the new beneficiaries. The UN System has been mediating among involved partners to quickly overcome those difficulties.

The SAC is the government’s decision-making body, facilitating coordination of policy and controlling activities aimed at AIDS prevention and management. Its outreach is quite limited, since it is mainly functioning as a decision-making body, without the support of an operational-level secretariat and its own budget. In addition, it lacks a result-based approach, which limits its effectiveness.

Lack of funding from national sources still hinders the full implementation of the National AIDS Programme. The large turnover of staff within government structures further hampers ownership and effectiveness of the response to the epidemic at that level.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to facilitate the leadership of the government through provision of technical support and sharing strategic information, and through advocacy for the establishment of a SAC secretariat and a multi-stakeholder partnership forum, to enable the SAC to effectively function as a coordinating body. The national M&E system and scaling up antiretroviral treatment will remain major items for advocacy and facilitation.

**Partnerships:** Development of partnerships and empowerment of civil society organizations, in particular the Network of People Living With HIV, will remain a priority for UNAIDS, thereby facilitating capacity-building and networking, involving new partners, and disseminating strategic information. The UN System will continue to host the Expanded Theme Group and the TWGs as forums for information exchange, coordination and partnership development.

**Strategic Information:** Information sharing with all relevant partners will remain an ongoing task of all UN partners. UNAIDS will continue to contribute to the identification and generation of best practices and the translation of new experiences into strategic information.

**Monitoring and Evaluation:** The approval of the M&E plan by the SAC will be a milestone during 2004. Further conceptualization and operationalization of the national M&E system, led by the government and involving all stakeholders, is however a major challenge for UNAIDS for the year 2004. Likewise, consensus-building among partners on the use of CRIS and its implementation together with existing IT systems will be a major achievement.

**Technical/Financial Resources:** Besides ongoing technical assistance and support to resource mobilization, UNAIDS will facilitate the coordination among major grant givers (Global Fund, World Bank, EU, “3 by 5”) to assure effective resource utilization. In addition, the UN will support networking with technical support organizations and capacity building, in particular of civil society organizations.

## UNAIDS In Country

### UN Resident Coordinator

*a.i. Jeremy Hartley* (UNICEF Representative)

### Chairperson, UN Theme Group on HIV/AIDS

*Jeremy Hartley* (UNICEF Representative)

### Staff

a.i. UCC, *Arkadiusz Majczyk*

National Programme Officer (1)

International Programme Officer (JPO) (1)

Admin Secretary (1)



## Country Annexes

# Latin America and the Caribbean



# BARBADOS

## Country Situation Analysis

Barbados, with an estimated population of 277 640 and a Gross National Product per capita of US\$12 260, is the most easterly located of the islands in the lesser Antilles. The economy of Barbados is heavily dependent on tourism revenue. The island is a regional transport hub with significant movement across the Caribbean and from Europe and North America. Research has shown that Barbados is among the countries with the highest HIV/AIDS prevalence rates in the region. Therefore, containment of the disease in Barbados and alleviation of its social and economic impact is vital for overall mitigation both within the region and globally due to mobility of skilled professionals, migrant workers and tourists.

Of the reported AIDS cases dating back to 1984, males outnumber females in all age groups, with the exception of the 15–24 age group. Surveillance data shows that HIV prevalence in males outnumbers females by almost 3:1, a trend which mirrors industrialized countries where often the epidemic has been fuelled primarily by men who have sex with men. The estimated prevalence rate of HIV is currently 1.80% with 79% of all new infections contained within the 15–49-years age group. HIV/AIDS has become the leading cause of death in young adults (15–44 years) since 1999. After years of an increasing trend in HIV infections between 1998 and the end of 2001, the AIDS epidemic appears to be declining among males as well as females with a 34% reduction between 1998 and 2001 (Source: Caribbean Epidemiology Centre CAREC, 2004), coinciding with greater access to AIDS treatment on the island.

In November 2000, the Government Cabinet approved a Comprehensive Programme for the Management Prevention and Control of HIV/AIDS 2001–2005 to be managed under the National HIV/AIDS Commission (NAC). The Programme focuses on three key areas:

1. Prevention and Control;
2. Treatment, Care and Support;
3. Management and Institutional Strengthening.

The overall objectives of the National HIV/AIDS Programme for the five years are to achieve:

1. A 50% reduction in the HIV/AIDS mortality rate within the next three years; and
2. A 50% reduction in the incidence of the disease in the next five years.

In 2001 the Prime Minister assumed responsibility for the coordination of the national HIV/AIDS programme and established a broad-based National HIV/AIDS Commission (NAC), chaired by the Special Envoy on HIV/AIDS, to advise on policy and coordinate the implementation of the national programme. In 2001 the Barbados Government pledged US\$ 50 million over five years, and in 2002 the Government negotiated a US\$ 15.1 million loan from the World Bank to help fund the national programme, specifically to provide treatment for AIDS patients. The latter has resulted in a 40.8% reduction in inpatient costs post highly active antiretroviral therapy with a 59.4% reduction in total annual hospital days. The results indicated a cost shift from inpatient to outpatient care in the first year of Highly Active Antiretroviral Treatment. To date funds have been used to build capacity for treatment and care resulting in a state of the art treatment centre and a treatment monitoring laboratory. In addition, 85% of Ministry personnel have been sensitized and educated in HIV awareness, while the capacity and infrastructure of the National HIV/AIDS Commission has been established.

The University of the West Indies (UWI) has undertaken a major initiative, the UWI HIV/AIDS Response Programme (UWIHARP), to coordinate its own HIV efforts across its three campuses in the Caribbean. The Cave Hill, Barbados Committee involves all relevant faculties and campus communities, with emphasis on the student body, and links with the AIDS Commission and other groups including the Caribbean Epidemiology Centre. Through UWIHARP information on HIV/AIDS has been infused in curricula, particularly within the Faculty of Social Sciences which includes nearly 50% of Cave Hill students.

### Major External Funding Sources (US\$)

World Bank (MAP I, IDA soft loan)	15.15 million
DFID (5 years)	
USAID (2000 and 2003) (CHART Coordinator salary)	25 000
PAHO	6 434.15
UNICEF	35 919.81
CAREC	23 811.75
Inter-American Development Bank	40 000
UNAIDS (PAF funds, 2002–2003)	60 000

## UNAIDS Support to the National Response

UNAIDS has provided training in the use and establishment of the Country Response Information System (CRIS) and support in the development of a proposal on monitoring and evaluation for access of UNAIDS Programme Acceleration Funds (PAF). Support has also been provided to facilitate UNGASS reporting

## Functioning UN System

HIV/AIDS and Millennium Development Goals have been prioritized as major thematic areas for the attention of the UN Sub-Regional Country Team (UNSRT), covering Barbados and the Eastern Caribbean. The UNSRT is working on developing a joint programme on HIV/AIDS. From 2003 the Team Leader of the Caribbean Inter Country Team was made a full member of the UNSRT. Continuing the practice of meeting with key decision-makers at

the Annual UNSRT Retreat, in October 2003 the UNSRT met with the Permanent Secretaries of the Government of St. Vincent and the Grenadines and discussed partnership with the government in grappling with critical development issues, including addressing the impact of HIV/AIDS in government sectors.

UNAIDS allocated US\$ 80 000 under the Programme Acceleration Funds (PAF) in the 2002–2003 biennium for Barbados. These funds can also be accessed by other Eastern Caribbean States.

## Emerging Issues and Challenges for the National Response

- Recent evidence suggests that although knowledge of HIV/AIDS has improved, attitudes have not changed in the same measure.
- More attention needs to be paid to the vulnerable groups in the society: men who have sex with men and commercial sex workers
- The Barbados private sector is still a largely inactive and untapped resource for supporting and promoting HIV/AIDS initiatives
- Gender inequalities have not been effectively addressed.
- Inadequate prevention coverage in rural areas is currently being addressed through the establishment of 19 HIV/AIDS Community Committees
- Poor sexually transmitted infection surveillance and inadequate uptake and provision of sexually transmitted infection testing management and referral, especially among vulnerable groups (including people living with HIV/AIDS.).
- Inadequate capacity and strategic information for the planning, monitoring and evaluation of new interventions is currently being rectified.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for the Barbados Political Directorate to assume a leading role in the HIV/AIDS sensitisation of the political leaders of the Caribbean Community (CARICOM) and for the Barbados Commission to be a resource for national response of the Eastern Caribbean.

**Partnerships:** The Inter Country Team will partner with the National AIDS Commission in Barbados to organise a regional skills-building workshop for NGOs, including people living with HIV/AIDS.

**Strategic information:** The Inter Country Team will facilitate the development of a comprehensive country profile on Barbados and promote the documentation and use of best practices from Barbados.

**Monitoring and Evaluation:** UNAIDS will provide technical assistance for the strengthening of the M&E reference group and the development of a national M&E framework.

**Technical/Financial resources:** UNAIDS will build capacity to assess and monitor resource flows.

## UNAIDS In Country

### UN Resident Coordinator

*Rosina Wiltshire* (UNDP Resident Representative)

### Chairperson, UN Theme Group on HIV/AIDS

*Veta Brown* (PAHO Representative)

**Staff:** *Angela Trenton-Mbonde* (Team Leader, Caribbean ICT)  
(Non-resident)

# BRAZIL

## Country Situation Analysis

Brazil has 175 million inhabitants (2002) and a population growth rate of 1.4%. Life expectancy at birth is 70 years and the Gross National Product per capita is US\$ 2 959 (2001). Brazil's new government is committed to realizing the large potential for welfare improvements. The vast income disparities and high debt burden call for simultaneous actions on the economic and social fronts.

The first case of AIDS in Brazil was reported in 1982. The World Bank predicted that by the year 2000 there would be 1.2 million people infected in the country. However, in fact, Brazil began the 21st century with an estimated 600 000 people living with HIV/AIDS (0.65% prevalence). A relative stabilization of AIDS incidence has been observed since 1997. A trend towards increased heterosexual transmission and a general pauperization process could have adverse consequences in the future.

Brazil's response to AIDS has benefited from consistently strong political support from the highest level of government. This has been translated into regulatory policies as well as a very clear and permanent allocation of financial resources at national, state and local levels. Access to care (including anti-retrovirals) is universal and guaranteed by National Law. Currently more than 135 000 people have access to free treatment provided through government financing. Generic versions of antiretroviral drugs are produced by several publicly-owned companies. A multisectoral approach has been in place nationwide. AIDS NGOs have played an essential role in advocacy and policy development as well as in the implementation of key activities. A highly qualified technical and administrative structure is established in the Ministry of Health to manage the AIDS programme and coordinate all multisectoral activities that have been carried out involving the Federal Government structure, states and municipalities. A very strong and active National Business Council on AIDS has been in place since 1998.

### Major External Funding Sources (US\$, million)

World Bank (Loan)	200 (100 million Brazilian Government)
UNAIDS (PAF funds, 2002-2003)	0.75

## UNAIDS Support to the National Response

Since 2000, the UNAIDS Office is the main advocate of a coordinated effort by the UN System to support the National Response. The majority of the activities are developed through the UNAIDS Theme Group Members.

In 2003, UNAIDS/Brazil played an important role on the monitoring process of the UNGASS Declaration of Commitment on HIV/AIDS. The Brazilian government report was widely disseminated and a Portuguese version of the Declaration of Commitment was distributed to key partners. UNAIDS Theme Group members provided support to civil society capacity building on monitoring the Brazilian response to HIV/AIDS (Workshop held in Recife in September of 2003.) UNAIDS has also supported a Meeting of the MERCOSUR NGOs/AIDS Forum, that was held in Brasilia, in June 2003.

UNAIDS Brazil, through ILO and partners, has advocated for implementation of the new ILO Code of Practice and relevant ILO workplace standards and for strengthening the partnership with the private sector. Efforts have also been made to intensify partnership in key areas like the private sector, the Church and the armed forces on issues such as human rights, race and gender.

The Financing Global Care Network, supported by UNAIDS, aims to disseminate analyses on key issues and lessons learnt in the implementation and construction of the international care agenda. The Network reflects the mobilization of people working in care activities in all continents, including people living with HIV/AIDS, NGOs, and individuals working in the field of medicine, science, economics, social services and care, in sharing their experience and advocating for accelerating access to care for people infected with HIV. The Secretariat of the Financing Global Care Network is based at the National School of Public Health, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil.

UNAIDS/UNITAR supports a new initiative that serves existing networks of cities and local authorities and recognizes the major role of local authorities in locally achieving global objectives, such as addressing the AIDS epidemic. It aims to strengthen the capacity of local authorities to address HIV/AIDS in all the activities of the local territory and to involve local actors into a multi-faceted response to the epidemic. It also aims to strengthen the capacity of local authorities to formulate lessons learned from local responses and to advocate for them to be taken into account national and international priorities and strategies. Recent workshop held in Curitiba brought together delegates from 16 different cities from all over Brazil. The mobilization of municipalities was also a theme for a Seminar held in 2002 in São Paulo, reported in the publication "AIDS in Megacities", supported by UNAIDS.

In 2003, following recommendations from the UNAIDS Programme Coordinating Board and the UN Development Group, the UNAIDS Country Coordinator was invited, as observer, to participate in the UN Country Team and also to participate at the National AIDS Commission (CNAIDS).

In 2004, a partnership between the Ministries for Defence and Health and the UNAIDS Office for Security and Humanitarian Response was established with the objective of strengthening the STI/HIV/AIDS Prevention Programme of the Brazilian Armed Forces.

The 2004 priorities for the UN Theme Group are Implementation of the UNGASS Declaration, AIDS in the workplace, and south to south cooperation.

## Functioning UN System

The contribution of the UN System and its partners to the Brazilian Response to the HIV/AIDS epidemic has increased since the establishment of the UNAIDS Theme Group in 1997. Besides the eight UNAIDS Co-sponsors in the country (WFP has no office in Brazil), the UN Theme Group on HIV/AIDS comprises other UN Agencies (The Economic Commission of Latin American and the Caribbean, FAO, UNIFEM), the Brazilian Government (Ministry of Health, Ministry of Education, Ministry of Foreign Affairs and National Anti-Drugs Secretariat), bilateral Cooperation Agencies (DFID, GTZ and USAID), the Red Cross International Committee, the National Business Council on HIV/AIDS Prevention and two Representatives of the Civil Society.

Also, the UNAIDS Technical Group for Media comprises the media consultants of the UNAIDS Theme Group members with the objective of coordinate media activities within the Theme Group.

The UNAIDS Theme Group was successful in mobilizing UNAIDS Cosponsors and bilateral donors to coordinate their support with Programme Acceleration Funds (PAF) from UNAIDS. This success reflects the recognition of the strategic importance of controlling the epidemic both in Brazil and internationally through the promotion of horizontal technical cooperation.

The PAF regular resources for 2002–2003 were allocated to two strategic projects:

- Improving data collection on HIV/AIDS notifications in the public health care system, addressing issues of the Afro-Brazilian population health. Afro-descendants comprise 48% of the population, and 63% of those living in poverty in Brazil. The objective of this PAF, following the recommendations of the UN III World Conference Against Racism, is to strengthen the National System of Information on Health, by reducing under-registration of data on race/ethnicity and to allow a systematic monitoring of health status that account for the Brazilian population's racial and ethnic diversity. Implementing and Executing Agency: UNDP.
- Strengthening communication and social mobilization promoting HIV/AIDS awareness, addressing stigma and discrimination, young people, young people living with AIDS, young homosexuals and drug users through radio broadcasting. The objective of this project was to strengthen media (radio) commitment to working with and for young people and to ensure that children and young people are thoroughly informed about HIV/AIDS and have full opportunities to learn the life skills that are key to reducing their vulnerability and avoiding risky behavior. Implementing Agency: UNFPA, Executing Agency: UNDP.

Also, the UN Theme Group in Brazil was entitled to PAF supplementary funds. One of the initiatives that is being implemented is the evaluation of the Mother-to-Child HIV Prevention Programme ("Projeto Nascer"). The Parliamentary Group on HIV/AIDS, created through another PAF Project, was considered a best practice by the UN Resident Coordinator Annual Report (2003).

In 2002 and in 2003, UN Theme Group in Brazil together with the Ministry of Health sent an invitation letter to all Brazilian mayors (total: 5561) requesting them to display the Red Ribbon on a famous monument in their city on World AIDS day. Many mayors found the idea appealing and displayed the Red Ribbon in their cities. This activity is being disseminated to other partners in Latin America and the Caribbean.

In 2003–2004 the UNAIDS Office in Brazil was strengthened with the hiring of a Media and Partnership Consultant and an Administrative Assistant.

## Emerging Issues and Challenges for the National Response

- M&E is a priority for the National Aids Programme and other key partners in the country. As an example, the Centres for Disease Control and Prevention (CDC) now has an office as part of their Global AIDS program based at the National AIDS Program to provide support in this area.
- To improve the access to the prevention of vertical transmission. Goal: to guarantee 100% treatment for HIV+ mothers.
- To improve early diagnosis (only one third of the population has been tested)
- To improve access to condoms.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue accompanying the implementation of the Declaration on HIV/AIDS and advocating for the strengthened participation of civil society in this process. Also on the agenda is to strengthen the participation in two strategic working committees: Millennium Development Goals and the Global Compact.

**Partnership:** UNAIDS in Brazil will strengthen advocacy to encourage the active participation of all sectors of society in the response to the epidemic. Also, the Media and Partnership Development Consultant will be responsible for identifying and involving key new partners to join the national response efforts.

**Strategic Information:** UNAIDS Brazil has a communication strategy to reach the general public, vulnerable groups, the press, Government, civil society and other key actors.

**Monitoring and Evaluation:** UNAIDS will continue to follow the Brazilian Government decisions on the implementation of the Country Response Information System in the country.

**Technical/Financial Resources:** To improve and strengthen technical south to south cooperation mainly with the Portuguese speaking countries in Africa (PALOP) and Latin American countries.

## UNAIDS In Country

### UN Resident Coordinator

*Dr. Carlos Lopes* (UNDP Resident Representative)

### Chairperson, UN Theme Group on HIV/AIDS

*Dr. Armand Pereira* (ILO Director in Brazil)

### Staff

*UCC, Telva Barros*

Programme Assistant/ Admin Assistant (2)

Media and Partnership Development Consultant (1)



# COLOMBIA

## Country Situation Analysis

Colombia has a population of 43.7 million inhabitants: 71% urban; 20% living in extreme poverty. The population density is 40.7 inhabitants per square kilometer, with an annual population growth of 1.3%. The per capita Gross Domestic Product (GDP) is US\$ 1 899. Regional differences are significant: the department with the greatest per capita GDP reached a level of US\$ 2 100, compared with the US\$ 500 reached by the department with the lowest one. Of adults 10% are illiterate, while 18% of children between the ages of 11–15 drop out of school. Life expectancy is 68 years for men and 73 years for women. The fertility rate is 2.6; the infant mortality rate is 24 per 1000 live births. The level of unemployment is estimated at 22%. The country's key challenge is the armed conflict, which started as a politically-driven guerrilla war some 30 years ago. It has been aggravated during the last decade by drug trafficking and paramilitary-related violence.

In 1993 health reform was enforced and the General System for Social and Health Security (SGSSS, in Spanish) was created. The SGSSS includes two kinds of affiliation: the contributory system for salaried or independent workers, and the subsidized system, designed to insure the poorer population. Today, owing to financial restrictions, the SGSSS coverage only reaches 56% of the population. Among the illnesses covered by both systems are high-cost illnesses including HIV/AIDS. For the population affiliated with the SGSSS, it includes integral care for persons affected by the epidemic, including the provision of antiretroviral drugs.

The estimated number of persons living with HIV is between 200 000 and 220 000, with a national prevalence estimated at 0.4% for population aged 15–49 years. Of the 41 400 reported cases (HIV and AIDS), 89% were transmitted by sexual contact, 2.2% vertically, and 0.57% through blood transfusion. In the last 10 years the predominant pattern of sexual transmission has changed, with a progressive increase in heterosexual transmission, since the ratio of male to female cases has fallen from 8:1 between 1990 and 1994 to 3:1 between 2000 and 2002. Since the first case of mother-to-child transmission of HIV was reported in 1987, 559 cases have been registered. The epidemic is concentrated in the age groups between 20 and 40 years old, with a case participation between 62% and 71% in the last five years. In 2001 AIDS was the fourth most common cause of death in this age group.

The National AIDS Council (NAC) was formed in 1997, conceived as the main governing body to deal with HIV/AIDS. However, NAC has not been functional, and met only twice during 2003. The National Strategic Plan 2000–2003 was based on eight strategies: 1) Consolidation of multisectoral coordination; 2) Strengthening of Education, Communication and Information (IEC) actions; 3) Promotion of social participation; 4) Design and implementation of prevention projects aimed at populations of higher vulnerability; 5) Mobilization of private sector; 6) Update, development and divulgation of legal and normative framework (Decree 1543 of 1997, on HIV/AIDS); 7) Strengthening of the public health surveillance system; and 8) Evaluation, research and monitoring. In the second half of 2003, a participatory multisectoral review and evaluation of the level of execution of the NSP was conducted. According to this evaluation, only 38% of planned activities were executed, and only 36% of the necessary financial resources were allocated.

According to the National Accounts Study, national spending on HIV/AIDS for 2002 was nearly US\$ 42 million; 83% coming from public resources, 15% from private funds or out-of-pocket spending, and 2% from external cooperation. Public spending mostly corresponds to the social security system and the costs of promotion and prevention done at the regional and local level. A very high proportion of total expenditures goes for treatment and care, and among these, most went for antiretroviral drugs that by themselves account for 56% of the total. Nearly 10 000 people currently receive combination antiretroviral therapy.

A new intersectoral national plan for 2004–2007 has been designed. This Plan is based on three main *theme axis*, or *lines of action*: 1) Intersectoral Coordination, and Institutional Commitment; 2) Promotion and Prevention; and 3) Care and Support.

### Major External Funding Sources (US\$, million)

Global Fund (4 years, starting 2004)	8.6
European Commission (2003–2005)	2.2
UNAIDS (PAF funds, 2002–2003, and support to specific initiatives)	0.16
UNAIDS Theme Group (2002–2003)	0.02

## UNAIDS Support to the National Response

UNAIDS cooperation to the national response has been fundamental since 1998, when the national office was installed, particularly in the context of the low profile of HIV/AIDS within the National Government in the last years. The UNAIDS Theme Group facilitated the multisectoral strategic planning process for the formulation of the National Strategic Plan 2000–2003.

A national response evaluation based on the reporting format for the follow-up of the UNGASS Declaration on HIV/AIDS at country level, received technical and financial support from the UNAIDS Theme Group. The multisectoral planning process for years 2004–2007, which took place in late 2003, was facilitated and financially supported by the UNAIDS Theme Group as well.

UNAIDS facilitated and coordinated the composition of the Country Coordinating Mechanism as well as the whole process of proposal design, writing, and submission to the second review round of the Global Fund. The project was initially rejected by the Global Fund Panel Review, but the Country Coordinating Mechanism appealed the rejection decision, proving that it had been the result of an inadequate review of the proposal, and the project was finally approved.

Design and writing of the project proposal on reduction of mother-to-child transmission, funded by the European Commission (1.8 million euros), was also coordinated and facilitated by UNAIDS. This on-going national initiative is based on the experience of previous regional projects supported through Programme Acceleration Funds since 2000. Direct support from the First Lady for improving the visibility of this project, was obtained by UNAIDS.

Technical support and logistics facilitation have been provided to other initiatives, e.g., the National Accounts study (SIDALAC), the survey on HIV/AIDS services coverage (Futures Group), the design of the 6<sup>th</sup> sentinel study, and planning for implementation of a second generation surveillance system. Close and coordinated work has been developed with the national officer delegated by the Minister to the Andean subregional meetings held in Lima

in year 2003, who was one of the main promoters of the Lima Agreement (initially Andean, and afterwards signed by eight countries) for reduction of antiretroviral treatment costs.

## Functioning UN System

The UN Theme Group on HIV/AIDS started functioning in 1998, when the national office was installed. A total of 38 Theme Group meetings have been held so far. During 2000 and 2002, several activities/projects included in the National Strategic Plan, were developed and executed with the coordinated support of professionals from different UN Agencies, like the initiative for risk reduction of HIV/AIDS transmission and substance abuse (UNODC-PAHO-UNAIDS), the pilot behavioural intervention with youngsters living in the context of forced displacement (PAHO-IOM-UNAIDS), and the regional pilot projects on reduction of mother-to-child transmission (UNICEF-UNAIDS).

A progressive increase in the interest and commitment from Heads of Agencies regarding HIV/AIDS has been obtained since 2002, thanks to the labour of the two last UN Resident Coordinators (Mr. Lars Franklin and Mr. Alfredo Witschi) who have placed the theme as a priority issue on the agenda of the UN Country Team. In July 2002, the National Seminar "History, Analysis, and Perspectives of Sex Education in Colombia" was facilitated by UN, in coordination with the Ministry of Education. The Seminar conclusions and recommendations were published and distributed nationwide. In November 2003, the International Forum on AIDS and Development in Latin America, took place in Bogotá, with financial and technical support from several UN Agencies. More recently, advocacy actions looking for higher commitment from High Government at the national and departmental level, have been re-initiated by the UN Country Team, lead by the UN Resident Coordinator.

Likewise, the UN Country Team, including the UNAIDS Country Programme Advisor, has executed four meetings (one day duration each) with Government Teams from the Caribbean Region Departments, enforcing agreement for closer regional cooperation, and HIV/AIDS has been placed as a priority in their public agendas. Last April 14, the Global Fund Project was officially launched by The Minister of Social Protection, the Minister of Education, and the UN Resident Coordinator, with the presence of 30 Mayors of the municipalities selected for the project execution at an event that received extensive media coverage.

## Emerging Issues and Challenges for the National Response

There is a strong need to strengthen the Government response to HIV/AIDS. Currently, there is an optimistic feeling among members of the intersectoral working group on the progress expected in the short term for the national response to HIV/AIDS. However, there is also a growing concern regarding the government financial sources needed. The Budget for Intersectoral Plan implementation was estimated at around US\$ 186 million. Government funds for implementation of the new National Plan are not yet assured, and according to the information provided by the Ministry officials, there will be a new cut in the Government budget for social protection and health issues, due to financial constraints and military priorities.

Regular and active surveillance has been one of the public health components most affected by the health reform. Well trained and experienced human resources who used to work at the National Institute of Health and at Regional Public Health institutions are not present any more, and private insurers have not given priority to the collection and analysis of key information. However, sentinel surveillance is again running, and a few behavioural studies with specific population groups are being conducted in year 2004.

Although it is true that Colombia still is considered as having a concentrated epidemic, the epidemic is now expanding through heterosexual transmission, following the tendency of the Caribbean countries.

Furthermore, Colombia has experienced a prolonged armed conflict, derived from multiple social and political reasons, and aggravated in the last years by the drug traffic, now being controlled by the armed guerrillas and paramilitary forces.

## UNAIDS Key Result Objectives 2004-05

Several specific lines of action of the new Plan are closely related to the UNAIDS five strategic objectives and key results, and will constitute the UN Implementation Support Plan for the next two years.

**National Leadership:** Special priority will be given to the strengthening and permanent functioning of the National AIDS Commission. UNAIDS will continue to actively participate and to provide the required assistance for an effective functioning of the Country Coordinating Mechanism. It will also enhance its participation in the joined advocacy actions lead by the UN resident Coordinator.

**Partnerships:** Civil society and regional public health has played an important role in the implementation of the national response to the epidemic. UNAIDS will keep providing support for the strengthening of NGOs, particularly those involved in the execution of the Global Fund Project. Involvement of private business, which was sought and achieved in 2002 in the two main cities, has weakened in the last year. Renewed efforts will be made in this regard.

**Strategic information:** As mentioned above, epidemiological surveillance has weakened at the country level. Joined efforts with the National Institute of Health will be made in order to improve the quality of strategic information, using part of the Global Fund Project financial resources, particularly in the strengthening of the second generation surveillance system.

**Monitoring and Evaluation:** Monitoring and Evaluation, the eighth component of the National Strategic Plan 2000–2003 was the one with the lowest level of execution during the implementation of the Strategic Plan. Therefore, support for strengthening of this component will be stressed.

**Technical/Financial resources:** UNAIDS will continue with exploring new opportunities for mobilization of further financial resources. At present, technical support is being provided to a committee consisting of four NGOs for the design and writing process of a proposal to be submitted to the GTZ Back Up Initiative. The main objective of this proposal is the strengthening of NGOs technical capacity, and the estimated budget is 200 000 euros.

## UNAIDS In Country

**UN Resident Coordinator**

*Alfredo Witschi-Cestari*

**Chairperson, UN Theme Group on HIV/AIDS**

*Manuel Manrique Castro* (UNICEF)

**Staff** UCC: *Ricardo García Bernal*

Administrative Assistant (1)

Driver (1)

# CUBA

## Country Situation Analysis

Cuba is a country of high human development according to the 2003 UNDP Human Development Report. The Gross Domestic Product per capita was 2 462 pesos in 2002 (Adjusted to the price of 1997. Official exchange rate: 1 Cuban peso = 1 US\$). At the end of 2003, there were 4 071 people living with HIV/AIDS identified and an estimated HIV prevalence of 0.05% among adults aged 15–49. The epidemic has been slowly growing during the past years with a high risk of increasing due to, among other causes, the low-risk perception in the population and a deficiency of educational and support materials.

Cuba has mobilized an effective multisectoral response to HIV/AIDS since the 1980s through the Operative Group to Tackle and Fight AIDS (GOPELS), headed by high-ranking Government officials with representation from the Executive Committee of the Council of Ministers. The National Programme for the Control and Prevention of sexually transmitted infections/HIV/AIDS was first developed in 1986 and includes four main components: Epidemiological Surveillance, Medical Assistance, Health Education and Research. The National Strategic Plan (NSP) on sexually transmitted infections/HIV/AIDS 2000–2006, built upon the priorities defined in the National Programme, was published in October 2001. In 2002, the Government made two submissions to the Global Fund to Fight AIDS, Tuberculosis and Malaria and the HIV/AIDS component of the 2<sup>nd</sup> submission was approved in January 2003 for the total amount of US\$26 152 827 for five years. For this purpose, the National Coordinating Group for the Cooperation with the Global Fund (CCM) was established, chaired by the Viceminister of Foreign Investment and Economic Collaboration.

In 2001, the Government began providing antiretroviral treatment to people living with HIV/AIDS, mainly through the national production of generic drugs. The Global Fund resources enable the country to scale up this initiative as well as HIV prevention and care throughout the country.

### Major External Funding Sources (US\$, million)

Global Fund (2003–2008)	26.15
GVC Italy (2002–2005)	1.25
UN Agencies (2003–2007)	1.12
PSI Europe (2002–2004)	0.28
UNAIDS (PAF funds, 2002–2003)	0.10
MDM France (2002–2005)	0.10
Hivos Netherlands (2002–2004)	0.10

## UNAIDS Support to the National Response

UNAIDS assisted the government with the implementation of the National Strategic Plan (2001–2006) in the areas of HIV/AIDS prevention to vulnerable groups, especially men who have sex with men, and expanded multisectoral response at local level.

The implementation of key national HIV/AIDS/STI programmes was accelerated and scaled up by the Global Fund project which began in August 2003. UNAIDS capacities were used to assist CCM to submit the proposal and develop work plan. UNDP serves as the Principal Recipient of the Fund and other UN Agencies also support the Global Fund project according to their mandates and expertises.

Partnerships with public and civil society organizations were strengthened through CCM meetings held quarterly and implementation of the Global Fund project.

## Functioning UN System

HIV/AIDS has been a standing agenda of interagency meetings since 2003 and UNAIDS Focal Point has been invited to these meetings. Since members, roles and functions of UN Theme Group and the Technical Working Group were unclear, UN Theme Group redefined the membership, roles and functions of UN Theme Group and UN Technical Working Group. With the creation of CCM, the function of the UN Theme Group became a coordinating body among UN Agencies, inviting national authorities as necessary. Since the execution through the Resident Coordinator mechanism was introduced in 2002, the Technical Working Group has met quarterly to monitor the performance of PAF project in addition to discuss other issues. The UN system has allocated PAF resources for 2002–2003 to support a strengthened and expanded multisectoral response at the local level in the HIV/AIDS prevention among youth and religious leaders through Information, Education and Communication activities.

## Emerging Issues and Challenges for the National Response

Though Cuba maintains low HIV prevalence, the number of detected cases of HIV infections in 2003 increased by 15% in comparison with the number in 2002. The national strategy toward men who have sex with men was approved in November 2003 by GOPELS, but reservations among mid-level decision makers about dealing with this issue, make interventions to this group difficult.

The percentage of HIV positive women is still low but the tendency of increase is observed. Activities addressing women who practice transactional sex should be strengthened.

Lack of voluntary counselling and testing sites has led the population to use blood donation sites for HIV testing. GOPELS has therefore approved an increase in the number of voluntary counselling and testing sites.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UN Theme Group will continue to work with the National AIDS Programme as well as other related sectors to support the implementation of National Strategic Plan, paying special attention to vulnerable groups and involvement of people living with HIV/AIDS. It will also provide support to the implementation of the Global Fund project as necessary.

**Partnerships:** The UN Theme Group will continue to advocate for involvement of groups whose participation are limited in the national response and work closely with other donors (Global Fund, bilateral donors and INGOs)

**Strategic information:** The Theme Group will support development of the virtual library on HIV/AIDS and collection and dissemination of best practices through it.

**Monitoring and Evaluation:** The Theme Group will support the establishment of one national M&E framework in the country and introduce CRIS to the country as necessary.

**Technical/Financial resources:** HIV/AIDS competency among implementing partners and among their staff members should be strengthened.

## UNAIDS In Country

**UN Resident Coordinator**

*Bruno Moro*

**Chairperson, UN Theme Group on HIV/AIDS**

Francisco Roberto Arias Milla (FAO)

**Staff**

*Chisa Mikami* (Focal Point)

# DOMINICAN REPUBLIC

## Country Situation Analysis

The Dominican Republic is one of the countries in the Americas with the highest HIV prevalence rate (2.3%). It has a population of 8.2 million, with more than 64% living in urban areas. The HIV/AIDS epidemic is regarded as generalized and since 1995 shows a tendency to stabilization. Behavioural changes and condom use is steadily increasing in the population.

In recent years, the Dominican Republic and neighboring Haiti have signed several working agreements to collaborate on HIV prevention on the borderline, as a response to the intensity of circular migration between the two countries. The national response to the epidemic has strong political support from the Presidential AIDS Council, which includes the participation of the civil society and people living with HIV/AIDS. The National Strategic Plan is fully operational. Despite support through a recent World Bank loan, additional budgetary support is needed. The total health-care spending in the Dominican Republic represents only 5% of the Gross Domestic Product per year, which is below the average for Latin America (7.2%). There are institutional weaknesses, inequitable access to care and insufficient coverage of prevention activities. Similarly, increasing access to treatment for people living with HIV/AIDS is a key priority.

Major External Funding Sources (US\$, million)	
World Bank (loan)	30.0
Global Fund (5 years)	48.0
USAID (2000 and 2003)	25.0
Clinton Foundation	50.0
UN and Partners (ISP), 2004	4.0
GTZ	1.0
UE	1.2
UNAIDS (PAF funds, 2002–2003)	0.32

## UNAIDS Support to the National Response

The Presidential AIDS Council (COPRESIDA) has an Advisory Council (CAC) that comprises the main cooperation agencies and representatives of foreign governments, NGOs and people living with HIV/AIDS. This council acts as an expanded Theme Group. The Country Coordinating Mechanism has 13 members and deals with the Global Fund Project. UNAIDS acts as Secretariat to the Advisory Council.

After 1995, the HIV/AIDS epidemic in the Dominican Republic appears to follow a stabilized trend within the general population. The National Demographic Health Survey, with over 20 000 samples, showed a prevalence of 1% within the 15–54 age group. The prevalence rate among youth under 20 years old is less than 1%. Condom use has also increased in the population, particularly in high-risk groups. The API survey carried out in 2001 and 2003 reflected improved changes in policy formulation, financing and prevention efforts in general, although treatment and impact reduction levels are still poor. Political changes and resource investments have favored the achievement of some of the UNAIDS objectives.

Some discrepancies have emerged regarding the role of COPRESIDA, as some perceive that it has taken over the functions of the Ministry of Health as the National AIDS Programme. The Global Fund requested that a local institution and not a UN agency was selected to administer the funds for the principal recipient (COPRESIDA). This originated a controversy, led primarily by representatives of the people living with HIV/AIDS, which became a major issue at the national level and delayed the signing of the final agreement and the disbursement of funds. The Country Coordinating Mechanism has established its position with Global Fund approval; however final agreements have yet to be signed. In addition, the network of people living with HIV/AIDS was involved in a serious institutional crisis that led to legal intervention and internal division among its members. This caused a temporary interruption in the implementation of various projects addressing this population group. UNAIDS has played a key role as mediator in this conflict.

## Functioning UN System

In 2003, the Theme Group was chaired by UNFPA and included nine cosponsors and representatives from other UN programs in the country (FAO and IOM). The Theme Group met 6 times last year to address various relevant issues. The Technical Working Group includes technical staff from the agencies and other representatives of government institutions, the civil society and people living with HIV/AIDS.

The Presidential AIDS Council (COPRESIDA), which is directly under the Executive Branch, is responsible for coordinating the response to the HIV epidemic in the country. It has an Executive Director and a Board of Directors that is comprised of governmental institutions, the private sector, the Coalition of NGOs on AIDS, and the Network of People Living with HIV/AIDS.

The UNAIDS office is located in the same building as the Presidential AIDS Council, the Coalition of NGO/AIDS, the Association of Health Journalists, and soon the Dominican Network of PLHA (REDOVIH) will have an office space on the premises. This has allowed greater interaction with the main actors in the prevention and control of the HIV/AIDS epidemic.

## Emerging Issues and Challenges for the National Response

Signing and implementation of Global Funds grant;

The national policy for antiretroviral treatment has to be strengthened;

Safety networks delivering holistic home-based care and referral mechanisms need to be supported in light of the national economic and political situation due to electoral year (2004);



There needs to be a better understanding of the impact of HIV/AIDS on households and the public sector;  
Stigma and discrimination need to be addressed to engage people to speak openly about HIV/AIDS;  
HIV testing and follow-up among the military is another emerging issue.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for the establishment of a National AIDS Coordinating body and provide assistance, as necessary, for the effective functioning of the CCM. It will also provide training for senior Government officials to facilitate the development of HIV/AIDS sectoral plans. Similarly, support will be given to representatives of civil society organizations (especially faith-based organizations, NGOs, and Unions, etc.).

Secretariat of the National Advisory AIDS Commission.

Design and implementation of UN-Implementation Support Plan.

**Partnerships:** UNAIDS provided frequent input and support to the National AIDS Council Executive Direction and technical staff; a World Bank loan is executed through this mechanism with the administrative support of UNDP.

UNAIDS acts as the Secretariat of the NAC Advisory Committee.

There is wide involvement of civil society organizations, NGOs, artists and faith-based organizations in the national response, UNAIDS will continue to advocate for a strengthened involvement of these groups in various HIV/AIDS coordinating bodies and working groups/committees.

### Strategic information:

Establishment of HIV Documentation Centre; UNAIDS provides continuous financial and technical support for HIV Second Generation Surveillance; participation in national surveillance with the analysis and promotion of the HIV modules that include national sero-prevalence and survey and behavior changes.

**Monitoring and Evaluation:** The M&E Unit and CRIS database will be established and activated in the Presidential AIDS Council. UNAIDS will provide technical assistance for the design process; costing and budgeting of the National Strategic Plan 2004–2007.

### Technical/Financial resources:

UNAIDS and NAC worked together to establish regional technical mechanisms to facilitate timely access of the programmes to relevant M&E know-how and skills;

Provide technical support for resource mobilization with the Clinton Foundation, HIV Vaccine Research, Caribbean Project, World Bank loan, GTZ project;

Design of the Global Fund proposal with major support from UNAIDS secretariat and Theme Group.

PAF funds to support various initiatives.

## UNAIDS In Country

### UN Resident Coordinator

*Nicky Fabianic*

### Chairperson, UN Theme Group on HIV/AIDS

*Socorro Gross* (PAHO Representative)

**Staff** UCC, *Ernesto Guerrero*

NPO (1)

Assistant/Admin. (1)

Driver/messenger(1)

# GUATEMALA

## Country Situation Analysis

Guatemala is a middle- low-income country with a Gross National Product per capita of US\$ 4 100. With a population of 11 million, an estimated 75% live under the poverty line. Between the years 1984 to 2003, 6 048 cases of AIDS were reported, with an estimated under-reporting of 50%. In 94% of the reported cases the mode of transmission was through sexual intercourse. The HIV prevalence is 1% within the general population, 1% among pregnant women, with higher rates reaching up to of 11% among Commercial Sex Workers (CSW) and 11.5% among men who have sex with men. HIV/AIDS has been addressed through a multi-sectoral comprehensive national response expressed in the National Strategic Plan (NSP) 1999–2004. A 2<sup>nd</sup> generation National Strategic Plan, NSP 2005–2009, will be drafted by the end of the year. The governmental response is mainly represented by the Ministry of Health (MOH) which spent approximately US\$ 1.6 million in the capital city and in the National AIDS Programme within care activities. Furthermore, the Social Security Institute brings care and support to almost 2 000 people living with HIV/AIDS a year and spent around US\$ 8 million during the year 2002.

The most-at-risk populations, men who have sex with men, and commercial sex workers are being addressed mainly by Non-Governmental Organizations. Also via the approved Global Fund project, further preventive strategies for these groups are included, to be implemented during the following two years. It is calculated that the civil society spent more than US\$ 2.9 million in 2002.

Human Rights are being closely monitored by civil society groups, with the support of UN Agencies, Programmes and Funds and bilateral donors. During 2003 a campaign addressing stigma and discrimination was implemented by different actors. This campaign included capacity building for civil society leaders and awareness raising of candidates running for different public posts (Mayors, Congressmen and the Presidency).

More than 2 400 people living with HIV and AIDS are currently receiving antiretroviral therapy in Guatemala and, with the Global Fund grant, it is expected that the number will increase to around 7 000. A new proposal has recently been presented to the Global Fund to scale up therapy in the framework of the “3 by 5” Initiative.

The level of effort in the national response to HIV/AIDS was measured for the year 2003 through the application of the AIDS Programme Effort Index (API), which showed a 52% effort in Guatemala. The highest averages were within Prevention Programmes, Political Support and Legal and Regulatory framework.

Major External Funding Sources (US\$, million)	Estimate of average annual flow of resources
Bilateral/Multilateral	4.84
Global Fund (40.9 for 5 years)	8.180
Total	13.020

## UNAIDS Support to the National Response

The UN and other partners assisted national stakeholders led by the government with the elaboration of the National Strategic Plan (1999–2004), and are currently assuring the development and implementation of a National Monitoring and Evaluation (M&E) System (planned for 2004), as well as the establishment of CRIS.

UNAIDS has supported the National Stakeholders since the Global Fund made its first call for proposals. UNAIDS advocated and brought financial and technical support to organize the Country Coordinating Mechanism (CCM) as well as to develop the project proposal. UNAIDS also brokered the support brought by both UN and bilateral agencies to support CCM in its endeavour. On the third round a US\$ 40.9 million project was approved. This project will support comprehensive care and treatment and preventive strategies mainly for MSM and CSW. On April 2004 a new proposal was presented to the Global Fund to scale up access to treatment in the framework of the “3 by 5” Initiative.

Since 1999 there has been a growth of People Living with HIV/AIDS (PLHA) associations in Guatemala. UNAIDS has supported them bringing technical support and building capacities among their membership. This effort has been expanded to the region and REDCA+, a Central American network of people living with HIV/AIDS, was created in 2002 with its regional coordinator being based in Guatemala.

Partnerships with public and civil society organizations has been strengthened through different activities, e.g., through the UN Expanded Theme Group on HIV/AIDS (ETG) and via the Memorandum of Understanding (MOU), which was signed in 1998 between UNAIDS and AED/PASCA (a USAID Central American Prevention Project).

This partnership has been very useful to coordinate different activities which include: building strategic alliances to improve the national response, development of National Strategic Planning processes in the countries, to bring technical support to national stakeholders, to mobilize financial resources, awareness rising and some research and epidemiological surveillance activities.

Several initiatives have been supported to address HIV prevention among mobile populations, maquila (Temporary Import Zones) workers and uniformed services.

## Functioning UN System

### Overall functioning of the UN Theme Group

**a. UN Expanded Theme Group on HIV/AIDS:** Guatemala has a well functioning Expanded Theme Group on HIV/AIDS (created in 1997) with participants from the government, civil society, people living with HIV/AIDS, bilateral donors and international organisations. It is recognized as an important forum to coordinate external support and in conflict resolution among national stakeholders when needed. The group meets monthly to follow up on previous agreements and plan development needs. Participants discuss and share information on issues such as strategic planning, M&E, World AIDS Campaign and regional projects and events (such as CONCASIDA, Multi-site Studies, UNE/UNFIP MIAP project etc.). Further, several technical groups are organised and led by different members of the Expanded Theme Group addressing current important issues, such as the M&E group, the

World AIDS Campaign/World AIDS Day group etc. In the year 1999 the Expanded Theme Group was presented as an example of Best Practice and it was documented.

**b. Interagency Group:** On top of the Expanded Theme Group, the cosponsors meet 3–4 times a year to discuss internal coordination and more sensitive issues on HIV/AIDS e.g., patent of antiretroviral drugs, the function of Theme Group, vulnerable population approaches, etc. A UN Implementation Support Plan 2004 has been developed and is currently implemented. Its main joint activities are the World AIDS Campaign 2004–2005, the reinforcement of a M&E system and the implementation of a implementation of HIV/AIDS workplace programs using PAF funds, different projects have been supported, mainly on networking to build a national collision of stakeholders (La Coordinadora) and to highlight different aspects of the epidemic, such as the social exclusion of people because of their sexual orientation or them living with HIV and the higher vulnerability of some populations to HIV/AIDS in Guatemala.

## Emerging Issues and Challenges for the National Response

- To implement **one** agreed national M&E system and **one** national AIDS authority, with a broad-based multisectoral mandate.
- To support improved strategies to address most vulnerable populations in the prevention of HIV infection.
- To scale up the access to treatment using generic drugs, as of August 2003 the Guatemalan National Congress passed one of the most restrictive pieces of Intellectual Property Legislation in the Americas.

## UNAIDS Key Result Objectives 2004-05

### National Leadership:

UNAIDS will continue to advocate for the implementation of the “Three Ones” principles for the coordination of national AIDS responses.

There is a great movement towards implementing a national M&E System which will bring a 2<sup>nd</sup> generation National Strategic Plan by the end of 2004. This plan will become the agreed HIV/AIDS Action Framework that will drive alignment of all partners for the period 2005–2009. One of the existing national coordinating bodies, the Country Coordinating Mechanism or the Multi-Sectoral Commission, will be the National AIDS Authority.

### Partnerships:

Two main activities will be supported during this period:

- to strengthen La Coordinadora as the main civil society network and the one that gather the highest number and more important stakeholders in Guatemala
- to continue coordinating with the international donor community, such as the new Memorandum of Understanding to be signed between UNAIDS and USAID to continue supporting national response on specific areas: Policy Dialogue, Strategic Information and other technical support.

### Strategic information:

UNAIDS will continue to support the M&E system development and implementation. CRIS will also be implemented during 2004. Second Generation Epidemiological Surveillance, led by PAHO/WHO will also be supported. UNGASS Declaration of Commitment on HIV/AIDS and Millennium Development Goals follow-up are tasks that will also be supported.

### Monitoring and Evaluation:

As expressed above the national M&E model is being supported and is being implemented.

### Technical/Financial resources:

UNAIDS will continue to support resource mobilization strategies, involving both, the international donor community and the business national sector to leverage the financial support to implement national strategies. We will continue to broker technical support mainly in the implementation of different projects such as Global Fund, World Bank and other Development Banks (like the Inter-American Development Bank who is interested in developing a Business Coalition).

## UNAIDS In Country

### UN Resident Coordinator

*Jua Pablo Corlazzoli*

### Chairperson, UN Theme Group on HIV/AIDS

*Gladys Acosta de Vargas (UNICEF)*

### Staff UCC, Name: José Enrique Zelaya

JPO (1)

IMPSIDA (1)

Assistant/Admin Secretary (2)

Driver/messenger (1)

# GUYANA

## Country Situation Analysis

Guyana is a country on the South American mainland with historical ties to the Caribbean. It has a population of approximately 750 000 mostly living along the coastal region. The annual real Gross Domestic Product growth averaged 0.9% over 1999–2003 with per capita Gross National Income estimated at US\$ 783.50 in 2003.

Recent statistics reveal that the country is faced with a generalized epidemic affecting both males and females, and also children because of the predominantly heterosexual nature of the epidemic. Guyana is among the most affected countries in the Western Hemisphere as a consequence of the high HIV-prevalence rates among the general population and vulnerable groups. The Caribbean Epidemiology Centre (CAREC) estimated in 1997 that the overall HIV prevalence rate in Guyana was approximately 3.5% to 5.5%. Data for 2002 from the pilot prevention of mother-to-child transmission programme show a mean HIV seroprevalence rate of 3.8% with significant rural/urban difference. Guyana has recorded a cumulative total of 3 163 HIV cases from 1982 to 2002. AIDS is currently the leading cause of death among persons in the 25–44 year age group and the second leading cause of death overall. A cumulative total of 2 588 deaths has been officially recorded.

The Government has continued to show its commitment to fight against HIV/AIDS epidemic and has demonstrated this commitment in a number of ways. Cabinet has approved a revised National Strategic Plan 2002–2006 and key sector ministries have already started to implement sector specific activities.

In addition to the limited government resources, the country has been able to mobilize its resources and activities around international donors, NGOs and community based organizations to meet the challenges of a multisectoral multistakeholder response to the epidemic. Recently, with the assistance of its donor partners, the country has successfully applied to the Global Fund third round and secured approximately US\$ 27.3 million for HIV/AIDS and to the World Bank under the Multicountry HIV/AIDS Programme securing an amount of US\$ 10 million. The country will also benefit from The US President's Emergency Plan for AIDS Relief (PEPFAR Initiative). Given the severe shortage of skilled human resources, these new resources pose additional challenges, especially how the country may absorb and use effectively the expected large inflows of funds.

Major External Funding Sources (US\$, million)	
World Bank (MAP, IDA soft loan)	10.0
Global Fund (5 years)	27.32
USAID/PEPFAR (5 years)	11.00
CIDA (4 years)	3.75
UN Agencies (2003–2005)	1.50
UNAIDS PAF (2002–2005)	0.34

## UNAIDS Support to the National Response

The UN Theme Group supported the government in the development of the revised National Strategic Plan 2002–2006, the draft implementation plan and implementation of the CRIS. Additional technical and financial support was also given to the government for proposal preparations to a number of major donors. UNAIDS continues to support the functioning of the HIV/AIDS-related coordination mechanism and serve on various task forces and steering committees organised by the government line ministries by providing technical inputs in national programme development and implementation by working closely with all partners.

UNAIDS capacity continues to mobilize technical and financial resources to assist the government in a number of major activities, including its applications to the Global Fund and the World Bank Multicountry HIV/AIDS Programme. PAF resources were provided to finance a number of activities aimed at supporting the national response: training and capacity building opportunities to people living with HIV/AIDS and members of NGOs and community based organizations; implementation of the pilot prevention of mother-to-child transmission programme and its expansion; preparation and dissemination of information, education and communication materials on prevention and the national treatment programme specifically, on antiretroviral therapy; advocacy and implementation of the Greater Involvement of People living with HIV/AIDS Initiative; support to annual conference/workshop of people living with HIV/AIDS group and the development of an action plan 2002–2004. UNAIDS also collaborated in outreach programmes. One such programme was the HIV/AIDS Youth Ambassadors of the Commonwealth Youth Programme.

UNAIDS continues to promote partnership development. UNAIDS in collaboration with a local NGO, Volunteer Youth Corps (VYC), worked with the Guyana Sugar Corporation (GUYSUCO) in developing a workplace policy on HIV/AIDS. Partnerships with public and civil society organizations have been strengthened through two partnership forum meetings with the tripartite committee on labour and faith-based organizations. UNAIDS organized in collaboration with the Ministries of Health and Labour the first national tripartite partnership meeting on HIV/AIDS and made two presentations through the Country Programme Advisor and the Caribbean Team Leader. The first gathering of religious leaders to discuss the HIV epidemic and how they can give their support to the national effort was organized by the UN Theme Group in collaboration with the Ministry of Health.

UNAIDS continues to build partnerships with organizations outside of the UN system. UNAIDS met with the US Ambassador on seeking closer working relationship on programme coordination and financial support for implementation of community projects. A few proposals received from community groups were forwarded to USAID for funding support. UNAIDS is also promoting partnership development among line ministries in the multisectoral response. PAF funds were secured to implementation of projects by the Ministries of Labour (strengthening of capacity) and Culture, Youth and Sport (HIV/AIDS and juvenile offenders and young prisoners). The Ministry of Health will support these ministries in implementation.

UNAIDS has supported the development of the HIV/AIDS National Accounts, a mechanism to track the sources and application of financial resources devoted to the fight against the epidemic. UNAIDS also supported the updating of the HIV/AIDS statistics which resulted in an updated data base on

the trends of the epidemic. Also, a few best practice documentations from UNAIDS were distributed to stakeholders. Documentation on HIV/AIDS was requested from Geneva and deposited with the national library.

## Functioning UN System

The UN Theme Group on HIV/AIDS has been expanded to form the national partnership forum, which is co-chaired by the UN and the Minister of Health. The Expanded Theme Group serves as the coordinating mechanism for donor partners in support of the implementation of the National Strategic Plan. This group meets on a quarterly basis and subsumes the internal UN Theme Group. Support to the National Strategic Plan has been on an individual agency basis with UNAIDS providing support to some of the respective agencies. The earlier development of the UN-Implementation Support Plan has been overtaken by a number of important matters in the past and will be completed in the 3<sup>rd</sup> quarter of the year. The UN Country Team is in the process of developing the Common Country Assessment/UN Development Assistance Framework 2006–2010.

The UN system has strategically allocated PAF resources to support the development of the National Strategic Plan on HIV/AIDS, to promote the greater involvement of people living with HIV/AIDS by raising their capacity to participate through training, to support the development of interventions for vulnerable groups, to produce information, education and communication materials on prevention and treatment. Capacity building of NGOs and community based organizations participating in the response is another achievement of the Programme Acceleration Funds. Most of these groups are able to implement large projects funded by some of the other donors, such as USAID.

Individually, agencies have been able to make significant inputs to the national response. PAHO/WHO continues to provide technical support to the national response through the Caribbean Epidemiology Centre (CAREC) especially in voluntary counselling and testing, prevention of mother-to-child transmission, and laboratory services. UNDP has provided training to 50 change-agents in the use of emotional intelligence for leadership. UNICEF continues to lead in providing financial support to organizations to undertake various community based prevention interventions. UNICEF is currently supporting the government in undertaking a national survey on orphans and vulnerable children.

## Emerging Issues and Challenges for the National Response

A major challenge facing the country is the capacity to absorb the anticipated increase of financial resources and national coordination for implementation. Recognizing these limitations, the coordination mechanism will be overhauled. The responsibility will now rest with a Presidential Commission Panel on HIV/AIDS, chaired by the President and comprising of ministerial appointments. The expanded UN Theme Group on HIV/AIDS and the National AIDS Committee will be advisory to the Presidential Committee. The mechanism will also allow for all funding for HIV/AIDS to be channelled through the Programme Management Unit of the Ministry of Health.

Another emerging issue and challenge has to do with staffing of the HIV/AIDS programme. Recruiting and retaining skilled staff presents problems. This difficulty will impact on the quality of implementation and service delivery. There is also the challenge of getting all stakeholders to participate.

Stigmatization and discrimination are still present and are major problems in society. Continued advocacy on behalf of and by people living with HIV/AIDS needs to address this issue by engaging the affected and educating others about HIV/AIDS.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** Advocacy will continue at the highest political level to develop an institutional mechanism that is responsive to the national needs and embraces multisectoralism. Work will continue to define the role and functions of the entities in the structure for institutional management of the national response.

Sensitization and learning strategies for HIV/AIDS will be explored for providing leadership at the different levels of the national leadership. Activities will be focused at a range of audiences from the policy-decision level right down to communities.

Advocacy will continue to be made on-behalf of people living with HIV/AIDS groups, for their active involvement in the decision-making process; for continued capacity building through training and attendance of seminars and workshops both locally and internationally. Further, efforts will be made to promote the Greater Involvement of People living with HIV/AIDS Initiative as a positive tool for the strengthening of PLWHA community in both advocacy and leadership roles.

**Partnerships:** There is limited involvement of key local partners in the national response, UNAIDS will continue to advocate for their meaningful involvement. These gaps are more pronounced in rural and interior communities. Some city-based groups work in rural communities currently; efforts will be made to improve on the partnership building with local groups. Partnership menus will have to be developed to support partnership building.

**Strategic information:** There has been very little recorded of the processes operating in Guyana. UNAIDS will support the collection and dissemination of strategic information to support programme development, implementation and research.

**Monitoring and Evaluation:** UNAIDS will provide technical assistance for the development of an M&E framework and the implementation of the CRIS. Advocacy will continue to support the implementation of the CRIS.

**Technical/Financial resources:** There are major gaps in technical resources to support the level of implementation in all of the areas identified as strategic priorities. Already UNAIDS has initiated the process for supporting the government in the recruitment of medical doctors to work in the area of treatment. International and local experts in various areas will also be recruited to support upgrading of available skills. In this regard, a major capacity-building programme (in programme development and reporting on implementation progress by community groups) will be developed for implementation in the latter half of the year. This activity aims to strengthen the community groups' capacity at participating in the Global Fund and World Bank programmes.

## UNAIDS In Country

**UN Resident Coordinator**

*Jan Sorensen*

**Chairperson, UN Theme Group on HIV/AIDS**

*Jan Sorensen*

**Staff** CPA: *Godfrey Frank*

Assistant/Admin Secretary (1)

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# HAITI

## Country Situation Analysis

Haiti, a Caribbean country of 8 million people living on 10 000 square miles and sharing the island of Hispaniola with the Dominican Republic, is the poorest country in the Western Hemisphere and the country in the region with the highest HIV/AIDS prevalence rate. Several years of data documents the increasing pauperization of Haiti (65% of the population living in extreme poverty). Haiti has always been at the low end of the Human Development Index (150<sup>th</sup> in 2003). It has had 13 governments in the past 18 years and experienced continuous political crisis.

After the departure of the former President on 29 February 2004 and the worsening of the socioeconomic and political crisis, a Task Force was constituted with members from all UN agencies for a quick response to the urgent need of humanitarian assistance. A Multinational Interim Force is presently in Haiti with over 3 000 personnel.

From 11 to 26 March 2004, a UN Multidisciplinary Assessment Mission including 34 members from different UN bodies was conducted in Haiti and a Special Advisor of the Secretary-General on Haiti was appointed.

As a consequence of the political crisis, there is a sharp increase of sexual violence and difficulties in the execution of preventive HIV/AIDS programmes. UNAIDS, in collaboration with UNFPA, prepared a project entitled "Pregnant Women, Women Victim of Sexual Violence, and People Living with HIV/AIDS" as part of the Flash Appeal for \$2 457 726 for 6 months.

Despite these unfavourable circumstances, HIV/AIDS parameters have improved: serial HIV seroprevalence surveys of pregnant women document rates of 6%, 5.9%, 4.5% and 2.9% respectively in 1993, 1996, 2000 and 2003. Factors in the development of this encouraging trend have been the close private-public collaboration in the health sector and strong sustained political commitment at the highest level to fight HIV/AIDS.

Nevertheless, with 160 000 people living with HIV, Haiti remains the country outside of Africa that is relatively hardest hit by the HIV/AIDS epidemic.

Major External Funding Sources (US\$, million)	
Global Fund I (5 years)	66.9
Global Fund IV (5 years)	31.1
PEPFAR (1 year)	16.5 – 22.0
UNAIDS (PAF funds for 2 years)	0.36

## UNAIDS Support to the National Response

UNAIDS has established an excellent cooperation with the Government of Haiti and has been working closely with the Ministry of Health and other sectors particularly NGOs and associations of people living with HIV/AIDS. The UNAIDS Deputy Executive Director visited Haiti in April 2003.

UNAIDS was a major contributor to the elaboration of the multi-sectoral, costed National Strategic Plan which was launched in March 2002 by the President and has supported the opening and extension of the Country Coordinating Mechanism (CCM) to sectors other than the usual health bodies, the associations of people living with HIV/AIDS in particular, and the constitution of the *Unités locales de Gestion* (Local Management Units) at the departmental level. This forum also serves as a great vehicle to formalize and strengthen the actual partnership between the public and the civil sectors in the fight against HIV/AIDS in Haiti.

UNAIDS has also been instrumental in providing support to Haiti in its successful Global Fund application for US\$ 66 905 477. Since its approval, on behalf of the Country Coordinating Mechanism headed by the Minister of Health, UNAIDS has played a role of facilitation, public relations and networking with the Global Fund Secretariat and provided support to Haiti in the implementation phase. At the beginning of April 2004, Haiti with the support of UNAIDS, submitted a new proposal to the Global Fund within the framework of the "3 by 5" Initiative for an amount of US\$ 31 118 638.

UNAIDS is now moving strongly towards supporting Haiti in the revision of the National Strategic Plan with regards to the Global Fund project and some other sources of funding, namely the The US President's Emergency Plan For AIDS Relief (PEPFAR). UNAIDS is also supporting national capacity to coordinate and manage an effective response by strengthening key areas, such as Monitoring and Evaluation, Resource Mobilization and Tracking and Partnership Development.

UNAIDS has helped in the development of a sectoral National Strategic Plan (NSP) with the Ministry of Education; it will be included into the updated NSP, which will be published as soon as the evaluation has been completed.

UNAIDS has promoted the partnership between Haiti and the Dominican Republic: this is translated into joint activities in the field of youth (between NGOs VDH in Haiti and CASCO in the Dominican Republic) and commercial sex workers (between NGOs Centres GHESKIO in Haiti and COIN in the Dominican Republic).

UNAIDS is also supporting the efforts of the national response with regards to prevention of mother-to-child transmission by being the co-Chair of the national steering committee and by having co-authored the national norms, guidelines and protocol document.

UNAIDS has developed a database on interventions and funding of HIV/AIDS activities and is also advocating for the advancement of a project on HIV/AIDS law.

UNAIDS has facilitated the inclusion of Haiti in the Caribbean Accelerated Access Initiative (AAI), namely the negotiations on the price reduction of antiretroviral drugs, and provided technical support to a bi-national approach on the prevention of mother-to-child transmission of HIV with the Dominican Republic. Haiti is also one of the four focus countries in Latin America and the Caribbean for achieving universal access to care, implying coordinated and intensified action by all regional partners, including UNAIDS and other regional players. In this connection, UNAIDS has participated in the national committee that produced the norms and guidelines and has co-authored the national protocol for use of antiretrovirals. Finally, a mission to Haiti will be conducted soon for the implementation of a HIV/AIDS prevention project among the multinational force in Haiti.

## Functioning UN System

Programme management and coordination is provided through the UN Theme Group and the UNAIDS office in Port-au-Prince (one UNAIDS Country Coordinator and one National Programme Officer).

A UN Country Team Retreat (Haiti and Dominican Republic) was held in Haiti. As a result of the retreat, a bi-national plan of action principally focused on HIV and migration will be prepared.

UNAIDS Programme Acceleration Funds (PAF) have provided financial and technical support in a variety of strategic and innovative areas with catalytic effect. Currently, four projects are under way: the first one with UNESCO is entitled: "AIDS, Culture and Poverty: Representation and Practices linked to AIDS". The second, with UNICEF, addresses three different aspects, namely: 1) Community Empowerment with regard to the Management and Psychosocial Support to the Families Living with HIV/AIDS (PLWHA) and particularly AIDS Orphans, 2) Economic Support to the Host Families of AIDS Orphans, and 3) Community Sensitization about HIV/AIDS through Diffusion of Appropriate Information on Responsible Sexual Behaviour and on Stigmatization. The third with UNFPA is entitled "Volunteer AIDS Advisor Programme on Destigmatization, Advocacy and Capacity-Building". The fourth with UNDP is entitled "Haiti National HIV/AIDS Accounts, 2003".

## Emerging Issues and Challenges for the National Response

A major need in the national response is that of strengthening management capacity at the national, departmental and district levels.

Another problem is the fact that commodities, such as condoms, voluntary counselling and testing kits, reagents and medications are not consistently available, since donors have just started to support some of these initiatives. Although political support exists, intense social mobilization and resource mobilization efforts will be required to fully finance the national response to HIV/AIDS in Haiti.

## UNAIDS Key Result Objectives 2004-05

### National Leadership:

UNAIDS will provide technical and financial support for the revision and updating of the National Strategic Plan. In addition, the UN Implementation Support Plan to support the country response in Haiti will be developed.

### Partnerships:

UNAIDS will continue to coordinate and facilitate for strengthening prevention, care and support strategies in the Hispaniola island. A planning meeting will be held with both countries to elaborate a joint plan on HIV/AIDS and migration. UNAIDS is supporting capacity building of people living with HIV/AIDS to participate in the delivery of care and treatment programmes.

### Strategic Information:

The database on HIV/AIDS interventions and funding will be finalized and transferred to the Ministry of Health. This database providing strategic information will be accessible to the partners involved in the fight against HIV/AIDS and will help in monitoring and evaluation, mobilising and tracking resources.

A best practice on HIV/AIDS orphans was identified and will be developed.

### Monitoring and Evaluation:

As a member of the National Committee for Monitoring and Evaluation of the Ministry of Health, UNAIDS will participate in the development of a national M&E framework.

The Country Response Information System (CRIS) will be established and utilised as a tool for data storage and analysis.

### Technical/Financial Resources:

Technical support will be provided in different domains: revision and development of curriculum for training on HIV/AIDS, revision of the National Strategic Plan, implementation of CRIS, development of a M&E system, implementation of Global Fund projects, support to the "3 by 5" Initiative.

## UNAIDS In Country

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### Chairperson, UN Theme Group on HIV/AIDS:

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### Staff

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Programme Officer (1)

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# HONDURAS

## Country Situation Analysis

Honduras is the second largest country in Central America with a population of 6.9 million, of whom 51% are women. The population is very young (41% are under 15), predominantly urban, with a high proportion of people living in poverty. The HIV/AIDS epidemic has a generalized profile, and is spread mostly by sex. Projections based on official data have estimated the HIV prevalence in adults to lie between 1.83% and 2.77% in 2003. Nationwide, 66 000–100 000 people are living with HIV, and more than 18 000 children are orphans due to AIDS. However, HIV infection rates are far higher in specific groups such as men who have sex with men (13%), people in jail (6.8%), and commercial sex workers (10.3%), or in specific ethnic group (Garífuna, 8.4%).

The institutional response to HIV/AIDS is complex, well established, with strong political support from the highest level of government and civil society. A new National Strategic Plan has been adopted (PENSIDA II 2003–2007) to ensure a multisectoral approach and greater partnership with civil society and other stakeholders. The National AIDS Commission (CONASIDA), established in 1999 through a Special Law on HIV/AIDS, represents the high level decision-making body.

Currently, 1 500 people living with HIV/AIDS have access to free antiretroviral treatment, provided through the government budget and a Global Fund grant. This figure will be doubled by the end of 2005. However, prevention activities demand more attention, political commitment and resources. There is still significant opposition among some conservative groups; they oppose actions promoting condom use, inclusion of sexual education in the school curricula, and public discussions about AIDS. The high level of concern of people working on HIV/AIDS is hampered by denial and stigma attached to anything to do with AIDS, putting powerless and low-status people at huge disadvantage if they are looking for help or social support. In general, people living with HIV, and representatives of vulnerable populations are becoming more vocal in their demands, but despite much progress, much remains to be done to ensure their effective participation in policy dialogue and at decision making level.

### Major External Funding Sources (US\$, million)

In 2003, almost one third of the total expenditure on AIDS was financed by the government (7.1 million for the year 2003), and 13 million from external partners including Global Fund.

World Bank (MAP I, IDA soft loan)	5
Global Fund (5 years)	26.2
Bilateral Donors (USAID, DFID, CIDA, KfW, HIVOS, Spain and Switzerland)	6.7
Inter-American Development Bank	0.515
UN Cosponsors (UNICEF, UNFPA, PAHO, WFP)	3
UNFIP regional project	0.1
UNAIDS (PAF funds, 2002–2003)	0.2

## UNAIDS Support to the National Response

UNAIDS has supported the establishment of the National AIDS Forum, in 2001 and five regional chapters in 2002–2003. The national AIDS Forum is bringing together 190 members, including Government representatives, donor agencies, and a strong representation from civil society. Currently, it represents the largest multisectoral body in the country.

During 2003, UNAIDS has facilitated the constitution of a donor forum (bilateral and multilateral partners), chaired by the government. The forum is an information-sharing and coordination mechanism for the AIDS Strategic Plan implementation. National and international partners have acknowledged all advantages/products generated by the group: the revision of National AIDS Strategic Framework, the preparation of workplans, the M&E system, a map of resources allocated to the national response. Besides that, the group has facilitated resources for civil society organizations, for two important Conferences (HIV/AIDS and Human Rights, and HIV/AIDS Comprehensive Care in Honduras), and the production of two documents: “HIV/AIDS in Honduras, Background, Projections, Impact”, and “Assessing the impact of the National Strategic Plan (PENSIDA II) on HIV prevalence in Honduras”. Nevertheless, the task of convening and follow up donor forum meetings is still considered as an additional burden, and has not generated resources for CONASIDA to take over this task. UNAIDS is strongly advocating partners to invest in this area and will continue assisting CONASIDA for the next biennium.

Several civil Society organizations and people living with HIV organizations have been strengthened through technical and financial support. Also, cosponsors and partners have increased their support for NGOs, community-based organizations and emerging groups. The national network of people living with HIV has been involved as implementing partner of two important initiatives: IMANAS and IMPSIDA.

The Theme Group has mobilized resources from several sources, and promoted greater involvement of the Armed Forces and National Policy, Private sector and the Honduran Business Council in the national response.

The implementation of a Monitoring and Evaluation Unit has been another joint activity in Honduras. UNAIDS has documented and disseminated the “Partnership Menu”, for promoting the engagement and support of private sector in Honduras, and facilitate the production of the UNGASS 2003 Report.

Finally, UNAIDS is promoting a Diplomat course on HIV/AIDS Comprehensive Care in collaboration with the National University of Honduras.

## Functioning UN System

UNAIDS in Honduras works through the UN Theme Group on HIV/AIDS, consisting of representatives of Cosponsors and non-Cosponsors agencies (UNDP, UNICEF, PAHO, UNEPA, WFP, IOM).

The UNAIDS Theme Group has a joint UN Implementation Support Plan (UN-ISP) which is aligned to the UNDAF agreement and the National Strategic Plan 2003–2007. The UN-ISP 2003–2004 counts with a budget of US\$ 310 000.

There are other Theme Groups organized for the follow up of UNDAF, which are receiving technical and financial support from the Resident Coordinator office. Also, working groups (on short time basis) are organized among agencies for specific issues.

The UNAIDS Theme group conducted seven meetings in 2003, and one retreat. Participation and involvement from agencies has been variable, mainly due to the busy agenda and high mobility of staff. However, the involvement of World Bank and a more active participation of PAHO are part of the concerns to be addressed in 2004.

## Emerging Issues and Challenges for the National Response

There are several opportunities for change in Honduras. The National Strategic Plan has evolved, from an institutional and preventive response to a comprehensive and multisectorial one. One of the strategic components of PENSIDA II links the national response to poverty reduction, and this is key in a country where two thirds of households live below poverty line.

Funds allocated to PENSIDA II are not sufficient to reach the proportion of population in need of sexually transmitted infections/HIV/AIDS services, and the challenges will be to identify poorly implemented programmes and re-direct resources (including Global Fund contribution).

The main goal of PENSIDA II is to reduce HIV infection rates among vulnerable groups, but programmes promoting access to information and services for such population are still underfunded, and not for financial limitations.

AIDS cases reported to the Ministry of Health indicate that 90% of HIV infections are transmitted through sexual contact, but the country has not yet developed a policy regarding condoms, neither a mechanism to guarantee its sustainability. The Government is currently covering 24 % of the budget for antiretroviral treatment, and has not yet developed a sustainable strategy for reducing cost of care and follow up. Although many experiences have demonstrated that friendly methodology is successful in settings with limited resources, the Government of Honduras is still using a complex and expensive protocol for antiretroviral therapy care.

UNAIDS is urged to work in changing the policy environment and behaviour surrounding such issues, but also to mobilize additional resources from local sources and not traditional partners.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to support CONASIDA, and provide assistance to consolidate its coordination role. As the AIDS epidemic has evolved and the response has become more complex with the emergence of various organizational structures: CONASIDA, Forum, Global Fund Foundation, NGO alliance, etc, the implementation of PENSIDA II, requires political commitment, leadership, accountability, and follow-up, for the development of an effective and sustainable coordinating mechanism. Support will also be provided for mobilizing additional resources for sectors not yet included in the CONASIDA, and more for civil society organizations. Similar support will be provided for the regional chapters of the National FORO, and local authorities (Municipalities), which are very active in the fight against AIDS in Honduras.

**Partnerships:** There is still a limited involvement of the private sector in the national response, as well as organizations representing vulnerable groups such as men who have sex with men. UNAIDS plans to work more in creating partnership at local level, and involve emerging organizations (such as the Positive Women organization) under the Greater Involvement of People living with HIV/AIDS (GIPA) strategy in collaboration with the private sector.

**Strategic information:** UNAIDS has received the support of one UN Volunteer from the Italian cooperation, for the area of communication. The communication specialist will be responsible for the management and dissemination for strategic information among actors and partners. She will also assist civil society organizations in documenting their experiences, and in training /capacity building interventions.

**Monitoring and Evaluation:** UNAIDS is providing assistance in the implementation of a national M&E system to ensure the monitoring of the II HIV/AIDS Strategic Plan: 2003–2007. USAID and Global Fund are providing financial support, and are collaborating in providing ad hoc technical assistance. The Country Response Information System will be established from mid 2004.

**Technical/Financial resources:** UNAIDS will facilitate access to technical and financial resources for the strategic areas currently poorly funded in the PENSIDA II. In the past, the UN system has allocated funds from UNAIDS/Geneva for the implementation of agency-specific activities. With the recent establishment of the UNAIDS Secretariat in Honduras and the strengthening of the Theme Group, a more programmatic approach has been developed, with a focus on support to the design and implementation of more strategic and catalytic activities. So far approximately US\$ 300 000 has been allocated to the UN-ISP, and the area of technical support and coordination have received the biggest part of resources.

## UNAIDS In Country

**UN Resident Coordinator**

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National CPA (1)

Assistant/Admin Secretary (1)

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# JAMAICA

## Country Situation Analysis

Jamaica is the third largest island in the Caribbean with a population of approximately 2.6 million (2002). Tourism is the country's main source of income followed by bauxite, agriculture and light manufacturing. The annual Gross Domestic Product growth rate was 0.8% in 2000, and the per capita income was US\$ 2 634 in 1999. Since the early 1990s, the country has been plagued with adverse economic conditions, but in spite of that, the government has placed priority on health and education services as indicated by the increase of real spending (26% and 40% respectively) in these areas between 1995 and 1999.

Like other Caribbean countries, the HIV/AIDS epidemic in Jamaica is generalized with the main mode of transmission being heterosexual sex. It is estimated that between 1–1.5% of the adult population (or 22 000 to 25 000 people) are living with HIV/AIDS in Jamaica. This represents the third largest population of people living with HIV/AIDS in the Caribbean, after Haiti and the Dominican Republic.

The general lack of access to antiretrovirals, compounded by inadequate nutrition and unsystematic access to treatment for opportunistic infections has resulted in a high annual mortality rate. In 2002, there were 445 AIDS deaths January–June representing a case fatality rate of 61.6%. In Jamaica to 2003, 54% of reported AIDS cases were in the age group 20–39 and the ratio of women to men in newly reported AIDS cases in the age group 20–29 is 2: 1. (2003). In 2003, AIDS was the second leading cause of death in children aged 1–4 and there are an estimated 5 125 children under the age of 15 that have lost a mother or both parents to AIDS. In addition adolescent females in the age group 10–14 years and 15–19 years had twice and three times, respectively, a higher risk of HIV infection than boys of the same age group. This is the result of social factors where adolescent girls are having sexual relationships with HIV-infected older men.

In 2002, Jamaica's National HIV/AIDS Strategic Plan 2002–2006 (NSP), was unanimously adopted by Parliament and follows the 1997–2001 Medium Term Plan. The plan is multi-sectoral in its design and has five priority areas of action: policy, advocacy, legal and human rights, integrated and multi-sectoral response, prevention, care, treatment, support and monitoring, surveillance and evaluation. The implementation of the NSP is under the technical guidance of the National HIV / AIDS Control Programme, Ministry of Health and is being executed through six line ministries of government, non – governmental, community and faith based organizations. The National Strategic Plan encourages the broadest participation of all sectors of society – including young people, people living with or affected by HIV and AIDS, women's groups and service clubs. In 2002 a World Bank loan for US\$ 15 million was approved to facilitate the implementation of the NSP 2002–2006

The National AIDS Committee (NAC), a private non-governmental organization, was established in 1988 by the Minister of Health to coordinate the national multi-sectoral response to the HIV/AIDS epidemic in Jamaica. Its primary function is to advise the Ministry of Health on policy issues and mobilize different sectors in the response. Today, the National AIDS Committee is an umbrella organization representing non-governmental, community and faith-based organizations with direct reporting responsibilities to the National Planning Council, chaired by the Minister of Finance.

The Government of Jamaica's submission to the Global Fund was approved for US\$ 23 million with a total of US\$ 7 560 365 approved for the first two years. The proposal addresses stigma, discrimination, prevention, the provision of antiretroviral drugs and improved care and treatment facilities.

The Government has been able to significantly scale up the national response to the HIV/AIDS epidemic, through financial and technical support from its many partners, including: USAID, PAHO, UNICEF, UNDP, UNESCO, UNFPA, UNAIDS, European Union (EU), Canadian International Development Agency (CIDA), Japan Embassy, Royal Dutch Embassy, Inter-American Development Bank (IDB), Germany (GTZ), United Kingdom (DFID), and the World Bank.

Major External Funding Sources (US\$)	
USAID (2003)	1 million
UN Theme Group for HIV/AIDS (2003)	100 000
PAHO (2003)	62 000
UNICEF (2003)	630 000
UNDP	58 000 * from UNDP Regional funds
UNESCO (2003)	50 000
UNFPA (2003)	188 000
World Bank (2003)	15 million
Global Fund (2004, for 5 years)	23 million

## UNAIDS Support to the National Response

Technical and financial support to the multi-sectoral National Strategic Plan 2002–2006

Successful negotiation of the reduction in the cost of anti-retroviral therapy, under the leadership of PAHO / WHO (2002)

Financial support to the mother-to-child transmission component under the National HIV/AIDS/sexually transmitted infections programme

Support to operations of Jamaica AIDS Society (2002 )

Provided Programme Accelerated Funds 2001 to 2003 US\$ 20 000 for UN Theme Group activities, including monitoring and evaluation, capacity-building for the Jamaica Network of People Living with HIV/AIDS



## Functioning UN System

The UN System in Jamaica is working on developing a Joint Action Plan on HIV/AIDS. The areas of focus include the prevention of mother-to-child-transmission of HIV; adolescents; healthy lifestyles and skills for young persons; strengthening information systems to produce accurate data on HIV/AIDS/STI, preparing advocacy materials for target groups such as teachers and urban youth and strengthening of the national network of people living with HIV/AIDS.

The Integrated UN Theme Group on HIV/AIDS serves as a multi-lateral partner of the Country Coordinating Mechanism (CCM). As an active member of the CCM, the UN Theme Group was intricately involved in the preparation of Jamaica's Proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The proposal was approved for US\$ 23 million.

Formed partnership with the Jamaica Cricket Association in light of global alliance with International Cricket Council and UNAIDS. Sensitized Under 15, Under 19, and the Jamaica National Teams on HIV/ AIDS prevention, transmission and prevention Nov-Dec 2003.

The Theme Group has developed a Learning Programme on AIDS and HIV infection for United Nations Employees based in Jamaica, and includes training on UN's HIV/AIDS workplace policy.

## Emerging Issues and Challenges for the National Response

- There is a lack of adequate commitment from the non-health ministries and agencies to a truly multi-sectoral response.
- There are weak multi-sectoral coordination mechanisms for HIV at all levels, national, community and donor.
- There is under-utilization of people living with HIV/AIDS in planning and implementation of activities.
- Capacity building outside of the Ministry of Health, especially at the regional levels, and among civil society requires attention.
- Policy, legal protections and support for HIV infected and affected persons need to be better developed.
- HIV specialty care and support need to be more generally accessible, and discrimination and stigmatization need to be systematically addressed.
- There is no specific AIDS Legislation; many areas of weakness within the existing legislative framework fuel discrimination notably homophobia. Commercial sex work in Jamaica is illegal.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** The Intercountry Team will support the strengthening of the NAC by promoting one national coordination mechanism and will support the Theme Group to engage in advocacy activities with heads of government sectors to bring the process of mainstreaming HIV/AIDS into sectoral plans.

**Partnerships:** The Intercountry Team will provide support to strengthen the national network of persons living with HIV/AIDS through a regional skills-building workshop for NGOs and through the development of a Greater Involvement of People living with HIV/AIDS (GIPA) strategy for the Caribbean

**Strategic information:** The Intercountry Team will provide technical support for the documentation of best practices and development of a comprehensive country profile.

**Monitoring and Evaluation:** UNAIDS will provide technical support to countries to strengthen the Jamaica M&E Plan, and functioning of the M&E reference group. Technical support will be provided to utilise the Country Response Information System (CRIS) for data storage and analysis and to facilitate UNGASS reporting. Support will also be provided to establish a system to track HIV/AIDS expenditures and to monitor resource flows.

### Technical/Financial resources:

The Intercountry Team will continue to support and coordinate the development of PAF proposals for the work of the UN Theme Group and monitor the disbursement of Programme Acceleration Funds.

## UNAIDS In Country

### UN Resident Coordinator

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### Chairperson, UN Theme Group on HIV/AIDS

*Bertrand Bainvel*

### Staff UCC

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### Focal Point for the Theme Group, Jamaica:

*Verity Rushton,*  
*Bertrand Bainvel*  
*Verity Rushton*

# SOUTHERN CONE REGION

(ARGENTINA, CHILE, PARAGUAY AND URUGUAY)

## Country Situation Analysis

In the Southern Cone, UN Theme Groups are functioning well on an expanded mode including National AIDS Committees, NGOs and people living with HIV networks, bilateral agencies and cosponsors. The UNAIDS office covers systematically all UN Theme Group meetings in the four countries. Rotations of the Theme Group chair are now smoothly taking place. In Argentina and Chile, the existence of Country Coordinating Mechanisms has not changed the role of the Theme Groups as a key strategy and policy coordinating mechanism. In Paraguay and Uruguay, the UN Theme Groups, are strictly speaking, coordinating the national response along with the national authorities. In the Southern Cone, Theme Groups are actively contributing on UNGASS goals reporting, Millennium Development Goals, World AIDS Day and fully endorsed the new directions of UNAIDS support to countries. UN Theme Groups also agree on the process to further develop a UN Implementation Support Plan.

The Southern Cone experiences variable effectiveness concerning the national responses. Argentina, Chile and Uruguay benefit from the good quality of its professionals. But Paraguay has more limited human resources. With very strong civil society participation and a good participation of networks of people living with HIV secured, the systematic involvement of major ministries other than the Ministry of Health has just started. In Argentina and Chile the involvement of major Ministries is more significant. In general, follow-up of national strategic plans is variable. Positively in Argentina and Chile the involvement of the respective Presidents of the countries has been essential.

In the Southern Cone, the severe economic crisis and its social consequences has created a favourable context for an increase of HIV/AIDS. Access to prevention and care services has been severely damaged by the crisis. Argentina and Uruguay have been most affected by the crisis. Nevertheless, the countries are committed to strengthening HIV/AIDS national response.

## UNAIDS Support to the National Response

During the first half of 2004, the office is providing technical and financial support for the development of the UN Implementation Support Plans in the four countries. This will be in synergy with National Strategic Plans. A series of events and consultations on the UN Implementation Support Plans is taking place.

The office is closely associated with the necessary strengthening of the M&E systems. The Country Response Information System indicator database will be routinely used to manage local and regional data plus data contained within the UNGASS Declaration of Commitment on HIV/AIDS. Such implementation will take place with the respective national M&E of governmental organizations, co-sponsors, bilateral donors and with the participation and feed back from NGOs and people living with HIV networks.

The office continues to strengthen the capacity of civil society organizations, including people living with HIV networks, which are actively contributing to the national responses in the Southern Cone. Training and coordination activities are supported by the office. In the Southern Cone, a special emphasis on men who have sex with men and sex workers is currently in place. The office also actively pursues the promotion and utilization of best practices especially related to workplace, youth, harm reduction for injecting drug users, uniformed services and prisons. The office is also actively involved in resource mobilization, identification of resource gaps and strategic allocation of resources. This is particularly relevant in view of the economic crisis faced by the Southern Cone countries.

## Functioning UN System

In the Southern Cone, UNAIDS has actively promoted Greater Involvement of People living with HIV/AIDS (GIPA) and secured the full inclusion of key civil society groups. In the four countries of Southern Cone, UNAIDS is perceived as a key ally for civil society partners. NGOs, community based organizations and people living with HIV/AIDS have systematic participation in coordinating mechanisms. UNAIDS is contributing to a social mobilization process, facilitating social dialogue and policy development. National NGO forums and networks of people living with HIV have been technically and financially supported by the office. These networks are now fully involved in all strategic activities at national level in the four countries. In Argentina, a large national forum of NGOs representing more than 100 participant organizations is actively guiding all aspects of the national response. In Chile, a national forum of NGOs as well as a network of people living with HIV is also covering the entire country. A national Chilean network of HIV+ people has even achieved successful decentralization and has elected leaders. In Paraguay and Uruguay, national forums of NGOs with the participation of people living with HIV/AIDS are also very involved in planning and action. Overall, in the Southern Cone, UNAIDS is closely associated with a constructive involvement of the civil society.

In 2003, the UNAIDS Country Coordinator had the opportunity to meet the president of Chile, Mr. Ricardo Lagos and the president of Argentina, Mr. Nestor Kirchner. On October 25, 2003 the president of Argentina received representatives of the UN system. Later on December 1<sup>st</sup>, 2003, the UNAIDS Country Coordinator had the opportunity to congratulate the President on his commitment to HIV/AIDS. The UNAIDS Country Coordinator has regular opportunities to meet ministers from major ministries in the four countries positioning our programme in the national contexts. The Country Coordinator also has the opportunity to participate in the different meetings, events and joint efforts of the UN Country Team in Argentina and Paraguay. In 2004, with the arrival of the new Resident Coordinator in Chile and Uruguay these activities will be extended accordingly.

In the Southern Cone, the office has facilitated the innovative application of best practices. Information was produced which led to the development of new strategies and policies. Firstly, in the project titled: "Drug abuse and HIV/AIDS prevention in the Southern Cone countries" UNAIDS and UNODC were actively involved in the prevention of HIV transmission among injecting drug users (US\$ 670 000). Comprehensive political and technical support was provided to support the project. The coordination of the project was intersectoral involving both governmental organizations and NGOs. The implementation of the regional project included Argentina, Chile, Paraguay and Uruguay. The results are clear: harm reduction is considered to be the effective control strategy in dealing with prevention of spread of HIV among injecting drug users. Harm reduction has been adopted by the Ministries of Health and other Ministries including Justice and Interior. This line of action has been reinforced with the involvement of parliamentarians. Future stages

have been negotiated and secured with the direct participation of several municipalities. Secondly, in 2003, in the PAF project title “HIV/AIDS prevention and support activities in prisons in Argentina” UNAIDS was closely associated in the prevention of HIV/AIDS transmission among prisoners. At the end of 2003 the results are also clear: governmental authorities adopted a political agreement for continuing working on prevention activities with prisoners representing a model for the other Latin American countries.

A comprehensive training and learning programme to build the capacity on HIV/AIDS within the UN system is being implemented in Argentina and Paraguay. The UNAIDS Country Coordinator personally conducted large information seminars for the UN staff. During the seminars access to condoms, availability of confidential counselling, testing services and access to post-exposure treatment were reviewed and made operational. Posters related to post-exposure prophylactic treatment have been on display in all UN facilities. Booklets for UN employees and their families are also distributed. In 2004, seminars will be repeated especially for new staff.

## Emerging Issues and Challenges for the National Response

Antiretroviral therapy is available in Argentina, Chile and Uruguay. In Paraguay access to treatment is extremely limited and often interrupted. The use of generic drugs will reduce the cost of treatment and increase national coverage. However, there continue to be issues around generic HIV/AIDS drugs because for example the Government of Argentina does not always select them. Often, authorities prefer to select national pharmaceutical companies to provide supplies rather than other manufacturers of generic drugs. These national companies usually charge higher prices than competing manufacturers of generic drugs. The office will continue to work with national authorities in the Southern Cone on the need to further reduce cost of antiretrovirals.

A programme to enhance drugs availability and equal distribution at provincial level needs to be developed. Compliance with antiretroviral therapy regimens varies and often depends in part, on health infrastructures and the training of health professionals. We will collaborate with National AIDS Committees and people living with HIV networks to improve access and compliance to treatment facilitating strategic information, brokering technical support and mobilizing additional resources. Such an effort will continue to be closely coordinated with WHO within the framework of the “3 by 5” Initiative.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** Country Presidents in Argentina and Chile have contributed to high profile advocacy. In Uruguay and Paraguay parliamentarians have been involved. There is room for a growing involvement of top leaders in the Southern Cone countries. Our office has established the necessary contacts to continue to challenge and possibly engage relevant leaders and systematically remind concerned professionals about the UNGASS goals.

**Partnerships:** Facilitated by UNAIDS Southern Cone civil society empowerment has been successful. The second step will be to increase the capacity of civil society organizations. To avoid a fragmented response in Argentina, UNAIDS will further involve itself in the strengthening of organizational management. In Chile, Paraguay and Uruguay, the next step will include better participation in monitoring and evaluation of the national response. In 2004, the directory of civil society organizations involved in the response, available for Argentina at [www.onusida.org.ar](http://www.onusida.org.ar), will be extended to Chile, Paraguay and Uruguay.

**Strategic information:** In the first semester of 2004, our office will continue organizing systematic reviews to identify gaps in policy and programmes in each country covered. UNAIDS will continue its efforts in relation to National partnerships, implementation of UNGASS Declaration of Commitment on HIV/AIDS, Millennium Development Goals, policy development (e.g., harm reduction, access to treatment and care, prisons, uniformed services and mother-to-child transmission).

**Monitoring and Evaluation:** In 2004, our office will support the actualization of National Strategic Plans. The four countries UN-ISPs will be developed and implemented in synergy with NSPs, in order to enhance national responses to the epidemic.

Southern Cone National Strategic Plans are developed with the full participation of the civil society. UNAIDS office is planning to support CRIS workshops at sub national level in the Southern Cone Region. Our office will provide technical and financial support. Clear national plans have been established but additional funding is being sought especially to strengthen sub-national activities.

**Technical/Financial resources:** UNAIDS is supporting the mobilization of resources related to Global Fund in Argentina, Chile and is active regarding the pending case of Paraguay. Uruguay has been excluded from the Global Fund list of eligible countries. Our office actively supports the participatory governance of the Country Coordinating Mechanisms/Global Fund in Argentina and Chile. The office continues to engage the main donors in the region and will in 2004 support the organization of an important resource mobilization event in the Southern Cone with collaboration from the respective Ministry of Foreign Affairs.

## UNAIDS In Country

### UN Resident Coordinator

**Argentina:** Carmelo Angulo Barturen (UNDP)

**Chile:** Irene Phillipi (UNDP)

**Paraguay:** Henry Jackelen (UNDP)

**Uruguay:** Katia Cekalovich a.i (UNDP)

### Chairperson, UN Theme Group on HIV/AIDS

**Argentina:** Dr. Juan Manuel Sotelo (PAHO/WHO Representative)

**Chile:** Mr. Ricardo Infante (Director ILO)

**Paraguay:** Ms. Susana Gatto, Deputy Resident Representative (UNDP)

**Uruguay:** Ms. Anne Beathe Jensen, Representative (UNICEF)

### Staff

UCC, Laurent F. Zessler

Project Officer (1), Admin. Assistant (1),

Secretary (1) and driver (1)

# TRINIDAD AND TOBAGO

## Country Situation Analysis

Trinidad and Tobago, described as an upper middle income country of the Caribbean with an estimated Gross Domestic Product real growth rate of 3.2% and a per capita Gross National Product of \$7 262, is grappling with a steadily rising HIV/AIDS epidemic that is spreading to all regions of the country.

The HIV prevalence in Trinidad and Tobago is currently estimated at 2.0–2.5% of the total population. The potential economic impact of HIV/AIDS includes lost savings, investment, labour supply, employment, and a rise on health care expenditures could amount to 5% of Trinidad and Tobago's Gross Domestic Product by 2007. A study conducted by the Caribbean Epidemiology Centre and the University of the West Indies' Health Economic Unit estimates that 4.0% of the Gross Domestic Product of Trinidad and Tobago could be lost due to AIDS by 2005.

Trinidad and Tobago is facing a generalized epidemic that is taking its toll among young people, particularly young females and the most sexually active population 25–49 years old. A Situational and Response Analysis (SARA) was conducted in Tobago in 1999 and in Trinidad in 2001. These reports confirm that HIV/AIDS is rooted among youth, and the epidemiological data validates the fact that women are particularly affected. Initially manifesting as a homosexual epidemic in 1983, HIV has shifted to the general population and is being fuelled by several factors, the principal ones being multiple sexual partnerships and substance abuse (crack/cocaine), migration and gender inequalities. In the last decade, the number of reported HIV cases has doubled. In 2002, 1 209 HIV cases were reported, representing 93 per 100 000, one of the highest annual HIV incidence rates in the Caribbean region. The epidemic manifests differently in the two islands: in Tobago the disease is quite mature.

Trinidad and Tobago is mobilizing a multisectoral response to HIV/AIDS. In 2003, the Prime Minister committed TT\$ 500 million towards the execution of the National Strategic Plan. In March 2004, the National AIDS Coordinating Committee, located in the office of the Prime Minister, was launched. The National Strategic Plan (NSP) on HIV/AIDS 2004–2008, built upon 5 clearly identified priority areas was adopted with a total cost of US\$ 90.33 million over the five years.

The five areas are:

1. Prevention of the spread of HIV/AIDS.
2. Treatment, care and support.
3. Advocacy and Human Rights.
4. Surveillance and Research.
5. Programme Management, Coordination and Evaluation.

Major External Funding Sources (USD, million)	
World Bank (MAP I, IDA IBRD soft loan)	20.0
European Union	8.3
EU in Tobago	1.26 Euros
UNAIDS (PAF funds, 2001–2003)	0.29

## UNAIDS Support to the National Response

The UNAIDS Caribbean Inter-country Team (ICT) is located in Trinidad and Tobago. The Inter-country Team worked along with UNDP to assist the government with the finalization and dissemination of the National Strategic Plan (2004–2008) and supported the creation of the National AIDS Coordinating Committee (NACC) and its Secretariat. The Inter-country Team led an aggressive World AIDS Campaign in the last quarter of 2003 against HIV/AIDS-related stigma and discrimination, utilizing television, radio and video productions. The Inter-country Team is currently facilitating the documentation of techniques and practices for local responses to HIV/AIDS and building the national capacity for the development of a National M&E Framework and the establishment of Country Response Information System (CRIS).

During 2004 the Caribbean Inter-country Team will be strengthened by the filling of the vacant position and the recruitment of a Monitoring and Evaluation Specialist and a Social Mobilization/Partnerships Development Adviser.

## Functioning UN System

- The UN Country Team has prioritized work on HIV/AIDS and the Millennium Development Goals as the major goals for 2004–2005. HIV/AIDS has been placed as a standing item on the agenda of the monthly Head of Agencies' meetings.
- With the establishment of a high-level National HIV/AIDS Coordinating Committee, the Country Team is refocusing the HIV/AIDS Theme Group on the strengthening the UN system support to the national response, including facilitating the coordination function of the National HIV/AIDS Coordinating Committee.
- Major activities of the UN agencies for the current biennium include the production of the 2004 National Human Development Report with the focus on HIV/AIDS and an assessment of HIV/AIDS legislation to determine required policy and programmatic action led by UNDP; capacity-building of caregivers for children living with AIDS led by PAHO; the establishment of a national tripartite committee on HIV/AIDS and world of work policies and programmes in selected enterprises on the ILO Code of Practice led by ILO; and capacity-building of the Trinidad and Tobago Youth Councils to manage and coordinate youth-led HIV/AIDS prevention and care programmes led by UNICEF.
- UNAIDS has allocated US\$ 100 000 from the Programme Acceleration Funds for 2002–2003 and US\$ 100 000 for 2004–2005.

## Emerging Issues and Challenges for the National Response

- There is a strong push from the Government to further concentrate and channel all HIV/AIDS funding through one mechanism (e.g., National AIDS Coordinating Committee).
- Policy and Legislation to protect the rights of individuals and families from discriminatory practices need to be drafted, reviewed and enacted.
- Enhancement of the surveillance systems to ensure epidemiology monitoring, identification of risk groups and effective programme planning and evaluation is required.
- The public health and hospital laboratory systems require rebuilding.
- HIV counselling and testing needs to be decentralized and available to all communities.
- The prevention of mother-to-child transmission programme should be expanded into a national programme.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to provide assistance to strengthen the management and coordination function of the National AIDS Coordinating Committee (NACC), promoting the “Three Ones”, one National Authority, one National Coordination Mechanism and one Monitoring and Evaluation System. The Intercountry Team will partner with the cosponsors to build the capacity of sectoral ministries to mainstream HIV/AIDS in national development frameworks and sectoral plans.

**Partnership Development:** With the support of the advocacy work of the UN Special Envoy on HIV/AIDS, the Caribbean Inter-country Team will partner with the ILO bring a stronger presence and contribution of the business sector in the response, perhaps leading to the formation of a business coalition on HIV/AIDS. Efforts will also be directed towards capacity building of Community-based organization and organizations of people living with HIV for more active participation in the response to the epidemic.

**Strategic information:** A UNAIDS Resource Centre will be established in the Intercountry Team office by December 2004. Country specific best practices will be identified, documented, promoted and utilised.

**Monitoring and Evaluation:** UNAIDS will support the establishment of a national M&E reference group, and provide technical assistance in the development of national M&E plans. The training will be provided for the establishment of CRIS as monitoring tool and a reporting mechanism for UNGASS 2005.

**Technical/Financial Resource Mobilization:** Monitor the Programme Acceleration Fund disbursement process and support the Theme Group in project monitoring; Facilitate the establishment of a mechanism to assess HIV/AIDS expenditures and to monitor resource flows.

## UNAIDS In Country

### UN Resident Coordinator

*Dr Inyang Ebong-Harstrup*

### Chairperson, UN Theme Group on HIV/AIDS

*Ms Grace Strachan* (ILO Director)

### Staff

Team Leader, *Ms Angela Trenton-Mbonde*

Inter-Country Programme Development Adviser (Vacant) Programme Officer (1)

Programme Officer (1), Administrative Assistant (1) Secretary (1)

Secretary (1), Driver/Clerk (1)



# VENEZUELA

## Country Situation Analysis

Venezuela, one of the five countries in the Andean Region, has a population of 23.5 million. The population growth rate is 2.4%, and life expectancy at birth is 73 years. Over the last two years, the country has gone through a period of major social and political changes. The major problem is a crisis of democratic governance, associated with a deterioration in social and economic conditions. Deep-rooted political polarization and antagonism have created an environment of confrontation among citizens, and a lack of credibility and confidence in institutions fundamental to the democratic system. Political opposition groups integrated by political parties, NGO's, the major workers organization named CTV and economic groups have held numerous protest events. The structural conditions of Venezuela's economy combined with the political crisis has had an important impact on economic performance. A document from UNDP Venezuela has summarized this with the following statement: "...we will find ourselves with a Country with its economy in shambles, social unrest, high unemployment rate, increased poverty, a weakened oil industry and the industrial and commerce sectors financially very weak, and the banking system on the verge of collapse". As can be assumed very little attention has been given to issues other than politics. Even within the UN agencies, the major focus during 2003 was the political situation.

### Major External Funding Sources (US\$)

UNFPA	205 559
UNICEF	18 091
UNAIDS (PAF funds, 2002–2003)	100 000

## UNAIDS Support to the National Response

The UN Theme Group on HIV/AIDS has relied fully on the UN Technical Working Group. Indeed, the extended UN Technical Working Group, was crucial in reaching the achievements presented on the Annual Country Report 2003.

1. To have strengthened proposal projects selected the previous year for PAF 2002–2003 (which has resulted in effective and clear execution). Under the guidance of UNDP office, particularly a National Project expert, Sonia Obregon, a precise and short proposal document was implemented. This form was a very useful tool that made clear objectives, results, monitoring and evaluation as well as capacity of execution. Indeed, one project (by Rotary Club, Yaracuy) initially chosen was removed from the list as their investigators were unable to comply with the high standard set through the proposal document. After that, two leading national NGOs (*Acción Solidaria* y *ACCSI*) have worked closely with UNAIDS to ensure the respective component of the project ("Strengthen NGOs and PVs Associations on prevention, management and human rights") is accomplished. The project itself has developed an interesting opportunity to rescue and nourish old NGOs as well as to create a Venezuelan protocol to diagnose stigma and discrimination against people living with HIV.
2. To set the UN Technical Working Group as the leader in developing the National Report for HIV/AIDS Millennium Development Goals. This activity has had particular relevance because it has allowed a work focus on updating epidemiological data for the country. With the guidance of the PAHO/WHO HIV Focal point, a consultant was chosen and a contract signed to develop a two-phase report. Promotion of the Millennium Development Goals was extended to institutions not traditionally included in the UN Technical Working Group (Military, National Institute of Health, Academy and Private Sector). This process let the consultant to access valuable data from new sources and complete the first report which has been validated by the UN Technical Working Group. Additionally, information produced with this evaluation, guided the WHO/UNAIDS request to review prevalence data for the country.
3. Publication of the first National AIDS Plan on April 2003. This document was the result of intense and extensive work lead by Minister of Health and UNAIDS during 2002.
4. Participation and support to create the first Council of Universities dedicated to fight HIV/AIDS. Universities involved are the highest and oldest academic institutions in the country: *Universidad Central de Venezuela*, *Universidad Católica Andrés Bello* and *Universidad Simón Bolívar*. The Council seeks to promote research in three basic areas: biomedicine, social and cultural issues, and human rights, in order to provide useful knowledge for the design and implementation of public policies regarding HIV/AIDS.

## Functioning UN System

The UN Theme Group on HIV/AIDS works via the UN Technical Working Group. Indeed, the extended UN Technical Working Group, currently containing UNDP, UNICEF, UNFPA, PAHO/WHO, the director of the National AIDS Programme, an NGO representative and a representative from people living with HIV, meets regularly and follow an agenda based on mainly UNAIDS projects – mostly Programme Acceleration Funds – and other issues brought to the table by participants.

## Emerging Issues and Challenges for the National Response

Venezuela has identified AIDS as one of its priority health problems. The national response to HIV/AIDS has been multisectoral, involving various ministries and civil society. Civil society is very active in Venezuela and has a high level of technical capacity. It has been particularly active in the areas of human rights and vigilance to secure the right of access to care and treatment. The conditions of poverty, gender inequality, insufficient sexual education and social exclusion for people living with HIV/AIDS are some of the factors hindering prevention efforts. The epidemiological surveillance system for HIV/AIDS needs significant strengthening. Similarly, more support is needed for prevention programmes addressing the most vulnerable population groups. Venezuela is committed to providing universal access to care and medication for people living with HIV/AIDS, which absorbs most of the national HIV/AIDS resources. Currently, there are over 10 000 people living with HIV/AIDS who receive free antiretroviral medication. So far, there has been only limited international financial support for the national HIV/AIDS response.

## UNAIDS Key Result Objectives 2004-05

1. Enhanced UN joint programming through the development and implementation of the UN-ISP  
This goal would require in the first place, reactivation and strengthening of UN Theme Group on HIV/AIDS. Regular meetings and working closer with the UN Technical Working Group will be crucial to develop and implement the UN Implementation Support Plan.
2. Civil society empowered for social dialogue, policy development and implementation. This year 2002–2003 Programme Acceleration Funds projects will be completed so the extensive work done with NGOs will offer an ideal situation for them to be progressively involved in “social dialogue, policy development and implementation” UN System can give special support to foster their work on this area.
3. Country Response Information System established to track, monitor and evaluate country responses. Venezuela still lacks a clear and effective epidemiological surveillance system. Implementation of this system would be ideal to create an integrated national system to track, monitor and evaluate the epidemic and thereby follow the country response and effectiveness of policies in this area.

## UNAIDS In Country

### UN Resident Coordinator

*Antonio Molpeceres*

### Chairperson, UN Theme Group on HIV/AIDS

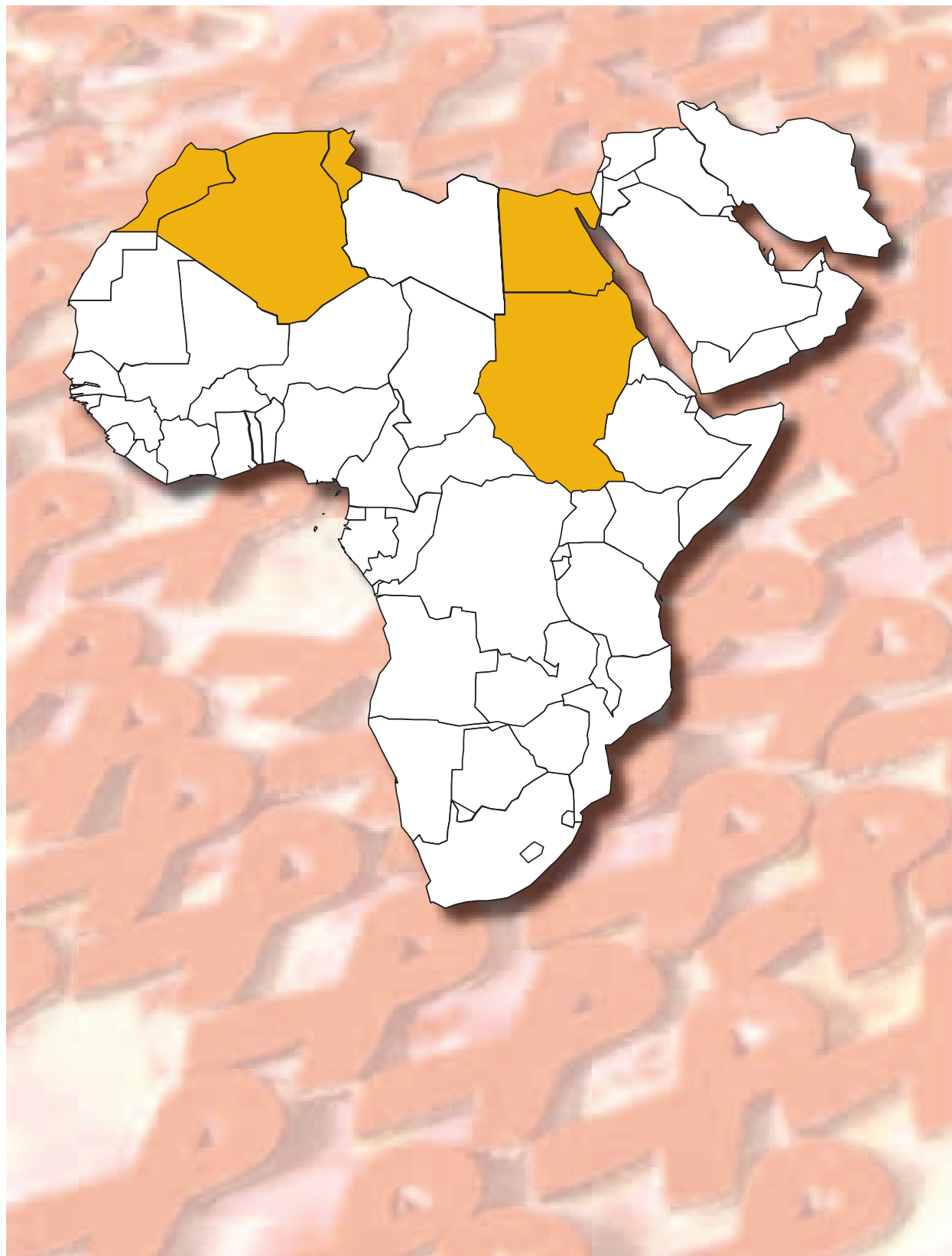
*Libsen Rodriguez*

**Staff** UNDP HIV/AIDS Focal Point covers UNAIDS activities and requirements

*Antonio Molpeceres*

## Country Annexes

### Middle East and North Africa



# ALGERIA

## Country Situation Analysis

HIV prevalence remains low in Algeria, but the existence of risk behaviour among vulnerable groups, diversity in prevalence rates across regions and other determinants, call for immediate action to prevent further spread of the epidemic. Existing information, though limited, indicates a low prevalence of 0.1% among the general population with higher rates in the south of the country. The national sero-surveillance survey, implemented in five sites in 2000, yielded 1% prevalence among pregnant women in the southernmost part of the country, and 20% among sex workers in two sites (Oran and Tamanrasset). These rates, although involving limited samples, coupled with the socioeconomic environment, mobility and a high level of unemployment, may serve to drive the epidemic in a country with a population of 30 million, of which young people represent 70%. HIV transmission is mainly through heterosexual contact.

Since 2001, the level of political commitment has increased substantially, in particular following the Abuja Summit and the commitment expressed by President Bouteflika to fight AIDS in the country and in the African continent in general. In December 2003, two events made a significant contribution: a major statement by the President during World AIDS Day 2003, which addressed the taboos surrounding AIDS; and the establishment of a network of 26 NGOs acting on AIDS with the assistance of UNFPA and the UNAIDS Secretariat.

There was extensive multisectoral involvement in the development of the national strategic AIDS plan, as well as active participation in the elaboration of the sectoral plans. Focal points in key ministries have been identified. Operational plans have been finalized for nine sectors for 2003–2006: Higher Education and Research, Health, Population and Hospital Reforms, Religion, Youth and Sports, National Education, Communication and Culture, Interior, and Justice.

The national AIDS programme currently provides antiretroviral treatment to anyone who can demonstrate need, and 100% blood supply safety has been ordered by ministerial decree. Currently there are no specific laws to protect the rights of people living with HIV.

## Financial Resources at Country Level

Major External Funding Sources (US\$, million)	
Global Fund (3 years)	8.8
UN and Partners, 2003	0.15
2004	0.25
UNAIDS (PAF funds, 2002–2003)	0.05

## UNAIDS Support to the National Response

In addition to joint activities within the Theme Group, each partner agency provides support for specific activities falling within its mandate. In 2003, the Theme Group set up the UNAIDS Technical Theme Group, which acts as a complement to the restricted UNAIDS Theme Group, making it possible to draw up, on the basis of the strategic national objectives approved for 2002–2006, a schedule of technical support for the national response that harmonizes support provided by the Cosponsors of UNAIDS. Both of these groups work in conjunction with the National AIDS Committee, which for the last two years has invited the members of the Theme Group to all its meetings. All the agency heads and HIV/AIDS focal points of UNAIDS Cosponsors have been designated by ministerial decree as members of the Global Fund Country Coordinating Mechanism.

In 2003, the Theme Group carried out the following activities in support of the national response:

- assistance in redrafting the Algerian proposal to the Global Fund on the basis of the recommendations made by the Technical Review Panel (TRP) for the 3<sup>rd</sup> round ;
- assistance in drawing up 12 operational plans of action for sexually transmitted infections/HIV/AIDS bearing in mind the national strategic targets (nine ministerial sectors and three NGOs);
- support to start the implementation of UNAIDS PAF for 2002–2003, in particular for carrying out innovative and catalytic preventive activities such as prevention of HIV transmission in prisons, preventive activities among the police, building up the Association of People Living With HIV/AIDS, and securing the involvement of religious leaders.
- strengthen the introduction of second-generation surveillance by means of a joint UNICEF/WHO project.

## Functioning UN System

The UNAIDS Theme Group in Algeria has existed since 1996, when its members were the four United Nations cosponsor agencies present in Algeria at the time: WHO, UNDP, UNFPA and UNICEF. In September 2000, and even before ILO at the international level, the ILO Algeria office joined the Theme Group (GTO). The other cosponsors (UNESCO and UNODC) are not represented in Algeria although they may intervene within the framework of regional projects, as occurred in 2003 when an agreement was signed between UNODC and the Ministry of Higher Education and Scientific Research to conduct a 2004 study into AIDS and drug addiction. All the agencies within the Theme Group served as chair on a rotating annual basis since 1998. However, since the UNGD guidelines were finalized in 2003, the Theme Group has agreed that the chair of the Theme Group will change every two years.

## Emerging Issues and Challenges for the National Response

The priority action areas of the NSP are: 1) to mobilize and coordinate efforts by the Government, civil society and the public, semi-public and private sectors, as well as by international partners; 2) to monitor the epidemiological and behavioural situation of sexually transmitted infections and HIV/AIDS; 3) to reduce the consequences of the epidemic for people living with and affected by HIV/AIDS as well as its socioeconomic impact; 4) to reduce transmission of sexually transmitted infections and the spread of the AIDS epidemic by the use of innovative concepts and approaches to prevention; and 5) to reduce vulnerability to sexually transmitted infections and HIV.

## UNAIDS Key Result Objectives 2004-05

### To ensure leaders take responsibility for ensuring an effective response at the country level:

1. To define an integrated plan (UN-ISP) to provide coordinated support for the national response, taking into account the national priorities defined by the national strategic plan and in keeping with the mandate of each UNAIDS Cosponsor in Algeria.
2. To help set up a National Multi-Sector HIV/AIDS Control Committee suited to the new HIV/AIDS control environment in Algeria.
3. To provide support, on request, for the validation of sectoral operational plans of action and for the multisector OPA
4. To help develop the Algerian Mobility and HIV/AIDS project within the framework of the HIV/AIDS initiatives of the countries bordering on the Sahara.
5. Assist measures to prevent transmission of sexually transmitted infection/HIV/AIDS in prisons implemented by the Ministry of Justice.
6. Assist steps by the Ministry of the Interior to incorporate measures to prevent sexually transmitted infection/HIV/AIDS by the health services of the national security forces

### Mobilize and assign responsibility to public, private and civil society partnerships at the country level:

1. Strengthening the capacity of the El Hayet Association of people living with HIV.
2. Strengthening the network of national NGOs.
3. Providing support for national participation in the different regional meetings and seminars, and if possible in the International AIDS Conference in Bangkok and other major meetings.
4. Mobilizing a local NGO to undertake youth outreach activities on HIV/AIDS and addictions.
5. Adaptation and standardization of IEC messages relating to STI/HIV/AIDS by imams in Algeria undertaken by the Ministry for Religious Affairs.

### Build up national capacity for surveillance and for monitoring and evaluation of HIV/AIDS control activities

1. Provide support for the establishment of a second-generation surveillance and monitoring and evaluation unit.
2. Provide support, as needed, for the 2004 national sentinel sero-surveillance survey.
3. Provide assistance with a survey on the potential link between drug addiction and AIDS.
4. Start a national survey of prevalence of sexually transmitted infections.

### Making access to technical and financial resources easier at the national level:

1. Facilitate, at the request of CCM, implementation of the Algerian proposal to the Global Fund, which received final approval in January 2004, amounting to US\$ 6 million over two years.

## UNAIDS In Country

**UN Resident Coordinator**

*Currently none*

**Staff** NPO as UNAIDS Focal Point

**Chairperson, UN Theme Group on HIV/AIDS**

*Maria Ribeiro: (UNICEF Representative) a.i.*



# EGYPT

## Country Situation Analysis

With a Gross National Product per capita of US\$ 1 490 and 20% of households officially below the poverty line, the Government of Egypt is grappling with numerous social issues, including overpopulation (Total fertility rate (TFR) = 3.5), adult illiteracy (38%) and a high maternal mortality rate (84 per 100 000). Furthermore, as the HIV/AIDS pandemic expands across the globe, Egypt finds itself at a turning point. While available evidence reveals that prevalence is low, the existence of certain risk factors and determinants necessitates immediate action to prevent further spread of infection in Egypt.

Data on HIV/AIDS in Egypt, while limited, suggests low prevalence (less than 1% in the general population). To date, only 749 HIV/AIDS cases have been reported amongst a population of 67 million. However, current surveillance methods and barriers to HIV testing suggest that a substantial number of cases may go undetected. In addition, many of the behavioural risk factors and social determinants of HIV identified in other regions also exist in Egypt and have been documented in studies. Without a concerted effort to prevent transmission, Egypt is likely to suffer an increase in the incidence of HIV/AIDS.

Among the reported HIV/AIDS cases for which the transmission mode is known, 81% are male and 40% fall within the 30–39 age group. The predominant mode of transmission is sexual, accounting for 57%, followed by infection through blood, and blood products (38%). Only 1% of reported HIV/AIDS cases involve injecting drug use, and mother-to-child transmission still appears rare. However, it should be noted that transmission modes are unknown in 43% of reported cases and that many cases go undetected.

The official governmental department for HIV/AIDS prevention is the National AIDS Programme (NAP) within the Ministry of Health and Population. The NAP, which is mainly externally funded, conducts activities based on an annual workplan. In 2003 the NAP continued to implement its programmes which range from awareness workshops in schools to the running of the HIV/AIDS Hotline. New programmes have been adopted by the NAP such as the creation of voluntary counselling and testing sites (VCT). The work of other sectors on HIV/AIDS remains limited. The Egypt Theme Group (ETG) is pushing for the activation of a multisectoral National AIDS Council. Civil society and the media have paid more attention to HIV/AIDS in 2003 signalling a potential expansion of the traditional actors on HIV/AIDS in Egypt in the near future.

### Major External Funding Sources 2002-2003 (US\$, million)

Italian Cooperation	Figure not available
UNFPA	Figure not available
Ford Foundation	Figure not available
UNICEF	Figure not available
USAID	Figure not available
WHO	Figure not available
UNAIDS (PAF funds, 2002–2003)	.055
UNDP	Figure not available

## UNAIDS Support to the National Response

While there is a limited number of national actors and donors involved in the HIV/AIDS response, there remains a need for coordination. The UNAIDS Secretariat fulfils the main role of coordination among UN agencies, and between national actors and international partners.

The ETG completed, with substantial input from the Secretariat in 2003, the first step towards a National Strategic Planning (NSP) process by finalizing an “Assessment of the HIV/AIDS Situation and Response in Egypt”. UNAIDS (Secretariat and cosponsors) is committed to the NSP process and plans to support the national counterparts to complete it by the end of 2004.

UNAIDS (Secretariat and cosponsors) is committed to strengthening the role of civil society and people living with HIV in the HIV/AIDS response. In the latter half of 2003 the ETG supported the initiation of an Egyptian NGO Network on HIV/AIDS and continues to support it in capacity-building, programme development and M&E.

The recently created support group of people living with HIV is critical in providing a voice to this group in Egypt who remain hidden. UNAIDS is working on providing them with technical support through exchange visits with other people-living-with-HIV organizations in the region, attendance of national, regional and international conferences (such as the Global Network of People Living With HIV/AIDS [GNP+] annual conference), training on key issues such as speaking to the media, as well as resource mobilization.

UNAIDS also supports the national response through technical assistance, including data generation. The Secretariat and cosponsors have supported studies generating strategic information on HIV risk behaviours in priority populations such as young people and injecting drug users.

## Functioning UN System

The Theme Group membership in Egypt has been extended to governmental representatives, NGOs, bilateral agencies and other concerned parties. The Egypt Theme Group is thus an expanded theme group. In addition to UNAIDS cosponsors, the following organizations (represented through fixed HIV/AIDS focal points) are members of the ETG: UNHCR, the National AIDS Control Programme of the Ministry of Health and Population, the USAID Egypt, the Delegation of the European Commission in Egypt, the Ford Foundation, the US Naval Medical Research Unit Number 3 (NAMRU-3) and Family Health International (FHI).

The ETG works mostly on a technical level as its meetings are attended by the technical focal points in each agency. The ETG holds monthly meetings. Terms of reference have been formulated and finalized by the ETG in 2003. The chair of the ETG rotates regularly. The ETG plans to formulate a UN-ISP in 2004 to be based on the NSP.

At the level of heads of agency, the UN Country Team includes HIV/AIDS on its agenda when the need arises. It is planned that in 2004 the Country Team will discuss HIV/AIDS at least twice a year.

HIV/AIDS is included in the CCA and UNDAF.

The UN Country Team is currently forming its learning team to facilitate the implementation of the UN Learning Strategy on HIV/AIDS.

## Emerging Issues and Challenges for the National Response

Competing priorities on the social, political, economic and health fronts continue to pose a challenge for strengthening the national HIV/AIDS response.

Donor-driven interest in HIV/AIDS may direct resources (technical and financial) to areas that may not necessarily represent national priorities to combat HIV/AIDS. As such, it is pertinent that the NSP be formulated to arm national actors with their plan of action.

The limited number of national actors coupled with the increase in donor interest in HIV/AIDS presents an opportunity to strengthen civil society response as well as advocate for a multisectoral response to HIV/AIDS by increasing the number of sectors involved in the HIV/AIDS response.

## UNAIDS Key Result Objectives 2004-05

### Partnership:

1. Reinforcement of the Egypt HIV/AIDS NGO Network through technical assistance and resource mobilization;
2. Strengthening support groups for people living with HIV through advocacy, technical assistance including exchange visits, and resource mobilization;
3. Advocacy and technical assistance to strengthen outreach to vulnerable groups to provide education, referral, and services.

### Leadership:

1. Assistance in the formulation of a multisectoral National Strategic Plan, including budgeted action plans for key sectors, with the aim of providing a strategic framework for the national response;
2. Advocacy for the activation of a multisectoral National AIDS Committee;
3. Enhance cosponsor activities and strengthen coordination on HIV/AIDS through the formulation of a UN-ISP;
4. Assistance in the formulation of a National Communication Strategy based on scientific data to improve awareness of HIV/AIDS and promote behaviour change among the general population and specific groups.

### Strategic Information:

1. Build capacity of national partners (governmental and civil society) to undertake research on HIV/AIDS to provide an in-depth understanding of the context of risk, including sexual and drug-taking behaviours within vulnerable populations;
2. Support national efforts to review and strengthen HIV/AIDS surveillance within the context of Second Generation Surveillance.

### Other:

1. Reinforce efforts to improve access to antiretroviral drugs through political negotiations and technical assistance, as well as resource mobilization;
2. Support national efforts to introduce anonymous HIV testing and counselling.

## UNAIDS In Country

### UN Resident Coordinator

*Antonio Vigilante*

### Chairperson, UN Theme Group on HIV/AIDS

*Shabida Azfar* (UNICEF Representative)

### Staff

*1National Focal Point*

*Maba Aon*

# MOROCCO

## Country Situation Analysis

Morocco is ranked as having a low HIV/AIDS prevalence rate: amongst pregnant women the sero-prevalence is 0.12%. It was estimated that by the end of 2003 between 13 000 and 16 000 people were living with HIV/AIDS. Since 1993, annual estimates show a consistent increase in AIDS cases. Casablanca and its suburban areas, Sous Massa Drâa and Marrakech Tensift El Haoux are the locations where more than half of the cases have been registered. Sexual transmission represents 77% of all cases and heterosexual transmission is predominant at 68% of the cases. There is a serious potential for further development of the epidemic because of the existence of individual vulnerability and societal determinants such as poverty, unstable employment, illiteracy, migration and commercial sex work.

The National Strategic Plan to fight HIV/AIDS (NSP) 2002–2004 is the result of a participatory process based on consultations and consensus involving equally the key actors and potential contributors to an effective response in Morocco. The NSP 2002–2004 highlights a set of priorities region by region, with a special focus on the main vulnerable groups and the assistance that will be provided to those groups with the aim of prevention and impact reduction. Each vulnerable group will be the beneficiary of a package of services including prevention and care. The NSP gives special emphasis to strategy for decentralization, quality control, advocacy, institutional development and resource mobilization.

Resources from the Global Fund have been granted to Morocco in 2003 and notably contributed to the implementation of the NSP. New international partners became involved in early 2004: GTZ within the BACKUP initiative, the Belgium Cooperation and the French Cooperation with the ESTHER programme.

Major External Funding Sources (US\$, million)	
Global Fund (5 years)	9.2
Belgian Cooperation 2004-2006	1.5
French Cooperation (ESTHER) 2004	indefinite
UN and Partners (ISP) 2003	0.3
GTZ	0.3

## UNAIDS Support to the National Response

The UN-ISP, which is in its final stage of completion, is the reference document on UNAIDS support to the national response. The UN-ISP has been designed according to the existing initiatives to ensure that there is no duplication with the existing national and international strategic plans such as the Global Fund.

UNAIDS support focuses on decentralization and services reinforcement in favour of vulnerable groups: this element makes a provision for support of strategic planning for intersectoral committees at regional level and capacity building of local partners and civil society organizations; support for quality services through the production of reference documents and guidelines to be used nationwide; support to training programmes for project managers and prevention programmes aimed at youth and vulnerable groups; support to the programme “Youth for Youth” of which the first target is prevention of sexually transmitted and HIV infections.

UNAIDS also supports partnership and leadership by providing support for the World AIDS Campaign, and assistance in the preparation of sectoral plans for key ministerial offices such as Education and Youth.

It has a role in the Countries Bordering the Sahara Initiative which includes analysis of the existing situation, and programmatic workshop and project design. It supports the review and diffusion of national best practices.

UNAIDS monitors and evaluates programmes for sexually transmitted infection prevention and care. It supports prevalence studies and training to update staff involved in the delivery of services related to sexually transmitted infections.

On the basis of the WHO “3 by 5” Initiative, UNAIDS participates in the review of the NSP to ensure that HIV/AIDS treatment has been taken into account. UNAIDS is involved in NSP M&E, updating the NSP information system, adaptation and use of CRIS at national level, behavioural studies for youths and vulnerable groups, assistance to the review of the NSP.

## UN System Functioning

The UN Theme Group on HIV/AIDS has been actively functioning since 1999. Over time, it has been expanded to include the National AIDS Programme, Ministry of Education, the Royal Uniformed Forces, NGOs and multilateral and bilateral organizations. In the course of 2003, four meetings were organized, an average of one meeting every quarter. The main topics reviewed and discussed were:

- World AIDS Campaign
- best practices
- PAF
- follow-up on the UN Declaration of Commitment on HIV/AIDS
- recruitment process for the new Country Programme Adviser (CPA)
- support to the organization of the symposium “AIDS and Youth from Africa”
- Theme Group mission and Technical Working Group (TWG) support.

The TWG has concentrated its work on the World AIDS Campaign and World AIDS Day 2003. The TWG was also involved in the coordination of a study on HIV/AIDS stigma and discrimination and was responsible for a national event during World AIDS Day in December 2003. A sub-working group was in charge of the supervision and follow up of the UN-ISP.

## Emerging Issues and Challenges for the National Response

Decentralization of activities in relation to the HIV/AIDS response should be strengthened for priority regions and management mechanisms should be set up at the level of intersectoral committees. In this context, capacity-building of local managers and those in charge of civil society organizations is regarded as a priority. Care and treatment of people living with HIV should equally be decentralized to regional health centres in order to adequately respond to the growing needs. Activities relating to youth and vulnerable groups must be intensified by increasing prevention programmes. Finally, sub-Saharan migration towards Morocco is a new challenge which should be tackled.

## UNAIDS Key Result Objectives 2004-2005

- UN-ISP fully functioning
- expanded partnership forum involving all national entities concerned, such as civil society and private sector
- best practices identified, documented, disseminated and utilized
- CRIS fully operational
- government-led review process of the NSP initiated
- HIV/AIDS mainstreamed into existing national development framework.

## UNAIDS In Country

### UN Resident Coordinator

*Emmanuel Dierckx de Casterle*

### Chairperson, UN Theme Group on HIV/AIDS

*Dr Georges Georgi*

### Staff

UNAIDS Country Coordinator: *Dr Kamal Alami*

Assistant/Admin Secretary: *Soumaya Yaakoubi*

Driver/messenger: *Youssef Barka*

# SUDAN

## Country Situation Analysis

Sudan faces the threat of a general HIV/AIDS epidemic. On the basis of the scant epidemiological, behavioural and programmatic information available – which may lead to an underestimation of the magnitude of the problem in the country – out of the population of 32.5 million (2002) it is currently estimated that 1.6% of adults are HIV-positive, with significantly higher infection rates found amongst vulnerable groups such as internally displaced persons (IDPs) and refugees) and at-risk groups such as commercial sex workers. The main mode of infection is sexual transmission, but blood safety, lack of infection control and mother-to-child transmission pose major concerns.

Despite lack of data, it is clear that higher HIV prevalence exists in the south, largely due to the conflict environment as well as interaction with higher HIV prevalence in regions of neighbouring countries. If peace holds, there is considerable risk of the spread of the epidemic associated with increased south-north internal population mobility and military returnees.

The main factors of vulnerability include: changing life-styles among young people; mobility across borders and refugees; armed conflict, poverty and economic disparities; drought; high female illiteracy; diversity in cultural and ethnic practices; and low access to voluntary counselling and testing services. In addition, institutional inertia, social exclusion and the absence of community voices in development and in addressing HIV/AIDS, are further compounding the spread of the epidemic.

A strong political commitment in support of the response was not evident until recently. General denial was the trend in Sudan, which is considered to be a conservative, Muslim country. However, the epidemic has continued to grow since 1986 and there are an estimated 500 000 cases of HIV infection. A Strategic Planning Process (SPP) involving situation and response analyses was conducted in 2002. The situation analyses showed regional variations. High risk groups were identified to be tea-sellers, informal sex workers, truck drivers, prisoners, refugees/IDPs and the uniformed services. The prevalence of the epidemic is evidently higher in the capital, in the southern regions because of the ongoing civil war, the eastern region bordering Eritrea and Ethiopia due to the influx of refugees from both countries (prevalence among refugees is 4.6%), and in the major port areas where the trucking routes are. Heterosexual intercourse transmission accounts for 94%. Voluntary counselling and testing services are almost non-existent and laboratories are poorly equipped.

Currently efforts are being made to develop strategic HIV/AIDS plans for key sectors to further widen the national response base and to ensure a multisectoral response.

Major External Funding Sources (US\$, million)	
Global Fund (5 years)	20.7
UN and Partners, 2003	0.89
2004	1.71
UNAIDS (PAF) 2002–2003	0.18

## UNAIDS Support to the National Response

The UN and partners assisted the government with the finalization and dissemination of the NSP (2003–2007), the development of a First Year Plan of Activities (PoA) focusing on seven high-risk States and on priority areas of work.

UNAIDS provided assistance in costing and budgeting the operational plan. PAF funds were primarily channelled to the PoA to cover gap areas such as prevention efforts among commercial sex workers and to support involvement of people living with HIV as well as non-traditional partners such as religious leaders. Other technical assistance was provided for the development of the Third and Fourth Round Global Fund proposal for Sudan. Financial assistance was also provided by UNAIDS to initiate prevention efforts in the military, police and prisons.

Since the country is awaiting finalization of the peace process and a massive population movement is anticipated (returnees, army demobilization, etc.) after the peace agreement has been signed, UN support is currently focused towards post-conflict planning and preparation for this.

UNAIDS is providing technical assistance for the implementation of a nationwide advocacy/communication plan using the Communication for Behavioural Impact (COMBI) approach (developed through UNAIDS technical assistance). A technical working group is currently reviewing the plan to better enhance it.

UNAIDS (jointly with UNDP) is initiating the process of developing leadership of communities with the aim of effectively involving them and enabling them to take the central lead and make their own political decisions to tackle underlying causes that fuel HIV/AIDS epidemic.

## Functioning UN System

The Country Theme Group now includes representation not only of the National AIDS Programme, but also of NGOs through the Sudanese AIDS Network, the umbrella organization that includes all NGOs working on HIV/AIDS as well as people living with HIV. Recently, and following the official registration of the People Living With HIV Society, this group have become active members of the Theme Group participating in all planning efforts undertaken by the Country Theme Group. The UN Theme Group convenes on a monthly basis while the Country Theme Group convenes as the need arises and when the involvement of national partners is thought to be essential.

The UN System has strategically allocated PAF resources for 2002–2003 to support the initiation of the First Year PoA focusing on promoting the greater involvement of people living with or affected by HIV/AIDS, as well as promoting non-traditional partnerships such as the involvement of religious leaders, and to support the development of interventions for commercial sex workers and the uniformed services. Extra PAF resources were mobilized to introduce prevention efforts in the southern states under government control.



The UN agencies are providing considerable technical and financial support to HIV/AIDS-related activities and supporting the National Strategic Plan (NSP) priorities in Sudan. UNFPA, UNICEF and WHO are supporting, amongst other things, blood safety and infection control, surveillance and provision of testing kits, integration of HIV/AIDS into the school and university curricula, training of workers in health and social sectors, training in STIs, and social mobilization. Other agencies, such as UNDP, UNHCR, WFP and UNIDO, have begun mobilizing support by integrating HIV/AIDS into their various programmatic areas of work, such as building partnerships with NGOs working on HIV/AIDS, refugees, and support to people living with HIV.

## Emerging Issues and Challenges for the National Response

The forthcoming peace agreement to end the long-standing civil war will add a new dimension to the currently existing national context, including greater social, economic and health-related problems, primarily HIV/AIDS. This raises the following issues and challenges:

- taking account of the sociocultural diversities in the various regions when planning for HIV/AIDS in the post-conflict.
- supporting the implementation of the response across different government sectors as well as national entities, including the elaboration and implementation of sectoral plans (religious leaders, education, defence, youth, information, etc)
- decentralization of the response at state and subnational level
- taking forward open dialogue around HIV/AIDS-related sensitive issues, such as sexuality, taboos, prejudice around HIV/AIDS, use of condoms;
- testing as an imperative to implementation of prevention, care and support programmes at the central, state and peripheral level, including rural areas;
- increasing involvement of civil society to ensure community participation;
- elaborating and formalizing the legal rights of those infected and affected by HIV/AIDS;
- supporting efforts to increase access to key HIV/AIDS services across regions and populations, such as voluntary counselling and testing, comprehensive care and support, antiretroviral therapy, home care and social support for those infected and affected by HIV/AIDS, given the almost total lack of accessible services at present.

## UNAIDS Key Result Objectives 2004-05

**National Leadership and Involvement of Non-Health Sectors in the National Response:** UNAIDS will assist and follow up each sector in developing its own strategic sectoral plan to address the issue of HIV/AIDS within its respective areas and to ensure these plans are put into operation and monitored. UNAIDS will also support and assist in decentralization of the response by the development of costed action plans at the States level.

**Partnerships:** Although civil society is active in the fight against HIV/AIDS, coordination efforts are weak. UNAIDS will assist the Sudan AIDS Network in promoting and strengthening the network's coordination and information-sharing and assist in developing strategy frameworks for NGOs working in the field of HIV/AIDS.

**Strategic Information:** An information hub/resource centre is planned for collecting all relevant information and data on HIV/AIDS in the country and internationally. A CRIS will be established.

**Capacity-building:** UNAIDS is planning for and assisting national partners in acquiring experience through exchange visits to learn from the experiences of other countries. These exchange visits are expected to cover issues such as tackling sex-work interventions, the uniformed services and experience with voluntary counselling and testing services.

## UNAIDS In Country

**UN Resident Coordinator**

*(Currently vacant)*

**Chairperson, UN Theme Group on HIV/AIDS**

*Dr Guido Sabatinelli (WHO representative)*

**Staff** UCC (currently none)

NPO

Admin Secretary

Driver/messenger

# TUNISIA

## Country Situation Analysis

With an estimated Gross National Product per capita of US\$ 2 500 (2002), Tunisia is a country with high growth potential. Like most countries in the region of the Middle East and North Africa, Tunisia is a low prevalence country for HIV. Prevalence amongst the general population remains under 0.1%. The first case of AIDS was diagnosed in December 1985 and since then the total number of cases has reached 1 175 (end of 2003). Since 1997, the annual incidence rate has been relatively stable with 50–70 new cases a year. Most of them (60%) are diagnosed at the AIDS stage. Anonymous testing is not yet established. Around 750 people are presently living with HIV/AIDS, with the ratio of men to women, overall, at 3:1. However, this ratio has been gradually equalizing in the past few years. Children represent 7% of the total number of cases, while 61% of infected people belong to the 20–39 age group.

The epidemiological surveillance system in Tunisia is based on mandatory and nominative notification. A second generation surveillance system is currently being implemented. At present there is a lack of data about high-risk groups. HIV/AIDS related surveys and studies have only addressed knowledge and attitudes without taking behaviours into consideration.

The Tunisian national response to HIV/AIDS was set up in 1987 with the creation of the National AIDS Programme (NAP) under the Ministry of Public Health. The NAP is the national coordinating body and acts as the executive body of the national response. At the same time as the NAP was set up, the National Committee on HIV/AIDS was formed to gather together HIV focal points from several ministries and civil society representatives. The National AIDS Committee (NAC) is subdivided into four subcommittees: epidemiological surveillance, access to care, prevention, ethics and legislation. Although all these committees are multisectoral, the private sector is still absent and most of the ministries, with the exception of the Ministry of Public Health show little commitment to the HIV/AIDS issue. So far, there is no national strategic plan, or even sector-based plans. The current NAP medium-term plan ends in 2005. Funding for the NAP is provided almost solely by the government (Ministry of Public Health). The NAP budget rose from nearly US\$ 500 000 in 1999 to US\$ 2 million in 2001. A great part of this budget is allocated to care and treatment (antiretroviral drugs were made available free to nationals in 2001). The rest goes to prevention activities, condom promotion, and support to NGOs. External funding is provided only by UN agencies, mainly UNFPA, UNDP and UNICEF or through PAF.

HIV/AIDS NGOs are still few and their contribution still remains insufficient. There is involvement of people living with HIV, however, but it remains weak and ineffective. Fear of stigma and discrimination is one of the main obstacles for people living with HIV.

## Financial Resources at Country Level

Major External Funding Sources (US\$, million)	
UNICEF (2003)	0.01
UNFPA (2003)	0.2 in reproductive health (full figure not available)
UNDP(2003)	Figure not available
UNAIDS PAF (2002–2006)	0.052

## UNAIDS Support to the National Response

A real partnership between the UN Theme Group and the NAP was established in 2003 involving NAP managers together with various actors of the national response (ministries, NGO's, intellectuals, the media). The Ministry of Public Health (the main actor), which showed a clear commitment, acknowledged on several occasions that the reinforced UNAIDS presence in the country is giving real support to national efforts in fighting AIDS.

In September 2003, a comprehensive external evaluation of the surveillance system (UNAIDS, with technical and financial support from both UNICEF and WHO) was implemented. UNAIDS Theme Group pushed for the organization of a follow-up national meeting in order to share experts' reports and recommendations with all the national actors and to introduce the second generation surveillance system concept, which was one of the experts' main recommendations. A national consensus workshop, technically and financially supported by UNAIDS, is planned for the end of April 2004. The main expected outcomes of this workshop will be:

- to reach a national consensus on the second generation surveillance system, with focus on young people and high risk groups, e.g., injecting drug users, men who have sex with men, sex workers and their clients;
- to agree on the use of UNGASS indicators, related to behaviour, and the standardization of their use.

A feasibility study for the establishment of anonymous and voluntary HIV counselling and testing was also implemented, followed by a national decision to set up three voluntary counselling and testing centres in 2004. As a first step, a study tour to voluntary counselling and testing centres in France was organized for three Ministry of Public Health officials (accompanied by a UNAIDS focal point). Legal revision of text and physical implementation are being developed. UNAIDS and UNICEF are coordinating the formulation of a tripartite partnership convention between the Theme Group, the NAP and a voluntary counselling and testing centre in France.

The UNAIDS Theme Group is fostering the first dialogue between the civil society and the NAP since the expansion of the HIV/AIDS TWG to include the NAP and representatives of civil society. UNAIDS is also currently giving technical assistance to the new civil society national network for fighting HIV/AIDS in order to develop a joint plan of action for 2004–2005 and assist it in the mobilization of financial resources. As regards the private sector, UNAIDS has begun to advocate for a greater contribution from, at least, condom manufacturers to the national response. The media and intellectuals are also targeted by UNAIDS advocacy; for example, UNAIDS is supporting two national lawyers doing research on HIV/AIDS, with a focus on marginalized groups and the right to non-discrimination in Tunisia. The paper is expected to be finalized by May 2004, and will be delivered first to the UN Country Team on 19<sup>th</sup> July, before dissemination to national partners and its use as an advocacy tool.

UNAIDS is also supporting the participation of the government in regional initiatives on HIV/AIDS, such as the Tamanrasset initiative for countries bordering the Sahara. Technical assistance is provided to the NAP for the design of a project proposal in the framework of this initiative.

UNAIDS is leading the process of carrying out a coverage survey on HIV essential services, in close partnership with the NAP. The survey results will enable the country to report on the progress towards the implementation of the UN Declaration of Commitment on HIV/AIDS and will represent a starting point for monitoring and evaluation.

## Functioning UN System

The UN Theme Group on HIV/AIDS in Tunisia is formed by all UN agencies present in Tunisia (UNICEF, WHO, FAO, IOM, UNFPA and UNDP), apart from the World Bank. Since March 2003, UNICEF has been leading the Theme Group in Tunisia. In July, a UNAIDS focal point was hired on PAF financing. The focal point is based at the UNICEF office that took responsibility for his support budget in 2003 (around US\$ 7 000 per year). This budget will be cost-shared in 2004.

HIV/AIDS is put on the agenda of every head of agencies coordination meeting (every two months). A joint plan of action was designed at the beginning of this year for 2004 with technical and/or financial inputs from every agency (Cosponsors and IOM). This could be considered an important first step towards the elaboration of a future UN-ISP.

Since the recent expansion of the UN TWG, to include the National AIDS Programme Manager and representatives of the civil society, information sharing, coordination and convergence of objectives and strategies have improved between UN partners and national counterparts.

PAF resources for 2003–2004 were allocated to support strategic planning, improvement of testing and surveillance of HIV/AIDS and sexually transmitted infections, and reinforcing advocacy.

## Emerging Issues and Challenges for the National Response

Annual HIV/AIDS incidence amongst nationals has been relatively stable during the few past years. Although Tunisia still remains a low-prevalence country, vulnerability factors are not inconsiderable, mainly with respect to mobility. For example, a substantial number of nationals from neighbouring countries, mainly from Libya, seek medical services in Tunisia (including HIV/AIDS testing and treatment). The country hosts at least five million tourists every year, including a large number of visitors from neighbouring countries (1.5 million Libyans, 1 million Algerians). Mobility in the main cities and tourist areas on the coast can be associated with risk related to sexual behaviour and sex work. The annual incidence rate among non-resident foreigners has rapidly increased since 2001 to reach 120–150 new cases every year, which is at least double the annual national incidence rate.

Social and cultural changes may also have an impact on the HIV/AIDS situation in the country in the coming years. Disruption of values and norms, particularly sexual attitudes and behaviour, makes young people (30% of the population are aged between 15 and 29) more vulnerable to HIV/AIDS. The increasing number of sexually transmitted infections on the one hand and high number of abortions among unmarried females on the other reflect the evolving trends in terms of sexual behaviour. In this context there is a strong need for behavioural surveillance in order to develop appropriate prevention strategies for specific groups, such as young people, injecting drug users, men who have sex with men and sex workers, and prevent the spread of HIV.

## UNAIDS Key Result Objectives 2004-05

**National Leadership:** UNAIDS will continue to advocate for the reinforcement of the role of the NAP as a coordinating body. UNAIDS will also advocate for the establishment of effective coordination between the Tunisian government and neighbouring countries, mainly on mobility and migration and shared issues. Technical and financial support will be provided to the NAP for the establishment of three voluntary counselling and testing centres in 2004, and for ensuring anonymity. As regards UN partners, UNAIDS will continue its efforts to improve coordination and lead the elaboration of a UN-ISP, starting in 2005, and its execution.

**Partnerships:** UNAIDS will continue its advocacy for greater involvement of the media, intellectuals and people living with HIV in the national response. Activities targeting the reinforcement and empowerment of civil society will be undertaken. Reinforcement of partnerships between the public and private sectors and civil society will be also addressed.

**Strategic Information:** UNAIDS plans to address peer education with UN and national partners. The activity will consist of an analysis and reflection on what has been done in terms of HIV/AIDS peer education in the country, identifying gaps and constraints, and evaluating impacts. The main outcome would be the elaboration of a clear national strategy for peer education.

**Monitoring and Evaluation:** UNAIDS will provide technical assistance to the NAP for the integration of the M&E component and implementation of the NSP. Technical support will be given to the design of the next NSP and the establishment of a second generation surveillance system.

**Technical/Financial Resources:** The country plans to prepare a proposal for the Global Fund and to submit it in 2005. UNAIDS technical assistance will be provided.

## UNAIDS In Country

### UN Resident Coordinator

*Francis Dubois*

### Chairperson, UN Theme Group on HIV/AIDS

*Jean-Michel Delmotte*

### Staff

Focal Point, *Dr Akthem Fourati*

Interns (0)

Assistant/Admin Secretary and HIV/AIDS Counsellor (0)

Peer educator and driver/messenger (0)

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

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

In response to an independent evaluation of the first five years of the Joint United Nations Programme on HIV/AIDS, the UNAIDS Secretariat committed itself in early 2003 to radically increasing the level of support to countries as they implement national responses to AIDS. Although it will take several years to fully implement this strategy, considerable progress was achieved by the UNAIDS Country and Regional Support Department over the first 12 months. This report summarizes those achievements, the associated capacity strengthening of UNAIDS at country level, and challenges for 2004 and beyond. Six regional summaries provide an overview of UNAIDS' regional and country-level work, and a final section presents 70 two-page country situation analyses.



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

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