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UNAIDS Annual Report

Making the money work



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK

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UNAIDS
20 avenue Appia
CH-1211 Geneva 27
Switzerland

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

unaid@unaid.org
www.unaid.org

2006 UNAIDS Annual Report

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FOREWORD

Twenty five years into the epidemic, AIDS has become one of the defining issues of our time. A truly global problem, AIDS affects every region and every country of the world, challenging health systems and undermining our capacity to reduce poverty, promote development and maintain national security.

Since 1981, 65 million people have been infected with HIV and 25 million have died of AIDS-related illnesses. In 2006, 4.3 million new infections were recorded, as were 2.9 million AIDS-related deaths—more than in any previous year. Today, 39.5 million people are living with HIV—half of them women and girls.

At the same time, as this annual report reveals, new opportunities are greatly enhancing our potential to respond to AIDS in the immediate and the longer term.

Political commitment and leadership on AIDS are growing. In June 2006, the United Nations General Assembly adopted a new Political Declaration on HIV/AIDS in which world leaders pledged to work together towards the provision of universal access to HIV prevention, treatment, care and support programmes by 2010. This is a critical step to halting the epidemic by 2015, as set out in the Millennium Development Goals.

Funding levels have increased from some US\$ 300 million in 1996 to US\$ 8.9 billion in 2006. This is an impressive amount but still only about half the sum currently required to support AIDS responses in low- and middle-income countries.

Programmes are showing impact. In a steadily growing number of countries—including some of the world's poorest—lives are being saved because effective HIV prevention and treatment programmes are in place. Ensuring that money provided for AIDS is used to its maximum effect is a key element. This involves tailoring the response to fit the local context (in what we have come to call "know your epidemic and act on it accordingly") and working in close cooperation with a wide range of constituencies, including government, civil society (particularly people living with HIV), the scientific community, business and philanthropic foundations to devise and implement a coherent, consistent response.

Although scientific advances are being made, there remains an urgent need to increase investment in developing effective new technologies, particularly microbicides and other female-controlled prevention methods and new generations of antiretroviral medication and HIV vaccines.

Finally, there is growing awareness of the importance of strengthening efforts to address the social drivers of this epidemic—notably the low status of women, homophobia, HIV-related stigma and inequality. This growth in awareness is welcome, but it will only have real impact if it is accompanied by vigorous and courageous action.

The challenge now is to add to this momentum and to sustain it. In this regard, I believe that two interlinked elements are critical. One is to look at what has been achieved and believe in our own capacity to succeed. The second is that we must never lose sight of the fact that AIDS is an exceptional issue which will continue to require an exceptional response from us all—now and in the decades to come.



A blue ink handwritten signature of Peter Piot, appearing as 'P. Piot'.

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

OVERVIEW

Established in 1995 by a resolution of the UN Economic and Social Council and launched in January 1996, the Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations to respond to AIDS:

- Office of the United Nations High Commissioner for Refugees (UNHCR),
- United Nations Children's Fund (UNICEF)
- World Food Programme (WFP)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations Office on Drugs and Crime (UNODC)
- International Labour Organization (ILO)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- World Health Organization (WHO)
- World Bank (WB)

The UNAIDS Secretariat headquarters is in Geneva, Switzerland with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through the UN theme groups, and the joint programmes on AIDS. Together we seek to build and support an expanded AIDS response—one that engages the efforts of many sectors and partners from government, civil society and the private sector.

We are guided by a Programme Coordinating Board with representatives of 22 governments from all geographic regions, six Cosponsors, and five nongovernmental organizations, including associations of people living with HIV.

UNAIDS has five cross-cutting functions:

- mobilizing leadership and advocacy for effective action on the epidemic;
- providing strategic information and policies to guide efforts in the AIDS response worldwide;
- surveillance, monitoring and evaluation of the epidemic and the response to it—the world's leading resource for AIDS-related data and analysis;
- engaging civil society and developing partnerships; and
- mobilizing financial, human and technical resources to support an effective response.



UNAIDS/Pvirot

In November 2006, UNAIDS moved into its new headquarters in Geneva—a building it shares with the World Health Organization. This building has fast become a meeting place for ideas, a centre for dialogue and forum to bring people and organizations together to strengthen the global response to AIDS, TB and malaria.

The architects, Baumschlager-Eberle created the building on the theme of permeability and art has become a focal point in the minimalist setting. The UNAIDS Art for AIDS collection includes museum-quality pieces that provoke thought and dialogue. With an initial emphasis on African art and artists, the pieces have been assembled through the generous support of artists, collectors and donors.



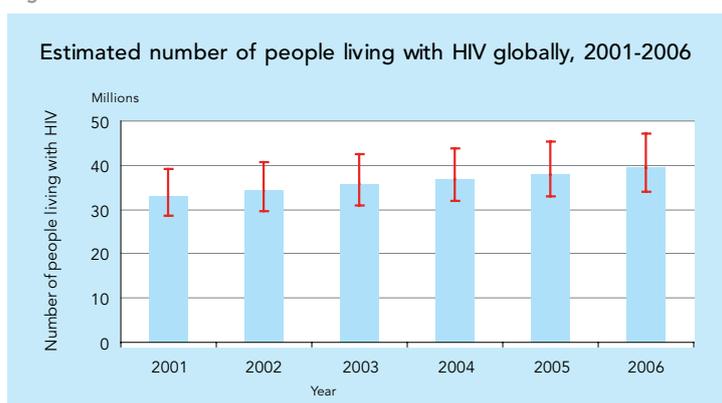
UNAIDS/Pvirot

AIDS EPIDEMIC IN 2006

In 2006, we released two major publications on the epidemic: the *Report on the global AIDS epidemic*, a biennial report of HIV estimates by country, together with analysis of key features of the global AIDS response, and the annual *AIDS epidemic update—December 2006*. Both publications provide a detailed picture and analysis of the changing dynamics of the epidemic and the response.

By the end of 2006, an estimated 39.5 million people worldwide were living with HIV. This represents a considerable increase since 2001, when an estimated 32.9 million people were living with HIV (Figure 1). The rate of people newly infected with HIV remained around 4 million per year, while the number of people dying from AIDS grew from 2.2 million in 2001 to 2.9 million in 2006 (Figure 2). The increase in deaths is because the number of people with advanced HIV infection and in urgent need of treatment is rising faster than the number of people starting antiretroviral therapy.

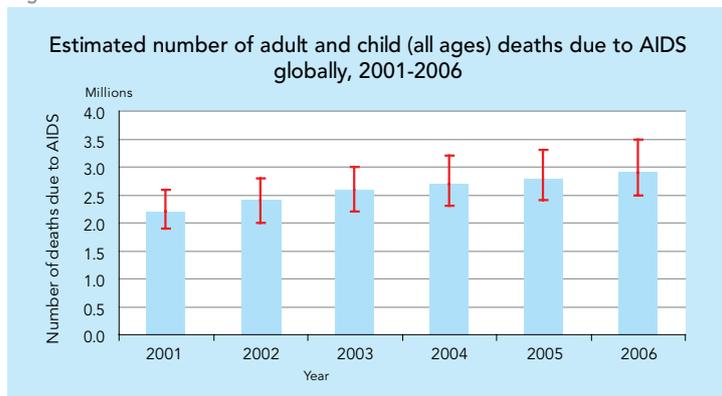
Figure 1



Despite the ongoing growth in the global epidemic, the data also highlight some positive trends in 2006. Declines in HIV prevalence among young people were reported in several countries, including Botswana, Burundi, Côte d'Ivoire, Haiti, Kenya, Malawi, Rwanda, United Republic of Tanzania and Zimbabwe.

In general, prevention measures are failing to keep pace with the epidemic's growth. In some countries that had previously reported declines in infection prevalence, the trends have reversed—for instance, in some regions of Uganda, the United States and Western Europe, and among certain populations in Thailand. Some countries that recorded significant progress in expanding treatment access are failing to make comparable progress in bringing prevention efforts to scale. Even in countries that have been heavily affected by AIDS, such as South Africa and Swaziland, a large

Figure 2



share of the population still do not believe they are at risk. Stigma and discrimination towards people living with HIV further discourage many from taking an HIV test and determining their status.

Gender inequality continues to drive a “feminization” of the epidemic. The dynamics of this feminization are changing: more married women, in addition to girls and young women, are becoming infected. Globally women comprise 48% of people living with HIV. Young people are at particular risk, accounting for 40% of new infections in 2006 among adults 15 years and older.

Injecting drug users, sex workers, prisoners, migrants and men who have sex with men are regularly denied access to information and services, leaving them among the populations most at risk of HIV infection. Over the past two years, HIV outbreaks among men who have sex with men have become evident in Cambodia, China, India, Nepal, Pakistan, Thailand and Viet Nam. However such trends have yet to trigger commensurate national prevention responses. Recently, injecting drug use has emerged as a new factor for HIV infection in sub-Saharan Africa, especially in Kenya, Mauritius, Nigeria, South Africa and the United Republic of Tanzania. Although its impact is still extremely limited, it is nonetheless a cause for concern.

With the passage of the epidemic’s first 25 years, it has become clearer than ever before that the global response must combine an urgent, immediate response with longer-term, sustainable efforts that lay the groundwork for future success. This will require not only the establishment of sound, reliable financing schemes and the implementation of strategies to build and preserve national infrastructures—but also efforts to address the underlying drivers of the epidemic such as gender inequality, stigma and discrimination and human rights violations.



Chapter One

Leadership and advocacy

The year 2006 was marked by renewed political commitment to address HIV prevention and the drivers of the epidemic, such as the low status of women and girls. We also saw UN reform in motion with the implementation of the recommendations from the document, Global Task Team on improving AIDS coordination among multilateral institutions and international donors that called for the establishment of joint UN teams on AIDS in countries and a better division of labour among Cosponsors and other stakeholders in the AIDS response.

2006 High Level Meeting on AIDS

At the 2006 UN General Assembly Comprehensive Review and High Level Meeting on AIDS, the world reiterated a strong commitment to respond to AIDS. The *2006 Political Declaration on HIV/AIDS* was unanimously adopted by the UN General Assembly on 2 June 2006, reaffirming and deepening existing commitments expressed in the *2001 Declaration of Commitment on HIV/AIDS* and the Millennium Development Goals. The *2006 Political Declaration on HIV/AIDS* reflects the willingness of member states to speak with one voice on the issue of AIDS. In their statements, the Secretary-General, the President of the General Assembly, the Executive Director of UNAIDS and 144 Member States emphasized the importance of moving towards universal access to HIV prevention, treatment, care and support as well as increasing funding to achieve that goal.

Two published UNAIDS reports lay the groundwork of the 2006 General Assembly Comprehensive Review. The first report was requested by the General Assembly. Entitled *Report of the Secretary-General: Declaration of Commitment on HIV/AIDS—five years later*, it provides an update on progress in the AIDS response since the 2001 Special Session and in meeting the targets set in the 2001 Declaration of Commitment on HIV/AIDS.

The second report, a *Note by the Secretary-General, Scaling up HIV prevention, treatment, care*

and support, presents the results of a UNAIDS-facilitated, inclusive, country-led process to develop practical strategies for moving towards universal access. The process included more than 100 country consultations in low- and middle-income countries to examine critically the steps needed to expand access to HIV prevention, treatment, care and support. The report identifies six major obstacles that need to be overcome to significantly increase the pace of the response. These range from setting and supporting national priorities to ensuring predictable and sustainable financing.

Strengthening the UN response to AIDS

A rapidly evolving world is driving changes within the United Nations as a whole. From its inception, UNAIDS has been a pathfinder for UN reform efforts, sharing fundamental objectives such as greater coherence and maximization of collective effectiveness. Perhaps more than any other single issue, AIDS has compelled UN system agencies to break down agency or institutional barriers to collaboration to make optimal use of collective resources to achieve shared objectives.

The report of the UN Secretary-General's High-level panel on UN system-wide coherence in the areas of development, humanitarian assistance, and the

Major obstacles and recommendations to scaling up HIV prevention, treatment, care and support

Setting and supporting national priorities

No credible, costed, evidence-informed, inclusive and sustainable national AIDS plan should go unfunded.

Predictable and sustainable financing

Meet AIDS funding needs through greater domestic and international spending, and enable countries to have access to predictable and long-term financial resources.

Strengthening human resources and systems

Adopt large-scale measures to strengthen human resources to provide HIV prevention, treatment, care and support, and to enable health, education and social systems to mount an effective AIDS response.

Affordable commodities

Remove major barriers—in pricing, tariffs and trade, regulatory policy and research and development—to speed up access to affordable quality HIV prevention commodities, medicines and diagnostics.

Stigma, discrimination, gender and human rights

Protect and promote the AIDS-related human rights of people living with HIV, women and children, and people in vulnerable groups and ensure that they are centrally involved in all aspects of the response.

Accountability

Every country should set by the end of 2006 ambitious AIDS targets reflecting the urgent need to massively scale up HIV prevention, treatment, care and support and move as close as possible to universal access by 2010.

environment recommends establishing "One UN" at country level. UNAIDS' experiences can help inform this process. The recommendations of the Global Task Team on improving AIDS coordination among multilateral institutions and international donors, the consultative process around universal access and country-level joint UN teams and programmes on AIDS, provide valuable examples of UN agencies and other partners working closely together to support national priorities and build national capacities.

The challenge of moving towards universal access by 2010 demands that technical support to low- and middle-income countries be delivered more effectively. For UNAIDS, the December 2005 letter from the UN Secretary-General to all UN resident coordinators that directed them to establish joint UN teams and programmes on AIDS was an important step towards greater accountability. In May 2006, the UN Development Group released a guidance paper for the joint teams. Entitled "*Proposed Working Mechanisms for Joint UN Teams on AIDS at Country Level*", the paper outlines a strategy for

developing joint, multi-year programmes of support and annual workplans, including alignment with the UN Development Assistance Framework (UNDAF) and national programming frameworks. In 2006, 63 joint UN teams on AIDS were established. A significant number of these teams completed joint programmes of support, and agreed on accountability mechanisms to ensure greater commitment by UN agencies.

By working closely together, the Joint UN teams on AIDS are enhancing progress on programming at country level, within the framework of UN reform. The joint teams provide more effective UN support under the authority of the United Nations Resident Coordinator System and through the facilitation of the UNAIDS country coordinator.

Women and girls

AIDS continues to disproportionately affect women and girls. For every 10 adult men currently living with HIV in sub-Saharan Africa, there are 14 women. In the Caribbean, Asia and Eastern Europe, women—



UNAIDS/ C. Giray

primarily young women—account for an increasing proportion of those infected with HIV. In India and most countries of South-East Asia, women comprise over 40% of those living with HIV. Women also bear much of the responsibility for caring for those infected with, or orphaned by AIDS.

Women represent nearly half of those living with HIV but are largely absent from the policy dialogues that shape global and national AIDS policies and programmes. For example, few women's organizations are included in the Country Coordinating Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2006, only half of proposals submitted to the Global Fund included requests from women's organizations and just 20% were specifically related to engaging men in areas such as HIV caregiving or violence prevention.

In 2006, we worked with or supported an extensive range of partners—including the Global Coalition on Woman and AIDS—to identify, develop, fund and implement projects addressing gender-related vulnerability and the epidemic's impact on women and girls in three focus areas: advocacy, evidence building and action at country level.

UNDP supported the mainstreaming of gender in national planning, budgeting and strategic frameworks as well as regional consultations on

gender and AIDS in Latin America and in sub-Saharan Africa. They also worked to develop strategies for the economic empowerment of women living with HIV in Asia, and to address women's inheritance and property rights in Ethiopia. UNDP formalized a global partnership with UNIFEM on gender and AIDS. In Ecuador, UNDP and UNIFEM convened the first-ever national consultation on gender and AIDS, which developed and budgeted for gender-sensitive projects for HIV prevention in two cities.

In 2006, UNAIDS and the Global Coalition on Women and AIDS worked together to put women's issues on the agendas and outcomes of major international AIDS meetings. The UN Secretary-General's note on Scaling up HIV prevention, treatment, care and support underlined the need for sex disaggregated data. It also called for greater attention to gender-related barriers to access. The UN 2006 *Political Declaration on HIV/AIDS* contains strong commitments to address gender inequalities. Setting the stage for the XVI International AIDS Conference, the second annual Women and AIDS tour of the United States, sponsored by UNAIDS and the Global Coalition, took place in June 2006. Its focus was educating civil society groups and informing USA policy on the challenges of women and AIDS around the world. The tour met with a

wide range of constituencies (including political leaders, health workers, members of faith-based groups and the media) in four cities—Detroit, Houston, Minneapolis and Washington. Issues relating to women and girls were, in turn, featured prominently at the conference.

As a result of the Global Coalition's work, an increasing number of donors have funding policies that

The UN-wide "Unite for Children, Unite against AIDS" campaign, launched by UNICEF, the UNAIDS Secretariat and other partners in 2005, was active in 2006. The campaign has four priority areas: prevent mother-to-child transmission; provide paediatric treatment; prevent infection among adolescents and young people; and protect and support children affected by AIDS. By the end of 2006, more than 100 countries had established

Interventions at country level

In **Zambia**, the Global Coalition, along with UNAIDS and the UN theme group, supported the completion of the National Action Plan on Women and Girls. Addressing such issues as gender-based violence, the plan calls for policy change and a stronger legal framework. It also proposes to allocate 30% of titled land to women in the draft land policy. The Global Coalition also provided funds to support special provision for the reduction of HIV prevalence among women and girls, including pregnant women, in the Zambia HIV and AIDS Strategic Framework (2006–2010).

In **Pakistan**, the UNAIDS Secretariat and UNFPA are helping to translate national commitments on women and AIDS into programme activities by orienting women's organizations towards HIV awareness and prevention activities. At the same time, they are raising awareness among HIV service organizations on women's issues, in particular the outreach to people at higher risk of HIV exposure (migrant workers, truck drivers, injecting drug users and their partners, and female sex workers). This work seeks to establish a partnership network including women's organizations and supporting agencies to enhance political commitment to issues related to women and HIV, and ultimately, to develop a strategy and workplan to build capacity in organizations serving high risk groups and their spouses.

include gender and related issues such as violence against women within their AIDS strategies. Future advocacy efforts will focus on ensuring that national AIDS strategies have a stronger emphasis on gender norms and inequalities and on translating these strategies into concrete, well-funded programmes.

Youth and children

In 2006, more than half a million children under the age of 15 were newly infected with HIV. This means that there were nearly 1500 new HIV infections in children under 15 every day, a large number added to the daily total of 4000 newly infected young people, aged 15–24. Around the world, more than 2 million children were living with HIV, of whom 1000 die of AIDS-related illnesses every day. Children and youth face particular vulnerabilities to AIDS and yet are often missing from national and international political responses to AIDS. Accordingly, UNFPA, UNICEF, WFP, UNESCO and the UNAIDS Secretariat provide leadership, guidance and support to encourage increased action for children and young people.

national programmes to prevent mother-to-child HIV transmission, and eight countries are on track to meet the target of 80% coverage by 2010. Over the past year, there were dramatic price declines in some paediatric formulations of HIV drugs and diagnostics—as much as 50% for some first-line products. By the end of 2006, at least 20 sub-Saharan countries had completed national plans of action for orphans and children made vulnerable by HIV.

Promoting youth leadership helps ensure that young people are a vital part of the AIDS response. In 2006, 26 country-level youth advisory panels were appointed to advise UNFPA on programming. UNFPA also provided support for a youth summit, advocacy training and the participation of 68 young advocates from over 36 countries at the 2006 High Level Meeting on AIDS as well as 59 of the 236-member Toronto Youth Force at the XVI International AIDS Conference.

In 2006, UNFPA trained 13 300 youth trainers, peer educators and programme staff; an

Reducing women's and girls' vulnerability to HIV by strengthening their property and inheritance rights

Women own less than 15% of land worldwide. Without official title to land and property, women have fewer economic options and virtually no collateral for obtaining loans and credit. In some African countries, lawmakers have amended legal frameworks and systems to reduce gender inequities with respect to property rights. However, these reforms are often poorly implemented and laws are seldom enforced. The reasons are many and complex: civil law may contradict traditional law; women may not be aware of their legal rights; and women, especially in rural areas, may lack access to lawyers and courts.

In the context of AIDS, women's lack of ownership and control over such economic assets as housing and land can leave them destitute. This is especially true in communities where AIDS-related stigma is high and widows can become socially isolated. Women who own or otherwise control economic assets are better able to prevail over such crises and transitions.

The Global Coalition on Women and AIDS worked with the International Center for Research on Women and the Food and Agriculture Organization to implement a grants programme to support activities to strengthen community-based approaches to protecting women's property and inheritance rights and to document the effective elements of the various strategies.

In 2005, the programme awarded one-year grants to eight organizations in sub-Saharan Africa in three general areas: (1) Women's empowerment initiatives initiated, organized and run by women living with and affected by HIV; (2) Network models that can leverage results; and (3) Interventions that change norms and practices at the community and institutional levels. These organizations also received support to improve monitoring and evaluation and to expand their services to new areas. The goal is to evaluate existing approaches in order to make policy recommendations for scaling up support to organizations working on women's property and inheritance rights within the national AIDS response.

HIV prevention for girls and young women

International Planned Parenthood Federation, UNFPA, and Young Positives teamed-up on the UNFPA-funded "Making a Difference" initiative to produce a series of country report cards summarizing the current HIV prevention strategies and services aimed at girls and young women, aged 15–24. Each report card provides a country profile, information on HIV prevention from the legal, policy, service availability, service accessibility and participation and rights perspectives. The cards also provide recommendations to enhance HIV prevention strategies through practical implementation. The cards aim to increase and improve programmatic, policy and funding actions taken to prevent HIV infection in young women and girls, building on global and national policy commitments outlined in the *2006 Political Declaration on HIV/AIDS*.

Report cards have been published for Jamaica, Mozambique, Malawi and Philippines; are currently being produced for Cambodia, Cameroon, China, Ethiopia, India, Nigeria, Thailand and Uganda; and are planned for Kenya, Nepal, Papua New Guinea, Rwanda, Serbia, Sudan and others.

In 2007, UNFPA and partners are planning national stakeholder's meetings in selected countries to review the findings and recommendations and develop country-specific action plans addressing HIV and sexual and reproductive health of young women and girls.

Staying alive

MTV's *Staying Alive* is a multimedia global HIV prevention campaign to challenge AIDS-related stigma and discrimination. The UNAIDS Secretariat and UNFPA have partnered with MTV, providing funding and technical assistance on key AIDS issues. UNICEF and the World Bank also provide support.

At the 2006 International AIDS Conference in Toronto, MTV's *Staying Alive* team ran a 48-hour film competition. Teams of youth delegates were challenged to write, shoot and edit a whole film in just two days. The aim was to give passionate, budding filmmakers the opportunity to share messages in new, creative and inspiring ways. Not only were the films shown in Toronto but also appeared on an MTV-special hosted by pop star Nelly Furtado.

interactive computer-based distance learning training tool for peer educators reached out to 5.8 million young people; and the number of UNFPA-supported youth clubs and centres grew. Over 60 national peer networks contributed to effective national coordination and capacity-building strategies for the delivery of youth-friendly HIV prevention programmes, including those for most-at-risk and out-of-school young people.

Several cosponsors carried out creative youth activities in 2006.

- UNESCO is leading EDUCAIDS, a global initiative on AIDS education, as part of ongoing education efforts. EDUCAIDS, a partnership among governments, cosponsors and other key stakeholders is operational in 30 countries. In 2006, focused technical support was provided to 15 countries.
- UNICEF supported UNESCO and UNFPA in their lead roles in HIV prevention among children and adolescents within and outside

of the education system. The Inter-Agency Task Team on Young People established the global Joint Technical Support Group to accelerate programming with and for most-at-risk adolescents.

- ILO ensures the inclusion of HIV issues in vocational schools and apprenticeship programmes through the Youth Employment Network, which brings together an array of partners inside and outside the UN system.
- WFP also reaches out to school-aged children. By the end of 2006, more than 4.5 million children in 18 countries were receiving HIV prevention and AIDS education through the programmes. In addition, WFP expanded its support to orphans and children made vulnerable by AIDS from 16 to 22 countries. Through its school-feeding programmes in those countries, 5.4 million children received nutritious in-school meals.

AIDS awareness-raising among Cairo's street children

Frequently exposed to violence, sexual assault, drugs and other dangers, street children are often more vulnerable to HIV infection than children who have a stable home-life. A Cairo-based organization—the Hope Village Society—is working with UNICEF and the UNAIDS Secretariat to incorporate AIDS awareness in their educational programmes to help children and young people learn how to better protect themselves from HIV.

In collaboration with the social workers from the organization, UNICEF and the UNAIDS Secretariat provide specialized training on AIDS issues, using games and participatory methods to communicate information about the dangers of life on the street from an HIV perspective. Since the introduction of the training, AIDS awareness has become an integral part of Hope Village's work.

The programme is part of wider efforts in Egypt to mainstream the issue of children and AIDS into existing development activities and to increase programmes and interventions which focus on reducing the vulnerability of those most at risk of HIV infection.

Security and the humanitarian response

Populations who are caught up in war or civil disturbances can become vulnerable to HIV. UNAIDS works to reduce this heightened vulnerability by training security forces and providing expanded access to prevention and treatment services to refugees and internally displaced persons.

In 2006, we developed guidelines for the integration, planning and monitoring of HIV activities in post-conflict demobilization, demilitarization and reintegration (DDR) processes and provided policy, technical and financial support to the UN Department of Peacekeeping Operations (DPKO) to implement AIDS programmes for international peacekeepers in 18 peacekeeping missions and to 30 national AIDS programmes for uniformed services worldwide. In February 2006, a uniformed services task force meeting helped sensitize the military attachés of Member States Diplomatic Missions in Washington on the AIDS and security agenda.

We also worked collaboratively to address AIDS within humanitarian responses and as part of the larger UN humanitarian reform agenda. In 2006, an exploratory meeting recommended reconvening an Inter-Agency Standing Committee (IASC) Task Force on HIV in 2007. We helped identify and address gaps in the current IASC *Guidelines on HIV/AIDS in Emergency Settings*. These include the lack of guidance on the use of antiretroviral treatment in emergency settings and the need for a set of core indicators to measure implementation of the guidelines.

In 2006, the United Kingdom Department for International Development funded a major new initiative to scale up HIV interventions for populations of humanitarian concern, with approximately US\$ 11 million over three years. This initiative brings together UNICEF, UNHCR, WHO, UNFPA, WFP and the UNAIDS Secretariat to add AIDS emergency needs to existing development and humanitarian assistance frameworks; build capacity to implement services; and identify and address underlying factors which heighten the vulnerability of girls and women to HIV, including sexual and gender-based violence.

The United Nations High Commissioner for Refugees (UNHCR) makes a key contribution to the response to AIDS among refugees and displaced populations. In 2006, a number of assessments, surveillance and programmatic research studies were conducted and used to improve data gathering regarding HIV-related risk, as well as HIV prevalence and trends among displaced populations and the surrounding communities. For example, HIV and internally displaced persons assessment missions were conducted in several countries in eastern Europe and the Americas over 2006 to support UNHCR's gradual shift from the traditional camp-based assistance to interventions in returnee areas and among internally displaced persons. Over the year, a particular focus was given to assisting governments to address the HIV needs of refugee women and children.

Snapshots: food security and HIV programmes making progress in Africa

Throughout 2006, WFP supported a number of innovative programmes in Africa. In Uganda, WFP provides food assistance to tens of thousands of internally displaced persons (IDP). Together with World Vision International, WFP holds AIDS awareness sessions in primary schools and distributes AIDS education materials to school feeding beneficiaries in Ugandan camps for internally displaced persons.

WFP and FAO support the innovative Junior Farmer Field and Life Schools (JFFLS) in Kenya, Mozambique, Swaziland, Zambia and several other countries in Africa. Through a fully participatory approach, an equal number of boys and girls aged 12–17—many of whom are orphans—learn agricultural skills, life skills, nutrition education and HIV prevention in preparation to secure their own livelihoods. Through educational theatre children build trust, explore risks, solve problems and develop more gender-equal attitudes.



Chapter Two



Strategic information and policies

UNAIDS provides evidence-informed guidance and technical assistance to countries in their AIDS responses. We also promote a rights-based approach to HIV, with two key components. First we focus on reducing stigma, discrimination and gender inequality—major obstacles to effective national responses. Second, we endorse law reform and legal support, particularly with regard to the rights of people living with HIV, the rights of women to equality and protection from violence; and the rights of marginalized groups to health, non-discrimination and information.

Universal access: a country-focused approach

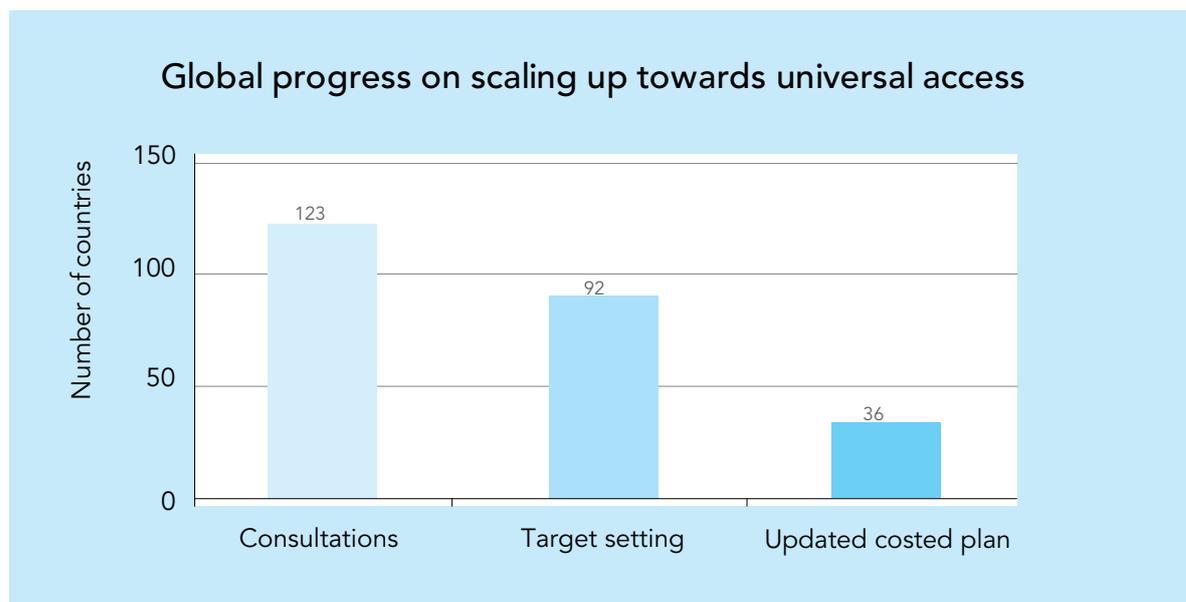
Following the commitments made at the 2006 High Level Meeting on AIDS, we assisted national and regional efforts through national target-setting processes. Setting targets at the national level is critical because the challenges of the AIDS epidemic differ from country to country.

For example, injecting drug use is the main driver of the epidemic in eastern Europe while in southern Africa, the epidemic is mainly fuelled by unprotected heterosexual sex. Countries are also in different phases of their response: some countries

such as Brazil have already reached 80% treatment coverage, while others are only at 5% or less. Thus, progress towards the goal of universal access by 2010 will differ from one country to another. Nationally developed targets encourage higher levels of ownership and accountability.

By the end of December 2006, 123 low- and middle-income countries had identified major obstacles to national scaling-up and defined key actions to overcome these obstacles; and 92 countries had set targets on universal access (see figure 3).

Figure 3



Country progress on universal access target setting



Figure 4

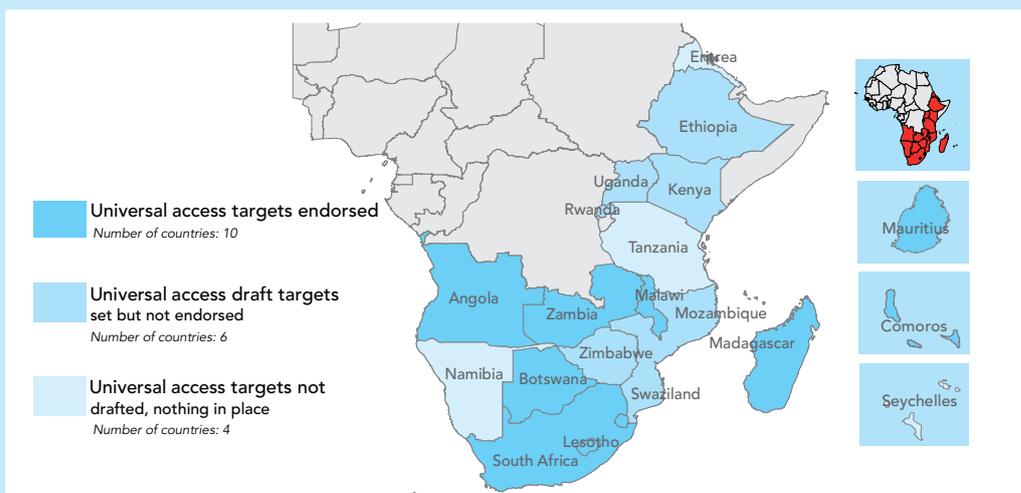
Figures 4 and 5 show the progress made at the regional level, in east southern Africa and Asia and the Pacific.

Analysis of the targets confirms that more needs to be done, in particular on scaling up prevention. Across all regions, while 87% of the countries with targets on universal access set a target for treatment and 94% set a target for at least one major prevention intervention, coverage overall for setting and meeting prevention interventions is poor.

Globally, just over half of countries set targets for critical prevention interventions, such as HIV testing, condom availability and knowledge and behaviour change among young people. In some regions, e.g. Latin America and the Caribbean, the picture is even worse. Thirty six countries had already incorporated the new targets into new or existing strategic plans, and had defined the actions and costs needed to accomplish them. The newly developed and revised plans are of uneven quality, and many fall short in terms of prioritization, comprehensiveness—in

Figure 5

Target setting status in Eastern and Southern Africa



The boundaries and names shown and the designation on this map do not imply official endorsement by the United Nations

16 countries - 80% have established/revised target (10) or will finalize by mid 2007

Map data source: UNAIDS, April 2007
 Cartography: SAHIMS - www.sahims.net, partial data, not official.

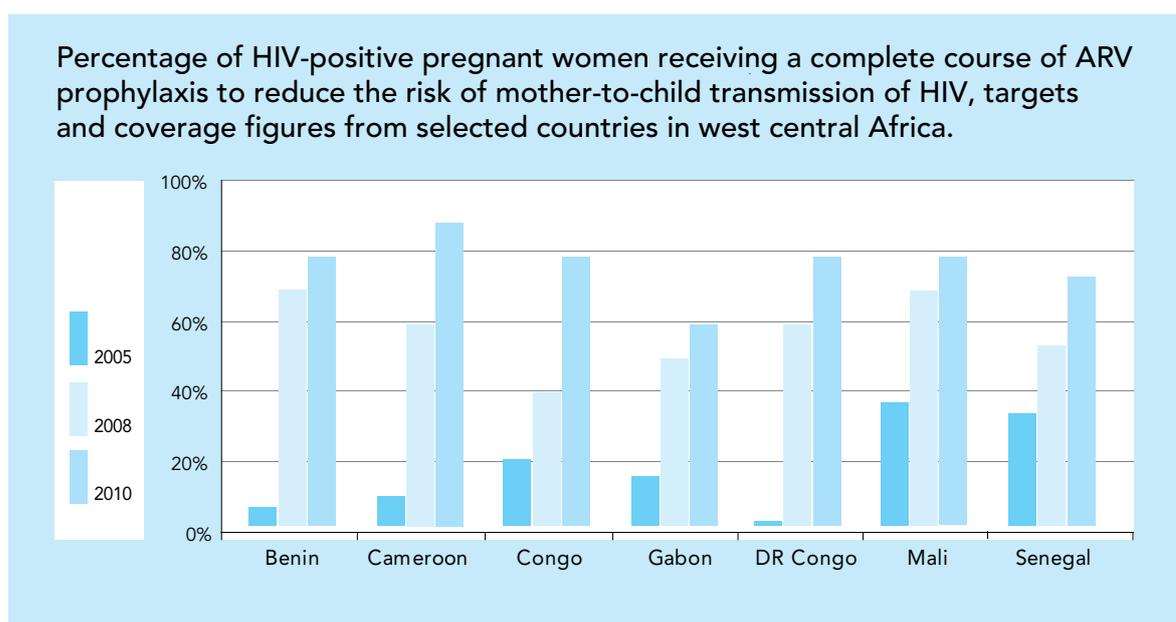
particular prevention efforts—and multisectorality. In addition, few plans include actions to overcome the identified obstacles and to accelerate the national response, while costing of the plans is generally incomplete and inconsistent. We supported the country-level scaling-up process in a number of ways.

- Technical and financial support for the national consultation processes. Countries and development partners recognized that the Millennium Development Goals would not be achieved unless countries accelerated their national HIV response. Country reports reveal that the joint review of the obstacles to universal access and the definition of actions to address these obstacles not only supported countries to adopt a more rationalized approach to target-setting, but also facilitated consensus-building among partners.
- Technical and operational guidance for countries on *Setting national targets for moving towards universal access*. This guidance note underlines a country-driven and participatory approach to enable consensus-building among partners and promote accountability, and highlights the importance of civil society involvement. As reflected in figure 6 on target-setting in west central Africa, the guidelines have helped countries to set more ambitious targets. Experiences in

Cambodia showed that the process of national target-setting enabled partners, including the UN, to better align and focus their efforts to reach the Millennium Development Goals,

- Consultation with civil society organizations on their meaningful participation in universal access. We developed further detailed guidance to better enable civil society organizations to assist with the target-setting and planning process. Country reports confirm that the scaling-up processes have led to increased dialogue between civil society and governments, as was the case in Malawi, where a coalition of civil society organizations was established to enable wider involvement of civil society in the target-setting. In addition, the processes enabled the involvement of partners earlier sidelined and excluded from decision-making processes such as sex workers, injecting drug users and people living with HIV. As such, the involvement of civil society groups in the Russian Federation resulted in an expanded set of indicators, specifically addressing their concerns.
- Advocacy and monitoring of progress. We continue to collaborate with partners, in particular civil society networks and regional intergovernmental bodies, on monitoring progress on target-setting, planning and costing.

Figure 6



The “Three Ones”: country harmonization and alignment

The challenging goal of universal access demands a coordinated approach. The “Three Ones” principles have been increasingly accepted as the architecture to ensure that partners at the country level join forces effectively. The principles focus on greater national ownership, harmonization and alignment and were reaffirmed in the *2006 Political Declaration on HIV/AIDS*. The “Three Ones” highlight the need for:

- one agreed AIDS action framework that provides the basis for coordinating the work of all partners;
- one national AIDS coordinating authority with a broad-based multisectoral mandate; and
- one agreed country level monitoring and evaluation system.

To strengthen the application of the “Three Ones”, we have worked to implement the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. By June 2006, the recommendations of the Global Task Team had been endorsed by all 10 cosponsor boards. Overall, the “Three Ones” and the Global Task Team recommendations support simplified systems, lower transaction costs, meaningful participation of all key stakeholders, including civil society and people living with HIV, and technical and financial support aligned with national priorities.

Throughout 2006, UNAIDS at the country level continued to provide extensive technical and financial support to strengthen strategic and operational planning. We worked to forge stronger links between long-term strategic frameworks and operational/annual plans. In Mozambique, for example, we supported a joint annual review of the national strategic plan, the launch of the national monitoring and evaluation plan and the alignment of the action plan of the Mozambique network of AIDS services (MONASO) with the National Strategic Plan. In the Dominican Republic, we emphasized that the strategic planning process should be inclusive and harmonized with the universal access targets and other key policy activities such as the formulation of a national health plan and the development of a new social security system.

In a number of countries, we successfully advocated joint reviews of the strategic plans be linked to the universal access target-setting process. In general, joint AIDS reviews are becoming more routine; however, additional efforts are needed to make them inclusive, widely collaborative and in alignment with other efforts.

In 2006, to improve the joint AIDS programme reviews in response to a Global Task Team recommendation, the UNAIDS Secretariat and the World Bank developed the Country Harmonization and Alignment Tool (CHAT). In the context of a joint review, CHAT gauges national and international partner involvement and adherence to good practices in harmonization and alignment, improves transparency and accountability, helps to catalyse a national dialogue and supports the rights to participation and self-determination of those affected by HIV.

In its function as a “barometer” for the current status of a country’s harmonization and alignment of national and international partners in the AIDS response, CHAT is intended to improve their accountability at the country level. Accountability implies providing information and explanations for action and inaction, and demonstrating how commitments are being realized, thus transforming relationships between those making decisions and those affected by them. This tool can highlight the multiplicity of actors upon whom progress depends and the reciprocal commitments that are required—a perspective often lacking in the current mechanisms for joint AIDS programme reviews.

CHAT findings from pilot projects in Botswana, Brazil, Democratic Republic of the Congo, Indonesia, Nigeria, Somalia and Zambia reveal that the level of adherence to the Paris Declaration on Aid Effectiveness commitments by international partners is still too low. By providing detail on levels of engagement by civil society in specific areas, CHAT showed that involvement in planning by no means guaranteed involvement in other critical areas such as discussions on resource allocation. CHAT was also useful in “analysis of the missing” i.e.

identifying relevant national partners who are active in the AIDS response but have not been properly involved in planning and coordination processes.

The full involvement of civil society in each of the “Three Ones” is often lacking. In collaboration with the International Council of AIDS Service Organizations (ICASO), International HIV/AIDS Alliance and the African Council of AIDS Service Organizations (AFRICASO), UNAIDS supported the development of guidelines on how to build the capacity of the community sector to be involved in “Three Ones” processes. The aim is to give civil society, as representatives of service providers and service users, a more effective voice in the national AIDS dialogue and decision-making. *Coordinating with communities: guidelines on the involvement of the community sector in the coordination of national AIDS responses* was launched in early 2007 and will provide recommendations on how to achieve this more effective role.

Intensifying HIV prevention

In 2006, UNAIDS redoubled efforts to assist countries to analyse barriers to comprehensive HIV prevention, commit to more ambitious prevention targets, and provide more and better HIV prevention programmes. Worldwide in 2005 only 20% of the people most at risk and thus most in need of HIV prevention services were getting them. For men who have sex with men, the global rate was 9%, with a range from 4% in eastern Europe to 24% in Latin America. Only 9% of pregnant women with HIV received proven regimens to prevent transmission of HIV from mother to child.

The universal access movement in 2006 created powerful momentum to overcome this enormous prevention gap. UNAIDS assisted member states to fulfil their commitments to set national targets for HIV prevention, along with those for treatment, care and support, to scale up towards the goal of universal access by 2010. This target-setting process highlighted important challenges in many countries, including creating and sustaining demand for prevention; defining the needed mix and scale of prevention measures; developing intermediate, service-oriented objectives that would “add up” to impact

at the national level; providing prevention tools and delivery systems; and strengthening the capacity to deliver high-quality HIV prevention measures. These challenges define much of the prevention agenda for the next biennium.

In 2006, we expanded the UNAIDS guidance package to help countries do more and do better in HIV prevention. Following the 2005 policy position paper on *Intensifying HIV prevention*, we developed the *Action plan on HIV prevention* which lays out an 18-point roadmap for UN system action, to help countries intensify HIV prevention at country level. We also prepared *Practical guidelines for intensifying HIV prevention* to help countries prioritize the programmatic and policy actions required for effective responses in different social and epidemiological scenarios.

In 2006, several of the cosponsors developed materials to support scaled-up prevention efforts. We produced and disseminated best practice case studies on prevention programmes related to sex workers, injecting drug users and men who have sex with men. These complement the framework for HIV prevention and care in prison settings launched by UNODC, in collaboration with WHO and other UNAIDS partners. UNODC also assisted more than 15 countries in launching large-scale programmes on HIV prevention and care among injecting drug users in partnership with governments and civil society organizations, particularly in central Asia and eastern Europe. We also developed and disseminated a best practice and good policy document on HIV education programmes, including a pioneering review of HIV prevention needs among indigenous populations that was presented at the UN Forum for Indigenous Issues in May 2006.

With WHO leading the effort, we developed guidelines (to be published in 2007) for provider-initiated HIV testing and counselling. We reviewed the importance of diagnosing and treating sexually transmitted infections as a core reproductive and sexual health measure, as well as a means to reduce HIV transmission, especially in early epidemics. Health sector guidelines were also developed for prevention services to meet the needs of people living with HIV.

New challenges in Africa

In 2006, UNAIDS supported technical assistance programmes to address small but growing aspects of the epidemic in Africa—growing injecting drug use among some African youth, and high infection rates in prison settings. In Mauritius, together with government and civil society organizations, we addressed HIV prevention among injecting drug users through a number of steps including methadone maintenance therapy programmes. In Kenya and in the United Republic of Tanzania, we made progress towards access to comprehensive HIV prevention and care for injecting drug users and in prison settings. Initiatives are also under way to address HIV prevention and care in prison settings in southern African countries, Egypt, Côte d'Ivoire, the Libyan Arab Jamahiriya and Nigeria.

UNICEF and WHO led an interagency effort to assist countries to scale up programmes to prevent mother-to-child HIV transmission and to use these programmes as entry points for ongoing care for women and children with HIV.

HIV prevention programmes, including measures against HIV-related stigma and discrimination, have been the core of workplace programmes on HIV. Workplaces provide entry points for reaching workers and managers with services that range from information and condom provision, and "Know your status" campaigns, to integrated reproductive and sexual health and sexually transmitted infections and HIV treatment services. Workplaces are often the best places to reach men with these measures, and they are especially important in generalized epidemic settings, where serodiscordant couples require special support. The ILO is helping to train a network of HIV peer educators in public and private enterprises.

UNAIDS also increased regional coordination of prevention efforts. The Regional Team for East and Southern Africa implemented a joint regional workplan to support efforts by countries to identify roadblocks and opportunities. The Regional HIV Prevention Working Group supported the Southern Africa Development Community (SADC) to convene a landmark "think tank" meeting to identify the distinctive social, cultural and biological drivers of the epidemic in the region. This "think tank" has helped to mobilize all levels of government to advocate broader social change, including promoting gender equality and changing harmful sexual norms, as an HIV prevention measure.

There has not been a strong public demand for HIV prevention. In April 2006, UNAIDS and the Government of Sweden convened a high-level meeting to highlight this problem. The meeting provided an opportunity to learn from successful treatment advocates, and to mobilize and build

The Global Condom Initiative: emphasizing female condom programming

UNFPA, with multiple development partners, is supporting a multi-year effort to make male and female condoms more widely available. Of the 23 countries participating in the initiative, 15 have established broad-based national condom programming teams, responsible for addressing the gaps in planning, coordination, supply and distribution. They also finance access to male and female condoms. National condom coordinators, based in ministries of health, have been established in four countries.

The initiative emphasizes South-South collaboration to encourage knowledge sharing through site visits and cross border training, as well as sharing materials such as draft national female condom strategies and training modules.

In 2006, the initiative supported the training of master trainers in Ethiopia, Mongolia, Nigeria and Zimbabwe, and the nationwide scale-up of female condom access in three southern African countries. These efforts have resulted in a 41% increase in the global procurement of female condoms.

Research and development

Male circumcision

Even before the large-scale efficacy trials in Kenya, the countries of South Africa and Uganda reported the findings of a 48%–60% reduction in HIV acquisition in men who were circumcised, the UNAIDS Secretariat began the work of developing and implementing the first UN Workplan on Male Circumcision and HIV. The plan was funded by the Bill & Melinda Gates Foundation, UNAIDS, the USA National Institutes of Health and France's Agence nationale de recherches sur le sida.

The plan is focused on two goals. First, it aims to increase the safety of current practices (ensuring that male circumcision is conducted by trained practitioners in safe and equipped settings to reduce the rate of post-operative complications). Second, it supports development of technical guidance to assist countries with high HIV prevalence and low male circumcision rates to assess male circumcision prevalence, identify key providers, estimate financial and human resources and investigate sociocultural determinants and acceptability to determine the place of male circumcision within comprehensive HIV programming.

In 2006, meetings were held in Kenya, Lesotho, Swaziland, United Republic of Tanzania and Zambia and a regional consultation in Nairobi brought these five countries together with Malawi, Mozambique, South Africa and Zimbabwe. The policy and programming implications of the trial results were examined at a consultation in March 2007. WHO will take the lead on the second UN workplan which will focus on coordinated UN support to implementation of male circumcision services in countries that decide to initiate or scale up service provision.

Good participatory practice for HIV prevention trials

In 2006, the UNAIDS Secretariat convened regional and global consultations on creating effective partnerships for HIV prevention trials, which recommended the development of good participatory practice guidelines. These guidelines are based on principles of shared ownership, participatory management, transparency, access and accountability, and addressed some of the concerns that led to the stopping of the tenofovir pre-exposure prophylaxis trials in Cambodia and Cameroon in 2005. The guidelines outline basic standards for community engagement, provide systematic ways of evaluating whether an HIV prevention trial has succeeded in effectively engaging community before, during and after a trial is completed and set the foundation for locally driven processes addressing key issues.

a vocal constituency for HIV prevention at country and global levels. Later, at the 2006 XVI International AIDS Conference, representatives from UNAIDS, the International Council of AIDS Service Organizations (ICASO), the Treatment Action Campaign (TAC), the governments of India and Sweden and Merck pharmaceuticals launched "Uniting for HIV Prevention." This new banner is taking a three-pronged approach to consolidate existing advocacy and public mobilization efforts. "Uniting for HIV Prevention" is building advocacy skills, instigating dialogue and debate and building a public face for HIV prevention—to keep the issue at the forefront of the agenda, and to mobilize the community and international resources required to intensify and sustain the prevention response.

Increasing access to HIV treatment

Momentum to scale up access to antiretroviral treatment was sustained and extended in 2006 through the universal access movement. The WHO, UNAIDS Secretariat and UNICEF *Progress report on scaling up priority HIV/AIDS interventions in the health sector* shows encouraging global trends in the scale up of antiretroviral treatment in 2006. During the year, almost 700 000 people received treatment for the first time. By December 2006 over 2 million people living with HIV were receiving treatment in low- and middle-income countries, representing 28% of the estimated 7.1 million people in need. Although trends vary across countries, the current evidence from over 50 low- and middle-income countries suggests that overall, the ratio



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of men to women receiving treatment is broadly in line with regional HIV prevalence sex ratios.

At the end of 2006, the United States President's Emergency Plan for AIDS Relief (PEPFAR) was funding programmes treating 987 000 people. Programmes supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria were providing treatment to 770 000 people. Because approximately 492 000 of these people were receiving treatment through programmes jointly financed by the two initiatives, a total of 1 265 000 people were receiving treatment through these two programmes.

The report (*Progress report on scaling up priority HIV/AIDS interventions in the health sector*) includes new data on rates of children's access to treatment at the end of 2006. Of the 2.3 million children aged 0–14 years living with HIV in 2006, the report shows that about 780 000 are in need of antiretroviral therapy. It is estimated that 115 500 children had access to treatment by the end of 2006, representing a coverage rate of about 15%.

This represents a dramatic 50% increase in the number receiving treatment during the last year. However, coverage for children still lags behind the total estimated antiretroviral treatment coverage of 28% in low- and middle-income countries.

Although children need smaller solid dosage forms of antiretroviral treatment, these unfortunately do not yet exist. WHO, working with experts, identified a range of solid antiretroviral fixed-dose combination products that would offer authorities responsible for treatment procurement and distribution, as well as to prescribers, considerable advantages and support efforts towards universal access to treatment for children. WHO and partners, including the United Nations, bilaterals and the pharmaceutical industry, continue to work to ensure the availability of improved antiretroviral medicines for children.

WHO published updated global guidelines on antiretroviral therapy for adults and children, prevention of mother-to-child transmission; cotrimoxazole prophylaxis for HIV-related infections, and patient monitoring for HIV care and antiretroviral therapy. These guidelines provide important support to the goal of universal access.

The affordability and quality of antiretroviral medicines for both adults and children remained a key priority for our work in 2006. An analysis of prices (conducted by the Global Price Reporting Mechanism for Antiretroviral Drugs at WHO) shows that the prices of most first-line antiretroviral drugs decreased by between 37% and 53% in low- and middle-income countries from 2003 to 2005, and between 10% and 20% from 2005 to 2006. This has contributed significantly to a wider availability of treatment globally, but prices remain high in eastern Europe and Latin America. On average, eastern European countries are still paying 60% above the median price paid in middle-income countries and Latin American countries 120% above the median price for the fixed dose stavudine/lamivudine/nevirapine first-line treatment. With some exceptions, the average prices paid for second-line regimens remain unaffordably high in low- and middle-income countries, where few or no prequalified generic alternatives are available. In general the prices paid

Integrated Management of Adult and Adolescent Illness

A shortage of doctors in developing countries with high HIV prevalence will lead to increased reliance on nurses or clinical officers to head clinical teams. This "task-shifting", supported by WHO's Integrated Management of Adult and Adolescent Illness (IMAI) approach, promotes sharing clinical management responsibilities to the lowest relevant cadre of health-care workers and into the community, a vital step for chronic disease management and the shift to long-term treatment and care.

In 2006, the IMAI team completed the development of clinical mentoring guidelines and the TB-HIV co-management guideline module. It also augmented its Chronic HIV Care with Antiretroviral Treatment and Prevention module to include integrated prevention of mother-to-child transmission interventions. A training course on reproductive choices and family planning for people living with HIV was completed and a draft training course on clinical mentoring was field tested in Ethiopia.

More than 35 countries are now mobilizing greater human resources for health-care and scaling-up services using the IMAI approach. In 2006, the approach was carried out in Ghana, Guyana, Indonesia, Kenya, Myanmar, Namibia and Seychelles. Scale-up training and follow-up is ongoing in Ethiopia (with 92 new health centre clinical teams trained in HIV prevention, care and treatment), Lesotho, Senegal, Swaziland, Uganda, United Republic of Tanzania, several provinces in South Africa, Sudan and Papua New Guinea. In Uganda, at least 1600 health workers have been trained in IMAI since 2004. This has enabled the country to increase the number of sites providing antiretroviral treatment from 35 to 175, and to expand access to HIV treatment from 17 000 to 75 000 Ugandans.

HIV/TB collaboration

In 2006, there was strong international collaboration between HIV and tuberculosis (TB) communities to reduce the burden of TB among people living with HIV and scale up towards universal access, as the following examples illustrate.

- The need for TB and HIV communities to work together was on the agendas of both the 2006 Toronto International AIDS Conference and the 2006 Paris World Lung Conference.
- The 2006 Political Declaration on HIV/AIDS emphasized the importance of rapidly increasing collaborative TB/HIV activities.
- In August 2006, the UNAIDS Secretariat, in collaboration with WHO and the Stop TB Partnership, appointed its first HIV/TB adviser, to increase the role that we can play in reducing the impact of TB on people living with HIV and communities affected by HIV (WHO, 2007. *Global tuberculosis control: surveillance, planning, financing*).

However, a baseline survey of UNAIDS Country Coordinators at the end of 2006 revealed that only 14% of joint UN teams on AIDS had carried out any significant TB activities in the previous year. TB remains among the most important causes of illness and death among people living with HIV, even though the majority of cases could be cured. As a result of underinvestment in basic TB control services, an extensively drug resistant (XDR) TB has emerged among people living with HIV in sub-Saharan Africa. This problem seriously threatens progress in scaling up treatment access.

for second-line treatment in middle-income countries are two to six times higher than the price paid in low-income countries depending on the regimens used.

During the year, partnership with the pharmaceutical industry increased to help keep treatment accessible and affordable. In July 2006, the UN Secretary-General convened the Chief Operating Officers of some of the major research-based, generic and

diagnostic companies to accelerate our joint efforts to be as close as possible to universal access by 2010. Some of the commitments coming out of that meeting included greater investment in paediatric formulations and diagnostics and a review of prices and products with the goal of increasing the accessibility and affordability of HIV medicines in low- and middle-income countries.

The World Bank also addressed costing issues. In 2006, the World Bank along with WHO and the UNAIDS Secretariat, sponsored a high-level meeting on "Sustaining treatment costs—who will pay?" which brought together policy-makers, economists, private industry, donors and people living with HIV to define the issues of financial sustainability of AIDS treatment—especially focusing on the increasing need for second-line combination treatment regimens.

WHO developed a strategy in 2006 for national HIV drug resistance prevention and assessment that recommends formation of a national working group, reporting of drug resistance ("early warning indicators") from all antiretroviral treatment sites, surveillance of transmitted HIV drug resistance and implementation of a specialized WHO database on the issue among other things. Over 20 countries have adopted the strategy and more are planning implementation this year. WHO has received US\$ 15 million from the Bill & Melinda Gates Foundation to support implementation of this strategy.

Human rights, gender and law

UNAIDS is committed to a human rights-based approach to the AIDS response, advancing gender equality and the rights of those vulnerable to and/or affected by HIV and promoting the Greater Involvement of People Living with HIV (GIPA). The joint programme of support does this through a wide range of technical assistance activities at country level.

- In Bangladesh, the UN system provided support for people living with HIV to come together for the first time to discuss how they could increase their voice in the national AIDS response.
- In Jamaica, UNAIDS partnered with the Jamaica Council of Persons with Disabilities to implement an island-wide programme to ensure that deaf women and girls, and people working with deaf communities, had access to information on HIV prevention, treatment, care and support.
- In Pakistan, UNAIDS provided technical assistance to a group of people living with HIV to enable them to formally register as an association.
- In South Africa, the joint UN team on AIDS provided support to civil society groups—including human rights and legal groups—to facilitate their input into the development of the National Strategic Framework on AIDS (2007–2011).
- In Belarus, we provided support to the Ministry of Internal Affairs to develop a comprehensive HIV prevention programme for the penitentiary system, building on existing prevention, treatment and anti-stigma initiatives.
- In Cambodia, WHO and UNODC worked with the government to strengthen the policy and legislative environment for a comprehensive approach to HIV prevention, treatment, care and support for injecting drug users.
- In the Asia-Pacific Region, UNAIDS in association with the UNDP Pacific Regional Service Centre completed reviews of HIV-related laws in 15 countries, and plan to present findings and legislative drafting guidance to governments in 2007.
- UNDP provided support to 17 emerging associations of people living with HIV across the Asia-Pacific region.
- In the Republic of Moldova, the joint UN team on AIDS supported people living with HIV to participate in a legislative review process, leading up to the eventual adoption of a new law on AIDS in December 2006.
- UNDP's Regional Programme in the Arab States has engaged Arab legal experts, parliamentarians, magistrates and other stakeholders in a regional legal review process to support national human rights advocacy efforts aiming to inform and, where appropriate, reform national policies. The regional legal review has resulted in the development and dissemination of model legislation which can be used at the national level to promote and protect the rights of people living with HIV and to address the special vulnerabilities of women and marginalized groups.
- In Mauritius, we supported the development of the HIV Preventive Measures Act, which

among other things provides for expanded access to confidential, voluntary HIV testing and counselling, and mandates the establishment of a national needle exchange programme.

- In Guatemala, we worked with civil society groups to help them document human rights violations experienced by members of the gay and transgendered community.
- In Croatia, we supported the review of national legislation and regulations to identify provisions that were possibly discriminatory against people living with HIV, or failed to adequately protect HIV-positive people.
- In Thailand, UNAIDS worked with the National Human Rights Commission on law reform to address stigma and discrimination faced by people living with HIV.
- In 2006, ILO responded to 22 requests from governments seeking assistance in revising labour laws or other legislation, and developing national policy. At year's end, 73 countries had HIV-related provisions in their labour and discrimination laws and policies. The ILO also started work with several UN partners to review international instruments and national laws in North Africa and the Middle East, with reference to the *ILO Code of practice on HIV/AIDS and the world of work*, and to advise on provisions to protect people living with HIV. It also advised governments in West Africa on the harmonization of labour legislation between countries, including provisions on HIV.

The UNAIDS Secretariat reviews policies and guidance with the support of the UNAIDS Reference Group on HIV and Human Rights to ensure they reflect human rights norms and obligations and help advance a human rights-based response to the epidemic. The reference group was established in 2002 to advise the joint programme of support on all matters relating to HIV and human rights, and is made up of experts from many different perspectives with a common commitment to a rights-based approach to HIV. In 2006, UNDP joined the UNAIDS Secretariat in the management of the reference group.

At its April 2006 meeting, the reference group highlighted the urgent need to generate sustained political and programmatic commitment to addressing key barriers to moving towards the goal of universal access: human rights violations, gender inequality, stigma and discrimination. The group provided input into the development of indicators relevant to human rights; support to the UNAIDS assessment following consultations on universal access and UNGASS reporting; comments to the draft of *WHO/UNAIDS Guidance on provider initiated testing and counselling*; and the development of guidance on human rights, ethics and law in the context of the initiation or expansion of male circumcision services.

Supporting people living with HIV to claim their rights is an essential component of effective AIDS responses. Since early 2004, the UNAIDS Secretariat has worked with the International Planned Parenthood Federation to support networks of people

Key human rights publications in 2006

During 2006, the UNAIDS Secretariat published a collection of successful court cases that addressed access to HIV treatment, non-discrimination and the rights of prisoners, among others, and a CD-ROM compilation of resources on HIV, human rights and the law. Together with the Office of the UN High Commissioner for Human Rights (OHCHR), the UNAIDS Secretariat presented a consolidated version of the *International guidelines on HIV/AIDS and human rights* at the XVI International AIDS Conference, marking the tenth anniversary of the original drafting of the *Guidelines*. The new foreword to the *Guidelines* underscores their continued relevance to the development and management of national AIDS programmes: the protection of human rights in the context of HIV reduces suffering, saves lives, protects the public health, and provides for an effective response to the epidemic.

living with HIV to develop an index on human rights, stigma and discrimination, by and for HIV-positive people. A training meeting was held in Johannesburg in October to bring together HIV-positive people to lead a five-country pilot of a draft survey tool. The tool is being finalized based on feedback from the pilots, and will be available for use in 2007.

UNAIDS, governments and donors have recognized that much more needs to be done to better address the different needs of women, girls, men and boys. In response to a request by the Programme Coordinating Board, UNAIDS conducted gender and HIV assessments in three countries, Cambodia, Honduras and Ukraine, and produced gender policy guidelines by which to expand gender equality and equity in HIV programmes. The guidelines suggest action on gender for governments, donors, international agencies, the UN system and nongovernmental organizations. The results of the assessments and the gender guidelines will be submitted to the PCB at its June 2007 meeting.

Mainstreaming AIDS in development processes

In 2005, UNDP, the World Bank and the UNAIDS Secretariat established a joint programme to strengthen capacity for effectively mainstreaming AIDS priorities into national planning efforts, particularly development of poverty reduction strategy papers and implementation processes. Seven countries were selected for the first phase of the programme (Ethiopia, Ghana, Mali, Rwanda, Senegal, United Republic of Tanzania and Zambia), and seven additional countries selected for the second phase (Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda) were launched in 2006.

This joint initiative has been instrumental in bringing attention to the importance of incorporating AIDS as a priority in poverty reduction strategy paper processes. Implementation of follow-up activities by first round countries has been going on since December

South-South cooperation builds rights-based approach to address AIDS and children

The 'Brazil+7 Initiative', also known as 'Laços Sul Sul' (LSS), involves a common commitment to respond to AIDS through horizontal exchanges of information and cooperation. It includes Bolivia, Brazil, Cape Verde, Guinea-Bissau, Nicaragua, Paraguay, Sao Tome and Principe and Timor-Leste, and as well as UNICEF and the UNAIDS Secretariat. The Government of Brazil, through its National Programme on STD/AIDS pledged to offer universal access to first-line treatment to these eight Portuguese- and Spanish-speaking countries committed to halt the spread of epidemic while HIV prevalence is still relatively low.

LSS aims to expand HIV prevention, treatment, care and support for pregnant women and young people, and to offer universal access to antiretroviral treatment to all people living with HIV in the partner countries. This model of South-South cooperation recognizes that the ultimate responsibility and ownership of the response to HIV lies with participating countries, not donors or international organizations.

Another innovative characteristic is that LSS uses a human rights-based approach to achieve these goals, focused on the right to know how to protect oneself from HIV, the right to know one's HIV status, with the guarantee of adequate counselling, the right to integrated comprehensive treatment and care, including paediatric treatment and the right to prevent HIV transmission from mother to child.

While children and adolescents have often been ignored in national AIDS responses, LSS places them at the centre. This approach is in line with "Unite for Children, Unite against AIDS", as it includes prevention of mother-to-child transmission, paediatric treatment, prevention among adolescents and protection of children affected by HIV.

2005, with seed funding from UNDP as well as additional resources mobilized in country. As a result of the support offered by the programme, costing scenarios were developed for integrating AIDS into the national development plan in Zambia. A review of existing data on poverty and AIDS helped inform the development of the plan's AIDS chapter, as well as provide information for the national strategic framework. In Rwanda, Senegal and Zambia, support was provided to national AIDS commissions to reinforce their participation and influence in the poverty reduction strategy paper (PRSP) formulation process. Stakeholder workshops were held with diverse groups in Ethiopia, Senegal and Zambia to review PRSP II drafts and incorporate their input. In the United Republic of Tanzania, a study on HIV prevalence among injecting drug users and sex workers was completed and used to inform PRSP II formulation.

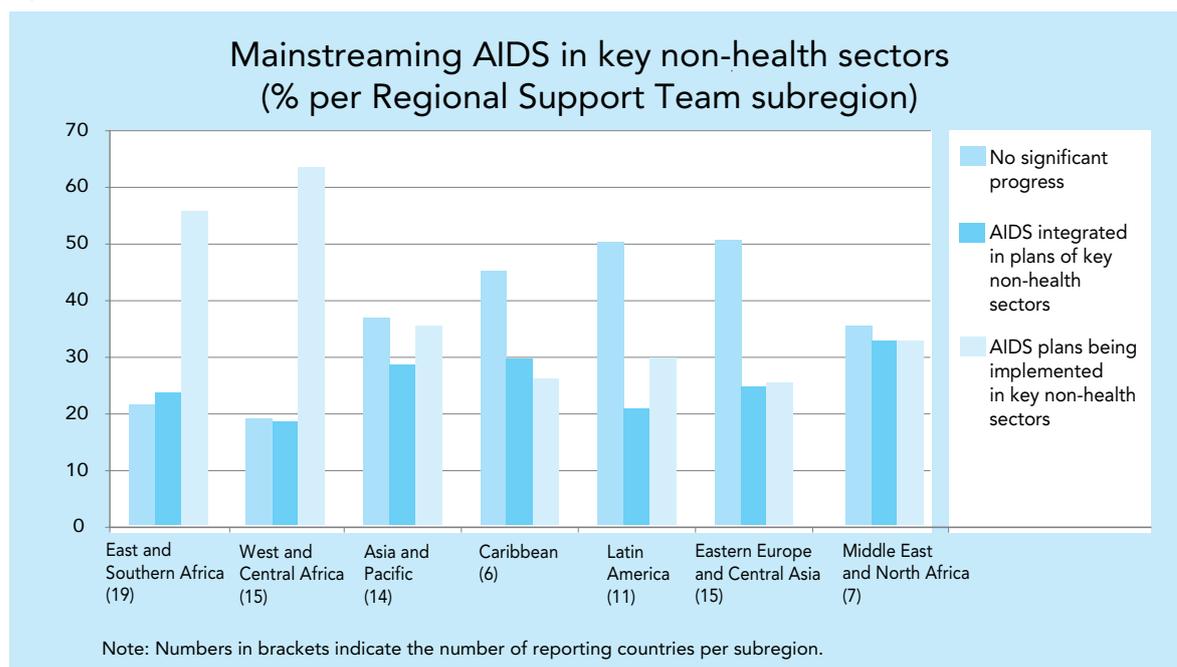
We have been working with a wide range of partners, particularly governments, to integrate AIDS programming into non-health sector workplans and budgets. Throughout 2006, the Secretariat tracked the progress of these efforts. Figure 7 highlights that most progress has been made in high prevalence countries, with some notable exceptions. For example, in Chad, ten line ministries have HIV task forces, of which seven (health, social affairs, communication,

education, justice, defence and interior) have developed HIV action plans. In the Russian Federation, the ministries of transport, regional development, finance and defence have started to be involved in AIDS strategic planning. In Trinidad and Tobago, the Government has approved the creation of full-time AIDS coordinators in the following ministries: community development, culture and gender affairs; tourism; sport and youth affairs; education; labour and small and micro enterprise development; social development; local government; and personnel department.

The UNAIDS database indicates that the most advanced sectors are uniformed services, education, youth and labour. For example, in Costa Rica, the Ministry of Justice has set up a commission for HIV prevention in the workplace and penitentiary institutions.

Several countries have made progress in the area of gender and women's affairs. In June 2006, UNDP, the UNAIDS Secretariat and UNIFEM co-organized the third regional training workshop on AIDS and gender mainstreaming for country teams from west and central Africa based on the mainstreaming implementation guide developed in 2005. At the country level, Cameroon has integrated AIDS and gender into the budgets of 26 ministerial departments.

Figure 7





Chapter Three



Surveillance, monitoring and evaluation

Surveillance on the status of the epidemic and monitoring the programmatic response are critical activities to aid understanding of where the epidemic is going and whether programmes are achieving desired impact. These efforts help obtain the necessary information for evidence-informed policy development, sound programme management, continued programme improvement and global reporting. Building the capacity of countries and UN partners to perform credible surveillance, monitoring and evaluation are major priorities for UNAIDS. Direct provision of technical assistance—especially through the more than 50 UNAIDS monitoring and evaluation country advisers—is strengthening national monitoring and evaluation programmes, leading to improved expertise and skills to collect, analyse and interpret data. This effort also focuses on increasing the involvement of a wider array of partners, especially representatives of civil society. Through the use of expert working groups, new tools are being developed; guidelines are being standardized and simplified, and complex data analysed and interpreted at regional and global levels. This increased capacity to monitor national programmes will be essential to provide 2008 global reporting on progress towards the 2001 Declaration of Commitment on HIV/AIDS.

The epidemiology of HIV

The most recent set of country-specific estimates of HIV prevalence among adults, women, children and the number of new HIV infections and deaths due to AIDS were published in June in the *Report on the global AIDS epidemic*, and revised for the *AIDS epidemic update—December 2006*. The 2006 estimates are of better quality than those published in earlier years, due to the use of additional data and improved local knowledge.

An increasing number of countries have adopted a standardized set of recommended methods and are producing more accurate estimates on national HIV prevalence, numbers of people living with HIV, and numbers of AIDS deaths. These methods also allow for cross-national comparisons and the production of regional estimates. To support countries' efforts to improve data collection, the UNAIDS Secretariat and WHO conducted 12 regional workshops between March 2005 and April 2006. These workshops trained the national analysts who are responsible for HIV estimates

from over 150 countries. In addition, there were 11 country-specific consensus meetings to finalize the national HIV estimates.

In 2006 the published HIV prevalence estimates in several countries were lower than previously estimated. The growing number of population-based HIV prevalence surveys in sub-Saharan Africa, new and improved HIV surveillance data globally and improved analyses in some countries indicated that adjustments needed to be made to the national estimates. National population-based surveys have now been conducted in over 20 countries since 2000 providing better insight into male HIV prevalence and HIV prevalence in more remote areas that are not usually covered by sentinel surveillance.

The UNAIDS Reference Group on Estimates, Modelling and Projections, comprised of epidemiologists, demographers, statisticians and public health experts, provides scientific advice

to the UNAIDS Secretariat and WHO on AIDS epidemiology and methods to derive estimates and projections. This group met three times in 2006 and provided recommendations on a range of topics. These included methods of parameter estimation; development of estimation and projection tools; interpretation of HIV prevalence in general population surveys in generalized epidemics and mixed concentrated/generalized epidemics; trends and alternative data sources; and the classification of epidemics in terms of their transmission dynamics and epidemiological categories.

The UNAIDS Secretariat also compiles and disseminates key country-level epidemiological data. The role of national AIDS programmes has changed significantly since the first set of UNAIDS/WHO country estimates was produced in 1997. In the early years, countries were requested to agree to estimates produced at headquarters. By the 2005–2006 round of estimates, countries' involvement had significantly increased, and there was intensive communication between the UNAIDS Secretariat and national statistics offices and other government and academic organizations regarding the estimates. New sources of data, such as national population-based surveys and data from

expanding surveillance systems, have enabled the production of more accurate estimates and a better understanding of trends.

HIV prevalence estimates will only be as good as the HIV surveillance systems in countries. The quality of the surveillance systems depends on the frequency and timeliness of data collection, the appropriateness of the populations under surveillance, the consistency of the sites/locations and groups measured over time and the coverage/representativeness of the groups for the adult populations. Some countries have poorly functioning surveillance systems that urgently need strengthening. Other countries that had good systems have seen these systems deteriorate.

Inadequate HIV surveillance remains a hindrance to precisely understanding the patterns and trends of some HIV epidemics, and hinders the design and implementation of potentially effective responses. This is the case in many countries in Europe, the Caribbean, Central America, the Middle East and North Africa. There are recent exceptions, among them Iran, which has acted on improved HIV information by expanding its AIDS response among at-risk populations.

Global surveillance

Established in November 1996, the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance compiles and improves the quality of data needed for informed decision-making and planning at national, regional and global levels. The primary objective of the working group is to strengthen national, regional and global monitoring and surveillance structures and networks.

The working group meets weekly and deals with a wide range of issues directly or indirectly related to global surveillance. This includes the collection of information from all member states through WHO Regional Offices, the compilation of this information into a global database and regular analysis and feedback through global reports and publications.

The information is used to produce fact sheets for each country that contain the most up-to-date HIV-related information, including demographic, social, behavioural and sexually transmitted infection data. This information is also available in the "Country profiles" section of the 2006 *Report on the global AIDS epidemic* and is used to develop the estimates of HIV prevalence and mortality published in the annual *AIDS epidemic update*.

Supporting country-level monitoring and evaluation systems

The establishment and maintenance of a comprehensive monitoring and evaluation system in each country is essential to obtain all the necessary information for evidence-informed policy development, sound programme management and continued programme improvement. Such a comprehensive system requires an appropriate balance between routine monitoring and more detailed programme evaluation.

Over the past two years, countries have dramatically improved their capacity to monitor programmes. However, countries still face a number of challenges. National monitoring systems are often underfunded and understaffed; indicators have not been standardized at national and district levels; data management and analysis systems are weak; and programme managers need to increase the actual use of data for programme improvement. Data from nine countries that used the Country Harmonization and Alignment Tool (CHAT) indicate that the majority of national partners outside the AIDS programme felt that their integration with the national monitoring system was limited. The majority of international partners continue to use their own monitoring systems for decision-making, in spite of the fact that one third of them supported the development of national monitoring coordination mechanisms.

Our primary focus is to help countries overcome these challenges. In August 2004, UNAIDS established its first country-level residential technical staff programme by employing monitoring and evaluation advisers to work in 15 countries. This programme was a significant step forward in strengthening local capacity in monitoring and now includes more than 50 country-resident monitoring and evaluation advisers and regional focal points. The primary role of the advisers is to support the strengthening of the "Three Ones"—especially the "Third One" (one national monitoring and evaluation framework). This involves technical and coordination support to the national government to track the epidemic, monitor the response and

provide better strategies for effective programming. It will also help identify and work to close resource gaps in the funding of monitoring and evaluation activities. For example, in Sierra Leone, monitoring and evaluation advisers supported the development and the implementation of a single and coherent monitoring and evaluation framework that spanned a series of activities leading to the development and validation of a national AIDS monitoring and evaluation framework. This consultative process involved the national monitoring and evaluation working group, government ministries, nongovernmental organizations, UN agencies, local authorities, civil society, educational institutions, the private sector and networks of people living with HIV.

In 2006, the Global AIDS Monitoring and Evaluation Team (GAMET) continued to evolve. Housed at the World Bank, GAMET was established by UNAIDS to improve national monitoring and evaluation capacity and systems. Over the year GAMET specialists provided rapid, intensive, flexible, practical and expert hands-on monitoring and evaluation support to 45 countries on four continents. Support has progressed to include countries with less access to technical assistance including Angola, Congo, Democratic Republic of the Congo, Lebanon and Sierra Leone. There is growing interest among countries and development partners to conduct joint evaluation missions. These activities are proving to be one way to strengthen regional and national monitoring and evaluation partnerships, and provide more effective, efficient support to countries working to develop functioning national AIDS monitoring and evaluation systems. In 2006, five countries (Lesotho, Namibia, Rwanda, Swaziland, and United Republic of Tanzania) in east and southern Africa have benefited from joint evaluation missions by the USA Government, World Bank, UNAIDS Secretariat, and the Global Fund.

Civil society plays a key role in the response to the AIDS epidemic in countries around the world. The wide range of strategic and tactical expertise within civil society organizations makes them ideal partners in the process of preparing national progress

reports. Specifically, civil society organizations are well-positioned to provide quantitative and qualitative information to augment the data collected by governments.

We work with national AIDS committees or their equivalents to ensure that the full spectrum of civil society—including nongovernmental organizations, faith-based organizations, trade unions and community-based organizations—participates in monitoring and evaluating a country's AIDS response. The importance of securing input from the full spectrum of civil society, including people living with HIV, cannot be overstated; civil society speaks with many voices and represents many different perspectives, all of which can be valuable in the monitoring and evaluation of a country's AIDS response.

Simplifying and harmonizing indicators for monitoring programmes

Over the past 10 years, the global monitoring and evaluation community, under the leadership of the UNAIDS Secretariat, has taken an active role in supporting the development of standardized indicators for national-level monitoring of respective HIV epidemics and country-led responses. A series of indicator guidance documents in key programmatic areas has been produced which, together with increased funding for monitoring and evaluation and intense in-country efforts, has much improved the status of HIV monitoring. However, many countries have continued to focus only on developing indicators for monitoring, at the expense of implementing a more comprehensive evaluation agenda. Also, a large number of non-standardized HIV indicators are still being used,

and many countries have expressed a need for the global monitoring and evaluation community to provide better advice on the selection of core indicators to help focus their data collection efforts.

At the global level, donors, multilateral organizations and the United Nations system are working closely with national governments to harmonize required monitoring indicators and reduce the reporting burden placed on countries. To this end, the UNAIDS Monitoring and Evaluation Reference Group (MERG) established a working group to harmonize the great variety of indicators that are currently recommended for programme monitoring or required for donor reporting.

This harmonization effort aims to reduce the data collection and reporting burden through focusing on core indicators, including those needed to monitor progress towards achieving the *2001 Declaration of Commitment on HIV/AIDS*, and through harmonization of indicators for reporting to international donor agencies. For example in 2006, we facilitated the production of strategic information on HIV in Myanmar and assisted the national AIDS programme with the collection of data from all partners against a harmonized indicator set. This provided a reasonably clear picture of coverage of key populations for HIV prevention and care services. These data have been used for advocacy and resource mobilization, and offered the basic building blocks for the 2005 *National response progress report*, the first time their national AIDS programme summarized progress of all partners.

Both the core set of UNGASS indicators and a recommended set of additional indicators will be available in an online electronic indicator registry, which is currently under development. We will continue to provide additional technical guidance to national governments on these indicators.



UNAIDS/G. Pirozzi

Monitoring progress on the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS

The 2005 UNGASS reporting round resulted in the most comprehensive set of data on country responses to the AIDS epidemic the world has ever had. Progress reports were received from 126 countries and territories by March 2006. However, the debriefing process launched in July 2006, by the evaluation department at the UNAIDS Secretariat in collaboration with Cosponsors, identified a number of common problems. Not all countries provided information on all of the core indicators. In particular, very few countries were able to report on the coverage of services for orphans, the number of prevention programmes in the workplace, or the percentage of persons with HIV who had started on antiretroviral treatment and were still alive after 12 months. The quality of data varied from country to country and mechanisms to assess and validate data were weak. We identified concrete steps to further strengthen and institutionalize UNGASS reporting

at the country level. The specific recommendations provided on the contents of the country report, as well as the UNGASS indicators and reporting guidelines have been incorporated in the revised UNGASS guidelines which were disseminated in March 2007.

Apart from the use of the data by countries for planning purposes, one of the most important benefits of the 2005 UNGASS reporting process was that it generated concrete actions to strengthen the national monitoring and evaluation system in several countries. It allowed for the identification of data gaps and data quality issues which led to the prioritization of support. This included adding more national monitoring and evaluation staff, commitment to harmonization of indicators and data collection tools, and agreements for improved data sharing among government partners and implementing agencies.

New guidelines and tools for monitoring and evaluation

UNAIDS has engaged with our technical partners to develop new guidelines and tools to improve national monitoring and evaluation. A *Framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations* was developed by an international, interagency monitoring and evaluation technical working group on most-at-risk populations from 2004–2006 that included representatives from the USA Agency for International Development, UNAIDS Secretariat, the USA Department of Health and Human Services, Centers for Disease Control, UNICEF, WHO, MEASURE Evaluation, Family Health International and included input from the World Bank, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the Office of the US Global AIDS Coordinator, other global experts and networks of persons living with HIV. These populations include sex workers, their clients, men who have sex with men and injecting drug users. Rather than focusing primarily on indicators as many previous monitoring and evaluation guides have done, this document promotes the use of monitoring and evaluation data for decision-making at national and subnational levels. The framework also recognizes the danger of stigmatization and discrimination against these most-at-risk populations that could occur during monitoring efforts and provides recommendations for addressing this.

An interim set of *Guidelines on the confidentiality and security of HIV information* have been developed through a consensus process led by UNAIDS and the USA President's Emergency Programme for AIDS Relief. They provide guidance for protecting the confidentiality of information that is collected for patient management and programme monitoring and evaluation and will be continued in 2007.

Recently a number of tools have been developed to assess the credibility, quality and comprehensiveness of national monitoring and evaluation systems. The UNAIDS Monitoring and Evaluation Reference Group formed a multiagency working group whose purpose it is to discuss collaboration, coordination and harmonization of these monitoring and evaluation assessment tools and approaches. The group is now in the process of synthesizing an overall monitoring and evaluation system assessment tool, and a set of guidelines to the existing tools/approaches.

As of January 2006, 90 countries were using the Country Response Information System (CRIS) software for maintaining national and subnational databases and for UNGASS reporting. Based on feedback from countries, a new version of CRIS will be released in 2007. Some of the new features will include an improved set of data entry screens, enhanced performance of the database, the ability to produce tailored reports, internet support and the capacity or integration with other databases, such as Health-Mapper and Dev-Info.

In countries UNAIDS contributed considerably to the success of the UNGASS reporting. Of those who submitted feedback, all of our advisers and the vast majority of UNAIDS Country Coordinators reported being directly involved in leading or supporting the key steps of the UNGASS process. This included increasing the understanding of the UNGASS reporting requirements and technical guidelines, and facilitating a fully inclusive and participatory process, especially with relation to civil society groups. UNAIDS Cosponsors contributed and validated data, and were involved

in specific aspects of the UNGASS process through their participation in the UN theme group and other multiagency working groups.

In order to improve the comprehensiveness and quality of data to be submitted for the Global Progress Report in 2008, refinements were made to the 2005 UNGASS indicators and accompanying guidelines. Two new indicators were added to the UNGASS set. These relate to HIV testing in the adult population, measured through general population surveys such as the AIDS Indicator

Survey, and tuberculosis treatment in AIDS patients receiving antiretroviral therapy. The inclusion of these indicators reflects the programmatic importance of adequate coverage of testing and counselling services in generalized epidemics and the importance of adequate detection and treatment of HIV in patients with tuberculosis. Revisions were also made to a number of indicators to provide better clarity about what is being measured. These included revisions of the indicators on the amount of national funds spent on the AIDS response, services for injecting practices and levels of condom use by injecting drug users.

In accordance with the *2006 Political Declaration on HIV/AIDS*, countries are expected to report on progress in 2008. National reports for the 2007 round of reporting are expected to be sent to the UNAIDS Secretariat by 31 January 2008. The momentum generated through the 2005 UNGASS reporting round needs to be used to plan for and put in place data collection and data validation systems that will enhance availability of data to monitor and evaluate national responses and the progress that

will be made by 2008 towards the implementation of the 2001 *Declaration*.

Our staff at country level will be available to help facilitate input from civil society throughout the process, particularly to brief civil society organizations on the indicators and the reporting process. They can also provide technical assistance on gathering, analysing and reporting data, including focusing on support to people living with HIV and ensure the dissemination of national reports.

Shadow reports by civil society will be accepted by UNAIDS for the 2007 round of reporting, as they were in 2003 and 2005. We will undertake a consultation with representatives of civil society regarding their participation in UNGASS reporting. This will address the issues of both civil society participation in the preparation and submission of official national progress reports and shadow reporting. Shadow reports can provide an alternative perspective, especially in those countries where civil society was not adequately included in the national reporting process, or where governments do not submit a country progress report.



Chapter Four



Civil society engagement and partnerships

Civil society groups and other non-state partners often mobilize against AIDS in the absence of action from governments and the international community. Without their contribution the world's AIDS responses would be weak and incomplete. UNAIDS has wide-reaching partnerships including the private sector, labour and the broad range of civil society organizations. We have always recognized that civil society is uniquely placed to effectively monitor and implement AIDS responses and to advocate increased resources and policy change. During 2006 we intensified work with civil society in collaborative efforts to scale up and drive progress towards achieving universal access to HIV prevention, treatment, care and support by 2010 and in achieving Millennium Development Goal 6.

Working with civil society

The immense diversity and perspective within civil society adds great richness and strength to AIDS responses. Across UNAIDS there are various mechanisms for collaboration and partnership with civil society and other sectors. These include formal partnership agreements towards shared goals and memoranda of understanding through to engagement around particular events and meetings and involvement in governance structures. In August 2005 the UNAIDS Secretariat agreed to a civil society engagement strategy following broad consultation with Cosponsors, staff and civil society. The strategic framework, finalized at the end of 2005, provided direction for the 2006–2007 biennium.

Since UNAIDS began in 1996, there has been a formal nongovernmental organization delegation to the UNAIDS Programme Coordinating Board. In addition, civil society representatives increasingly take part in the governance structures of many individual cosponsors. Strengthening of civil society involvement in the Programme Coordinating Board started in 2006 with a formal review to build on the foundation of ten years of civil society participation. The review seeks to learn from other models of civil society participation in governance processes and strengthen our own civil society representation.

Our work with civil society often centres around addressing barriers to the appropriate involvement of civil society organizations in responses to AIDS. AIDS-related civil society is diverse, fragmented, politicized and polarized and does not speak with one voice. Engaging civil society in a rapidly changing international environment is a major challenge.

During 2006 we were increasingly called on to convene initiatives involving multiple partners. This entailed constantly ensuring consideration of expert, yet often excluded perspectives—including those of people living with HIV—in key processes.

In many countries the growth of civil society is either something very new or in some cases restricted and our role has to be adapted accordingly. In China, for example, in 2006 there was no formal civil society representation on the State Council AIDS Working Committee which serves as the key body for leadership, coordination and the monitoring and evaluation of the national response. However we were still able to support considerable civil society engagement and capacity-building through other opportunities. Involvement of civil society and people living with HIV was supported in Global Fund processes—of the 83 members of the

AIDS Working Group of the Country Coordinating Mechanism, 21 members were representatives from community-based organizations, nongovernmental organizations and groups including people living with HIV and men who have sex with men.

UNAIDS China convened the first national consultation meeting of groups of men who have sex with men which led to the establishment of the UN Technical Working Group on MSM and HIV, now convened by UNDP. The meeting was attended by 12 different groups from across China and five national known experts on men who have sex with men and HIV. The meeting contributed to improved networking and enhanced dialogue among Chinese groups representing men who have sex with men.

UNAIDS often acts as an honest broker between civil society networks and organizations and other sectors working on AIDS to ensure greater coordination and increased action.

The Amen Health Care and Empowerment Foundation, established in Nigeria in 2004 to reduce morbidity and mortality in rural communities, worked in close collaboration with the UNAIDS Secretariat, WHO and university hospitals to build the capacity of the people to better manage their own health needs throughout 2006.

In May 2006 a week-long free health and empowerment programme was held in Edo State. Activities included HIV testing and emergency treatment and care provision alongside employment training to help improve the lives of people living in poverty. Medical care was provided to 2908 people, 450 received counselling and HIV testing and more than 250 people were trained in small business management and provided with materials to make soap, hats and jewellery. People who received training were expected to go on to train others in their communities.

In 2006, we supported the Zimbabwe AIDS Network in conducting capacity assessments of their 450-member organizations as part of an exercise to develop a capacity-strengthening plan for the network. Weak advocacy capacity in some networks and organizations was identified and advocacy

training was provided by the regional support team in October 2006.

In preparation of the High Level Meeting on AIDS, UNAIDS invested considerably in ensuring high levels of civil society participation. The result was unprecedented civil society involvement in a UN meeting of this nature. Almost 1000 representatives of civil society from around the world attended. A civil society task force of 12 individuals, facilitated by the UNAIDS Secretariat, managed preparations for civil society involvement in the meeting and led pre-briefings for all civil society speakers and worked in partnership with other coalitions on orienting civil society participants. More than 120 countries organized country consultations to address major obstacles to achieving the goal of universal access. Seven regional consultations included civil society members in the country delegations. In Africa this resulted in a strong engagement of civil society in the drafting of the Brazzaville Commitment, and the subsequent Abuja Call for Action and Common African Position.

Despite some concerns, there was a sense among many civil society groups that the final political declaration moved the agenda forward on key issues including reaffirming the 2001 promises, trade, women, resource needs, sexual and reproductive health and harm reduction. The declaration would not have been as strong as it stands had it not been for the pressure and hard work of civil society groups both before and during the meeting.

People living with HIV

UNAIDS advocates the inclusion of people living with HIV and marginalized key population groups (which, depending on the epidemic can include men who have sex with men, sex workers and injecting drug users) in all AIDS planning and programming. Supporting an increase in the capacity of civil society organizations to ensure they are able to meaningfully contribute to AIDS responses remains a key priority for UNAIDS.

In March 2006 we brought together the Global Network of People Living with HIV and AIDS, the International Community of Women Living with HIV and the International Treatment Preparedness



UNAIDS/G. Pirozzi

Creating economic opportunities for people living with HIV

As part of its work on AIDS, the ILO promotes a variety of training schemes, small business development activities and other forms of income-generation for people living with HIV, especially women and young people.

In Zambia, the “Start Your Business” programme helps people living with HIV assess the different options available for returning to work or embarking on new economic activities, and provides training and support. In India, the ILO works with the New Delhi Network of Positive People to develop skills and provide materials for women who have lost their husbands to AIDS so that they can earn a living.

The ILO is also involved in schemes to ensure greater access to social security, medical benefits and health insurance for workers living with HIV. The ILO helps governments adapt benefit mechanisms to the needs of workers with HIV, including wage subsidy schemes, and is exploring approaches such as social transfers to support income and ensure people with HIV have continued access to antiretroviral treatment.

Coalition for a Donor Consortium Conference hosted by the Netherlands Ministry of Foreign Affairs and the Dutch AIDS Fund. The meeting addressed the perceived reluctance of donors to resource the global organizations of people living with HIV on a sustainable basis. Part of the reluctance had been generated by a sense that the global networks were unwilling to collaborate with each other. The meeting demonstrated a commitment to cross-organizational collaboration and soon after the UK Department for International Development announced core funding of £2 million (US\$ 4 million) to the three networks over a three-year period.

During 2006 we also provided technical and financial support to organizations of people living with HIV wherever they had country presence. For example, in the north of Sudan we financially supported the establishment of organizations of people living with HIV in seven out of 15 states to encourage people living with HIV to come forward and be part of the national response especially in efforts to address stigma and discrimination and in the provision of support services. We also analysed the services provided by and for people living with HIV to help direct new resources and reduce duplication. In south Sudan, where there is an emergence of several support groups and associations, UNAIDS initiated the establishment of an umbrella network for groups of people living with HIV. Capacity-building of the network was provided in addition to support in identifying a coordinator and the hosting of a regular nongovernmental organization forum.

We also worked with HIV positive networks and organizations to develop a report card on the effectiveness of GIPA—the 1994 principle of the “greater involvement of people living with HIV and AIDS”. The report card can be used to measure the extent to which governments and other large institutions are applying this core principle in their work. Supporting guidelines were also developed to assist those organizations wanting to maximize their application of the GIPA principle.

In China, people living with HIV were invited to work with the extended UN theme group and were supported in offering a series of AIDS awareness seminars to national opinion formers to help

Tackling HIV—an Olympic challenge

A unique partnership agreement was struck between UNAIDS and the International Olympic Committee (IOC) which continued to raise AIDS awareness and promote peer-to-peer education within sports communities around the world in 2006.

The collaboration has involved the development of a comprehensive HIV toolkit for sports coaches, a series of regional workshops to engage national Olympic committees and high-level advocacy and media opportunities with athletes at Olympic sporting events.

The IOC and UNAIDS toolkit is the first of its kind specifically designed for the sports community. The kit offers HIV information, ideas for activities and campaigns, plans for successful peer-to-peer education and advice on where to access further information. The toolkit has been made available in Chinese, English, French, Portuguese, Russian, Spanish and Swahili to reach millions of athletes across all continents.

We also helped secure the involvement of another important partner in working with the Olympic movement—the International Federation of Red Cross and Red Crescent Societies—which has worked with UNAIDS and the Olympic movement in supporting AIDS action at country level.

Efforts are now under way to maximize the role of Asian NOCs and in particular the China NOC in AIDS action for the Beijing Olympics.

counteract stigma and discrimination. Technical and management support were also provided.

UNAIDS continued to demonstrate leadership and “walk the talk” on GIPA in 2006 through hosting and supporting UN+, the UN system’s HIV-positive staff group. In 2005, UN staff living with HIV formed an informal group to give voice to issues affecting those living with HIV and working in the UN system. The group, which is coordinated from within the Secretariat seeks to contribute to the development of policies on HIV at UN agency levels, create a more enabling environment for HIV-positive employees of the UN and offer a voice and platform for people living with HIV within the UN system that challenges stigma and discrimination.

UNDP also focused on building the capacity of persons living with HIV. For example, in China, UNDP’s work on HIV and poverty alleviation has contributed to increasing the greater involvement of people living with HIV in responding to AIDS, particularly women and poor and rural families affected by AIDS. By promoting the socioeconomic empowerment of women living with HIV, and increasing access to microfinance services for poor families affected by AIDS, UNDP and the Government of China were able to produce replicable models of empowerment to lift people living with HIV out of poverty. Negotiations are currently under way to scale up the microfinance and AIDS project to increase access to credit services across central China.

Working with the media to counter stigma

Launched by the Secretary-General, the Global Media AIDS Initiative’s (GMAI) goal is to engage the media—its programming resources, airtime, and creative talent—in an effort to raise awareness, educate populations, change attitudes, and counter HIV-related stigma. Since 2004 GMAI has grown from 22 to more than 160 media companies.

In 2006, the GMAI’s Leadership Committee chairman, Bill Roedy, president of MTV International presented an update to then Secretary-General Kofi Annan highlighting the efforts to produce hundreds of public service announcements and the integration of AIDS themes into existing entertainment, news and public affairs programmes. To date, these efforts have resulted in hundreds of millions of dollars in airtime and advertising space.

Since 1 December 2006 (World AIDS Day), the GMAI Leadership Committee has been chaired by Dali Mpofu, Group Chief Executive of the South African Broadcasting Corporation (SABC) with support from the Kaiser Family Foundation.



Naomi Watts on mission in Zambia / UNAIDS/Ed'Elbee

Partnering with celebrities and special envoys

To mark UNAIDS' 10th anniversary in 2006, we established the "UNAIDS Special Representative Programme" a new platform for advocacy work with celebrities.

UNAIDS Special Representatives are prominent individuals from the world of arts, science, literature, entertainment, sports and other fields of public life who have expressed their desire to contribute to UNAIDS and to move the AIDS response forward.

In 2006, the famous footballer Michael Ballack used the media as a platform to disseminate HIV prevention messages to the world of sports and young people featuring in social marketing campaigns, on web sites and in a public service announcement which was produced pro bono by Al Jazeera. Other UNAIDS Special Representatives went on fact-finding missions to countries to highlight the problems and raise awareness at high-level political arenas. The business and media sector were influenced by strong UNAIDS Special Representatives advocating greater involvement in the AIDS response. Royals and rock stars took opportunities to incorporate AIDS messaging into their public appearances and participated at the High Level Meeting on AIDS.

The four Special Envoys of the Secretary-General also advocated high-level commitment and involvement in efforts to scale up AIDS responses in low- and middle-income countries, and acted as liaisons among government leaders, NGOs/civil society groups, networks of people living with HIV, UN agencies and donors. Particular efforts were made to increase the involvement of people living with HIV in national AIDS responses.

Some highlights include:

- Stephen Lewis' high-profile participation in the International AIDS Conference;
- Prof Lars O. Kallings' visits to Belarus and meetings with national decision-makers including the President of Ukraine and people living with HIV;
- Dr Nafis Sadik's visits to Tajikistan and Turkey;
- Sir George Alleyne's visits to several countries in the Caribbean region including Barbados, Trinidad and Tobago, Guyana and Suriname. He also participated in the UN High Level Meeting on AIDS.

Meetings with key decision-makers directly responsible for AIDS-related policies should be an essential part of the Special Envoys' mission agendas, as such meetings can greatly enhance the direct commitment of these decision-makers in support of an intensified response to AIDS.



Michael Ballack's social marketing advertisement featured pro bono in major international media outlets such as "Der Spiegel" and "Times Europe". / UNAIDS/Ed'Elbee

Working with faith-based organizations

In 2006, recognizing the tremendous influence of faith-based organizations and religious leaders, we continued to work in close partnership with a number of faith-based organizations at global, regional and country levels.

A collaboration of the Church World Service, Ecumenical Advocacy Alliance, Norwegian Church Aid, and World Conference of Religions for Peace produced a guide for working with faith-based organizations on HIV, *Scaling up effective partnerships: a guide to working with faith-based organisations in the response to HIV and AIDS*. The guide counteracts myths, provides background information, case studies and practical guidance to people who want to collaborate with faith-based organizations on joint projects related to AIDS. The need for the guide had been highlighted in a number of workshops and studies over the previous two years that had identified a lack of information and misinformation as major factors inhibiting the

scaling up of existing faith-based projects and developing joint initiatives. The guide reviews the relevant teachings and structures of Buddhism, Christianity, Hinduism, Islam and Judaism. Examples of current responses, potential obstacles, terminology and case studies are included to give practical advice for initiating or expanding collaboration at local and national levels.

The guide was distributed to our staff, government officials, organizations and networks of people living with HIV, nongovernmental organizations, foundations and the private sector.

In Zimbabwe, we supported the Zimbabwe Association of Church-related Hospitals (ZACH) to become more integrated into the national AIDS response through the development of financial and programmatic systems and tools aligned with the national monitoring and evaluation system and management capacity development to improve Global Fund reporting.

Faith-based organizations call for treatment access

The World Council of Churches—a key partner of UNAIDS—adopted a powerful declaration calling for all people living with HIV to have access to treatment during a meeting of its main decision-making body in September 2006.

The WCC Central Committee called on churches to promote greater involvement of people living with HIV in faith-based responses to the epidemic and to adopt inclusive workplace policies for people living with HIV. The statement also recognized that churches need to promote open discussions on issues related to sexuality, gender-based violence and injecting drug use.

We support faith-based efforts that reach out to their own membership, to make communities of faith safe places for people living with HIV—so they can talk openly without fear of stigma and discrimination.

Partnerships with labour and the private sector

In addition to working with civil society organizations, much can be achieved to tackle AIDS through partnerships with the private sector and through partnerships designed to have an impact in the workplace.

Supporting the needs of teachers living with HIV in east and southern Africa

Teachers play a pivotal role in the response to AIDS. However, all too often, teachers living with HIV who have disclosed their status have been highly stigmatized by communities, resulting in barriers to accessing vital HIV services.

Recognizing the importance of involving teachers living with HIV in the response, UNESCO and partners organized a consultation at the end of 2006 on defining ways to support the needs of teachers living with HIV in east and southern Africa.

Held in Nairobi, the consultation brought together key stakeholders, including groups and networks of teachers living with HIV, ministries of education and teachers' unions from six countries: Kenya, Namibia, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

The workshop highlighted the idea that the creation of peer networks for teachers living with HIV can lead to increased acceptance by communities, increased access to HIV testing services and increased self-esteem. Lack of implementation of workplace policies on HIV at school level was raised as a key challenge and barrier to progress. The most common challenge outlined throughout the meeting was the sustainability of HIV-positive teachers' networks. In almost all cases, the groups function independently from formal structures, with limited core funding and resources.

Bringing private sector practices into new partnerships

International management consultants Accenture and UNAIDS joined forces in 2006 to help improve the allocation and distribution of funding for AIDS programmes.

Within the agreement, Accenture Development Partnerships (Accenture's not-for-profit unit) provided consulting services to work with national and local governmental and civil society representatives in Swaziland, Uganda and Zambia. Over a six-month period they aimed to address the obstacles that often hinder the flow of financial resources allocated for AIDS. The Accenture team will also work on developing standard metrics to help provide a clearer picture of where best practice exists and which projects deliver the most benefit.

In 2006, the project commenced in Swaziland, where Accenture consultants worked for six to eight weeks before continuing the project in the other countries.

The Accenture, UNAIDS relationship was initiated by the Global Business Coalition (GBC). UNAIDS, Accenture and GBC see working together as an opportunity to leverage the skills and capabilities of the private sector within the AIDS response.



Chapter Five



Resource mobilization

In the 2006 Political Declaration on HIV/AIDS, UN member states recognized that an estimated US\$ 20–23 billion per annum is needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries. UNAIDS contributes to closing the resource gap by providing countries and the international community with precise projections of the resources needed as well as tracking the expenditures on AIDS. We also support countries to access available funding—mainly through the Global Fund grants—and we are currently working on ways to make the money work. These efforts aim to encourage international donors and national governments to allocate more resources to AIDS and to align those funds behind national priorities.

Estimating resource needs and tracking expenditures

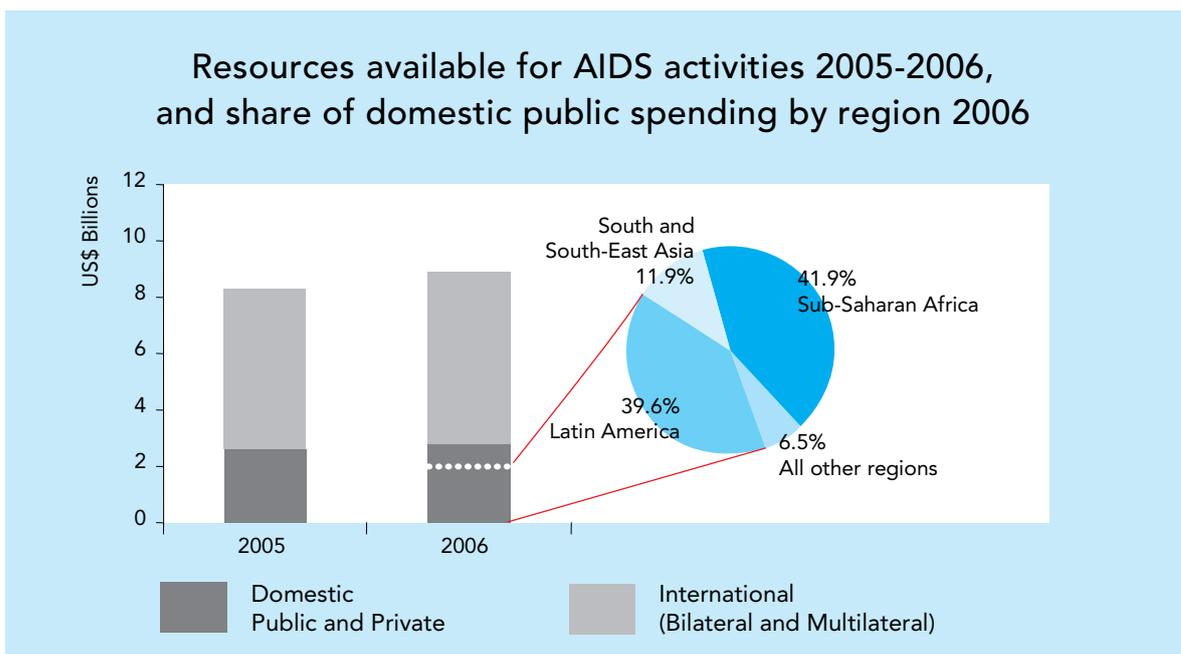
The estimated resources available for AIDS in 2005 were US\$ 8.3 billion, nearly US\$ 9 billion in 2006 and it is projected that US\$ 10 billion will be available in 2007. One third of the resources are from domestic public and private sources. (See figure 9).

In 2006, it was estimated that US\$ 2.5 billion was spent by governments using their own public funds; these were incurred mainly in sub-Saharan African

countries and by upper middle income countries in other regions: 42% of the global expenditure from governments in low- and middle-income countries was by sub-Saharan African countries and almost 40% was in Latin America. (See figure 8).

In 2006, the expenditures by low-income sub-Saharan African governments were estimated between US\$ 242.2 million and US\$ 390.3 million;

Figure 8



this amount rises to US\$ 1 billion for the whole region when including middle-income countries, such as South Africa. In a subset of 25 lower-income sub-Saharan African countries the domestic public spending more than doubled in per capita terms from US\$ 0.31 in 2001 to US\$ 0.65 in 2005.

A review of the data available suggests that the public and private out-of-pocket expenditure might be higher than originally estimated. Thus, several collaborative projects are being developed to improve the methods to measure expenditure from households.

Resource tracking activities serve, among several objectives, to monitor the fulfilment of the financial needs for the comprehensive response in low- and middle-income countries.

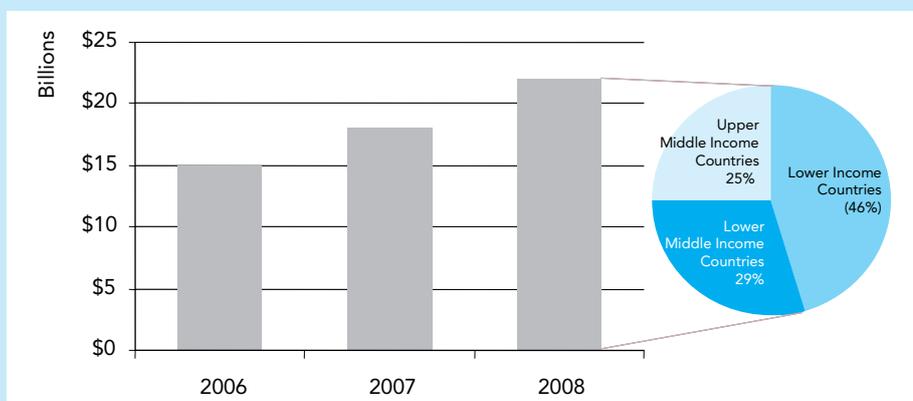
The UNAIDS Secretariat, working with the 70 members of the Global Resource Tracking Consortium also estimates the resources needed for research and development. For example, the members of the Preventive HIV Vaccines and Microbicides Working Group of the Global Resource Tracking Consortium estimated that US\$ 1.2 billion per year is required to accelerate the search for a safe and effective HIV vaccine.

The UNAIDS Secretariat tracks resources in low- and middle-income countries and from donors to determine the level of international financial flows. This process also serves to monitor the resources allocated towards universal access for prevention, treatment, care and support and social mitigation in response to AIDS. Determining how much was mobilized and comparing these figures with the resource needs helps define the funding gap globally but also for specific activities.

In the exercise to review progress towards the implementation of the *2001 Declaration of Commitment on HIV/AIDS*, information on domestic public expenditure could be estimated for 95 countries only. Only 13 countries had an updated and complete National AIDS Spending Assessment (NASA) by mid-2005. In order to improve the financial tracking data and information systems, the UNAIDS Secretariat organized capacity-building workshops in six regions covering 67 countries. In addition, there were subnational trainings to develop state or province spending assessments in eight large and decentralized countries. A few countries were able to mobilize resources to improve other information systems that could provide key information for the NASAs at national and decentralized levels.

Figure 9

Global resource needs for the expanded response to AIDS in low-and middle income countries 2006-2008 and share of needs by income level of counties.



Increased donor spending for AIDS

Throughout 2006, UNAIDS continued to work with multiple partners to encourage international donors and national governments to allocate more resources to AIDS and to align funds behind national priorities.

Using best-available information to engage and sustain high-level leadership, UNAIDS advocated long-term, predictable, sustained funding for a comprehensive response—including scientific research and development.

UNAIDS was an active partner, working with countries to advise and support on increased levels of assistance for AIDS.

In 2006, contributions from donor governments to the Global Fund to Fight AIDS, Tuberculosis and Malaria exceeded the US\$ 2 billion level—a more than 33% increase from the 2005 level. The USA President's Emergency Plan for AIDS Relief remained the largest donor to the global AIDS response. Notable commitments included Denmark's doubling of their Overseas Development Assistance (ODA) for AIDS by 2010 and Ireland's allocating some 14% of its total ODA to AIDS-related activities, moving towards its target to allocate €100 million (US\$136 million) of its ODA budget for the AIDS response.

In UNAIDS' 2006 Country Coordinators' annual report, 17 countries were reported to have at least one complete NASA to document spending in recent years which defined not only the amount of money spent but also the flows, identifying the managers of the funds, beneficiaries and the actual utilization of the funds to be compared activity-wise with the financial needs. Seven countries reported to have estimated the spending in 2006 using a full NASA and 20 countries indicated that one would be produced in 2007.

Based on the information generated in 2006, there is now a statistical basis to project real-time estimates of domestic public spending. However, improvement in the quantification of the out-of-pocket expenditure is still needed since comprehensive and representative households and providers of services surveys might be required to monitor this type of private spending.

The process to align the methods to estimate resource needs and resource tracking was also significantly advanced in 2006. Experts in national health accounts from WHO, the USAID-funded project Health 2020 and UNAIDS experts in resource tracking have agreed to harmonize and align both tools e.g. National Health Accounts

AIDS expenditure and the National AIDS Spending Assessments on the health expenditure without undermining the ability to track expenditures on non-health activities.

The estimation of resources available takes into account collaborative work with the Organisation for Economic Co-operation and Development, reports from donor countries and foundations. This information was used to create a database of AIDS expenditures which allows the projection of resources available on real-time e.g. much sooner than the official reports are submitted by donors, usually one year after the reporting period has ended. Information on resource needs and resources available was also made available to the Global Fund to Fight AIDS, Tuberculosis and Malaria in preparation of the first meeting of the voluntary replenishment mechanism that took place in March 2007 in Oslo. This meeting examined the funding status of the First Replenishment and the resource needs scenarios for the Second Replenishment (2008–2010).

Longer term projections of the global resource needs are currently being developed by UNAIDS and main stakeholders for the period 2009–2015, in alignment to the resource needs estimates for other Millennium Development Goals.

Increasing access to funding

In many countries, the Global Fund to Fight AIDS, Tuberculosis and Malaria provides the largest external contribution to the national AIDS response. To date, the Global Fund has approved a total of US\$ 6.6 billion to over 450 grants on AIDS, Tuberculosis and Malaria in 136 countries. Of the US\$ 6.6 billion approved, US\$ 2.9 billion has been disbursed to public and private recipients in 129 countries.

The UNAIDS–Global Fund relationship has been mutually supportive and positive from the outset. Nevertheless, as the Global Fund matures into a more established player, there are opportunities for improving the synergy and consolidating mutual expectations and commitments. While the Global Fund has verbally committed itself to supporting harmonization and alignment, there is much room for improvement in their actions and indeed in their outward commitment to the principles. UNAIDS plays an important role to link the Global Fund

procedures with country level realities and needs for examples by providing direct support to Global Fund grant proposals.

The process to submit a proposal to the Global Fund can be complex and many countries solicit UNAIDS to assist in developing their applications. We have supported proposal development from the first round and have responded to every request for assistance we have received. Our support is channeled through the UN theme group or the joint UN team. UNAIDS country coordinators, WHO representatives and other agency representatives work together to support the national partners in developing their proposals. In addition to direct technical assistance, we also work to build the capacity of the national partners through workshops at national and regional levels.

In 2006, 33 countries submitted successful AIDS applications to Round 6 of Global Fund grants. Of those, 28 (85%) received support for proposal

UNITAID: innovative financing for AIDS

For many years, the international community has been looking for new tools to ensure sustainable financing for development issues. In this spirit, Brazil, Chile, France, Norway and the United Kingdom have taken the initiative in creating UNITAID, an international drug purchase facility, which will help scale up access to drugs and diagnostics to fight AIDS, malaria and tuberculosis for people who need them most in developing countries. This new initiative is funded primarily by innovative financing mechanisms such as a tax contribution on air tickets.

Officially launched in September 2006, UNITAID is the culmination of long efforts on the part of the international community to mobilize a portion of resources generated by globalization to benefit development.

The Paris Conference, held on 28 February and 1 March 2006, resulted in the establishment of a pilot group of 44 countries that committed to work on implementing such financing. It was at the end of the Paris Conference that France proposed to create the international drug purchase facility.

At the 2006 High Level Meeting on AIDS, Brazil, Chile, France and Norway drafted a Joint Declaration on UNITAID outlining its mission, key principles and objectives. Since then, the founding countries and partner organizations have identified priority activities for each disease and determined the way in which UNITAID is to operate.

The United Nations system is working closely with UNITAID to support the initiative as it moves forward. The World Health Organization will host the Secretariat of UNITAID.

At its meeting in June 2006, UNAIDS' governing body expressed its support for UNITAID as an example of innovative financing for AIDS. We have provided advice and support throughout the conception and development of the initiative and will continue to work with UNITAID, particularly on facilitating effective collaboration within the UN system.

The Global Joint Problem-Solving and Implementation Support Team (GIST)

The Global Joint Problem-Solving and Implementation Support Team (GIST) draws its membership from senior level personnel of the Global Fund, the UNAIDS Secretariat, UNFPA, UNICEF, UNDP, WHO, and the World Bank. In the second half of 2006, it was extended to include the German Agency for Technical Cooperation, the UK's Department for International Development, and the American PEPFAR, the Asia Pacific Network of People Living with HIV/AIDS, the International Council of AIDS Service Organizations, and the International HIV/AIDS Alliance. It originates from one of the Global Task Team recommendations, recognizing that bottlenecks and process problems were threatening the uptake of major AIDS grants.

GIST members meet monthly to review immediate and medium-term technical support needs, take decisions on joint and coordinated technical support to be provided, evaluate progress and assess performance of such support, and look at ways to improve interaction between GIST member organizations and countries. Decisions regarding responsibilities for the provision of technical support follow the framework of the UN Division of Labour.

In the two years of its existence, the GIST has considered 28 Global Fund grant recipient countries. It has intervened at the country's request, whether through a country mission or a video conference with the country-level actors, in 13 countries. An additional seven countries have been the subject of an initial fact-finding mission, but have not required direct action from the GIST. In the countries where the GIST has intervened, Global Fund grants amounting to just under US\$ 39 million have been successfully disbursed. Eight countries are currently on the monthly agenda of the GIST for continued active monitoring.

development from UNAIDS. The maximum lifetime value (i.e. the full five-year time span) of these grants amounts to US\$ 1.04 billion—85% of the total value of US\$ 1.23 billion of AIDS grants approved in Round 6.

Activities funded by the Global Fund are those identified through a gap analysis based on the countries' national strategic plans.

UNDP plays an important role, in collaborating with the Global Fund, to develop capacities of national stakeholders to implement Global Fund grants. In circumstances where there are no suitable national principal recipients, at the country's request, UNDP has assumed the role of principal recipient and provided financial and programmatic oversight for Global Fund grants. UNDP is currently a principal recipient in 24 countries, managing 58 grants. UNDP has intensively supported 35 countries to improve effective management, implementation and oversight of Global Fund grants and to strengthen financial and procurement capacities of principal recipients and sub-recipients. As a result of these efforts, UNDP has played a critical role in complex settings in supporting effective implementation of

national strategies for prevention, treatment and care interventions for HIV, tuberculosis and malaria.

Supporting implementation

Despite significant increases in financial investments, there is a dissonance between the resources being made available and progress made on the ground. Prevailing gaps in the technical support systems for capacity-building, for improved governance and for programme management appear to be jeopardizing efforts to make the money work. Technical support refers to any intervention that includes knowledge exchange or transfer or provision of a range of expertise that leads to better programme performance.

At the same time, donors, governments and stakeholders continue to increase their efforts to scale up the response to the AIDS epidemic, creating an increasingly complex architecture, in contradiction with the Global Task Team recommendations and the "Three Ones" principles.

To start addressing this rising implementation crisis, we are reviewing the overall technical support

Technical Support Facility (TSF)

UNAIDS has technical support facilities to address the need for more human capital. TSFs are now available to cover southern Africa (based in Johannesburg), eastern Africa (Nairobi), west and central Africa (Ouagadougou) and south-east Asia and the Pacific (Kuala Lumpur). The TSF in southern Africa was the first to become operational (September 2005) and the other three have been operating since June 2006. Altogether they cover nearly 60 countries. In addition, the International Centre for Technical Cooperation on HIV/AIDS established through support to the Brazilian Ministry of Health covers the Latin America and other lusophone countries. Operational since January 2005, it has mobilized £1 million (US\$ 2 million) from DFID and €5 million (US\$ 6.8 million) from GTZ highlighting how strategic investments by UNAIDS have resulted in mobilizing additional resources for technical support in the region.

TSF governance mechanisms are in place and include country representatives, bilaterals, cosponsors and civil society. In addition, each TSF has established a database with 350–400 quality-assured national and regional consultants in identified priority areas: strategic and operational planning (26%) and organizational development (15%), monitoring and evaluation (36%), mainstreaming (7%), gender (3%). In 2006, over 70% of the technical support was provided by national or regional consultants (varies by region 50–90%).

The TSFs have already provided a significant amount of support. They have been contracted for over 3100 days by a broad range of clients including national AIDS authorities and government ministries (44%), UN system (14%), regional bodies (12%), civil society (21%) and bilaterals (7%). Client feedback indicates a high level of satisfaction with the quality and timeliness of services.

mechanisms to identify bottlenecks. The aim is to ensure the predictability, availability, provision and use of effective technical support in countries that are implementing Global Fund-financed, World Bank or other donor-supported programs. One of the most promising developments initiated by UNAIDS to ensure quality assured technical support is the technical support facilities.

Though useful, the technical support mechanisms can only fulfil their role if countries are prepared to lead a proactive process of matching needs to supply. A partnership including the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS Secretariat, the World Bank, World Health Organization and bilateral partners including PEPFAR is now coming together to operate this shift in paradigm needed to strengthen the architecture of technical assistance for countries. Such a shift aims at re-positioning technical support as a long-term investment rather than a short-term solution, at advocating a more coordinated approach rooted in the “Three Ones principles” to build sustainable national and regional capacity.

One important area to strengthen is the quality of strategic and operational planning to better guide implementation. The *2006 Political Declaration on HIV/AIDS* committed to “costed, inclusive, sustainable, credible, and evidence-based plans [that] are funded and implemented with transparency, accountability and effectiveness, in line with national priorities”. Based on a Global Task Team recommendation, the AIDS Strategy and Action Plan service focuses on improving the quality of plans and strengthening strategic planning capacity as a key step to ensure more effective implementation.

AIDS Strategy and Action Plan (ASAP) service

AIDS Strategy and Action Plan services, hosted by the World Bank on behalf of UNAIDS, are undertaken in consultation with the UNAIDS Secretariat, the technical support facilities, governments and other partners. They help countries strengthen their national AIDS strategies and action plans. A key first step in creating ASAP was a workshop in Thailand in January 2006, in which experts on strategic planning and AIDS and programme managers from several countries discussed strengths and weaknesses in existing national AIDS strategic planning, began developing a self-assessment tool that countries could use to evaluate their national strategies, and came up with a range of support activities that ASAP might offer. A key output of the workshop was a draft business plan setting out options for discussion.

ASAP began responding to requests from the field in June 2006 and is now active in 23 countries. Support has included: (i) peer review of draft strategies; (ii) assistance in focused areas such as prioritization and costing of new strategies and facilitation of the participatory process; and (iii) comprehensive support from developing the initial "road map" to assistance throughout the plan preparation period. ASAP operations are undertaken in consultation with the UNAIDS, technical support facilities, government colleagues and other partners as appropriate.

Efforts to build strategic planning capacity at country level are under way. The first workshop for high-level policy makers from 10 countries was piloted in the Caribbean in December 2006, and a major learning programme is being prepared for implementation in 2007. An AIDS Capacity Building Advisory Group for strategy, resource tracking, mainstreaming and costing, chaired by UNDP, has also been established.



Chapter Six



Challenges ahead

The year 2006 was a milestone for the global community to reflect on progress made in the AIDS response since the epidemic was acknowledged as a national and international development issue of the highest priority, and to consider what needs to be done from now on to really get ahead of the epidemic in the future.

UNAIDS initiated and supported many of the positive achievements that occurred before and in 2006. However, faced with the continued increase in global HIV prevalence, it recognizes that many profound challenges remain.

1. Mobilizing leadership and advocacy for universal access

At the 2001 United Nations General Assembly Special Session on HIV/AIDS, 189 nations agreed that AIDS was a national and international development issue of the highest priority. The historic *2001 Declaration of Commitment on HIV/AIDS* was signed, proposing innovative responses, coordinated efforts and accountability for progress against the epidemic. Five years later, member states gathered for the United Nations General Assembly High Level Meeting on AIDS and unanimously adopted a declaration reaffirming and reinforcing their commitment to respond to the epidemic.

UNAIDS will build on and sustain this commitment and lead efforts to move towards universal access to HIV prevention, treatment, care and support. AIDS has constituted—and continues to constitute—a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large. AIDS requires an exceptional and comprehensive global response and UNAIDS will continue to strive to keep AIDS and the response to AIDS high on the political agenda and to advocate a continued sustained response recognizing and acting upon the exceptionality of the epidemic.

2. Mobilizing resources

In the *2006 Political Declaration on HIV/AIDS*, member states recognized that US\$ 20 to 23 billion per annum will be needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries. UNAIDS will continue to mobilize international donors and national governments to close this resource gap through greater domestic and international funding. We must identify new sources of funding and innovative financing mechanisms to expand the existing funding capacity.

In parallel, we must encourage significant investments in infrastructure and in human resources to allow a rapid and sustainable response to HIV. The long-standing human-resources-for-health crisis has become a clear obstacle to delivering the response to AIDS where it is needed.

3. Knowing the epidemic

As the epidemic varies fundamentally from one region and country to another, as well as within countries, national planners require a thorough understanding of their respective epidemics to identify appropriate HIV priority interventions. Gathering and interpreting such detailed information is a continuing challenge UNAIDS must address to ensure that the available resources are strategically used where they are most needed.

We need to strengthen capacity to “learn as we do”, integrating the findings of operations research into national programmes and make new knowledge available to others who are taking their prevention, treatment, care and support programmes to scale.

We must support countries to better disaggregate data by sex, as well as by marital status, age divisions, rural/urban locations and ethnicity to be able to understand who is actually being affected, benefiting (or not) from programmes, the reasons why this is the case, and create systems by which this information results in modifications of programmes and better performance.

4. Going to scale

Despite the tremendous progress made in the last years, especially in improving access to antiretroviral treatment, the epidemic continues to grow. Last year alone there were 4.3 million new infections. For every person put on antiretroviral treatment, six people were newly infected. This is a vicious circle that must be broken or our efforts and the precious successes made will be negated. This is all the more tragic because we now know the obstacles standing in the way of universal access to HIV prevention, treatment, care and support. UNAIDS will continue to mobilize and guide the world to meet this priority and ensure that commitments made translate into results on the ground for the men, women and children who need HIV prevention, treatment, care and support.

5. Making the money work

On the positive side, resources to respond to AIDS were higher than ever in 2006. While the recent dramatic increase in AIDS financing creates more opportunities for effective national action, it also underscores the importance of “making the money work.” This means that all actors must commit to a coherent response aligned behind country-owned and country-led efforts. Money will not work effectively unless international development practices improve and we tackle the deadly gap between where the money is and where it is needed on the ground—among communities. UNAIDS has a double role to play. On the one hand, UNAIDS must support countries to identify and express their priorities into measurable and costed national plans with targets for universal access to HIV prevention, treatment, care and support. On the other hand and in parallel, UNAIDS must work with the international community to provide long-term, predictable and flexible support, including funding, to help countries implement their HIV national plans.

6. Addressing the drivers

Legal, social and cultural issues are powerful vectors in the AIDS epidemic throughout the world. Violence against women, gender inequality, harmful traditional practices, homophobia, AIDS-related stigma and discrimination are human rights violations which continue to fuel the epidemic and must be addressed with urgency. UNAIDS is fully committed to support national leadership and civil

society to develop legal and economic empowerment schemes for women and to counter stigma and discrimination. Partners will have to work together to provide more social and legal support to overcome these persistent barriers to accessing essential prevention and treatment experienced by people living with HIV and those most at risk, including sex workers, men who have sex with men, people who use drugs and prisoners. The specific needs in prevention, care and support of young people, children and caregivers made vulnerable by HIV must also be addressed through services tailored for and accessible to them.

UNAIDS needs to expand and better coordinate its gender-related support and guidance so that in every aspect of the response governments and communities have the information and guidance they need to translate the goals of gender equality and equity into concrete programmes to address the distinct needs of women and girls, men and boys.

We also need to do more to build capacity and create space for representatives of women, young people, people living with HIV and other key populations to participate meaningfully in each of the "Three Ones", in monitoring steps towards universal access and in funding applications.

7. Sustaining a long-term response

In 2006 we fully realized that AIDS poses a double challenge. While we must respond urgently, in a crisis management mode, we must also think and work with long-term goals in mind. Recent data confirmed that when efforts are not sustained or do not correspond to the realities of the epidemic on the ground, HIV claims back territories that we thought were won. After so many lives have been lost, after having invested so much work and so many resources in the response and having witnessed the first positive gains on the epidemic, we must now create the conditions to sustain these results. AIDS has established itself as an epidemic of exceptional proportions. We must learn how to match our response to its nature and ensure that such a response remains high on the global agenda.

Financials

The UNAIDS team works together to develop and implement a two-year Unified Budget and Workplan. This is a unique mechanism within the United Nations system. The programme budget and workplan specifies who does what, where and with how much money, as well as where the resources come from. The biennial Unified Budget and Workplan also includes a Performance Monitoring and Evaluation Framework so that progress can be measured, accountability ensured and programme adjustments made. At country level, the UN system's work on AIDS is generally guided by the national Poverty Reduction Strategy Paper, the UN Development Assistance Framework and the Joint UN Programme of Support on AIDS.

The UNAIDS Unified Budget and Workplan unites in a single two-year strategic framework the coordinated AIDS work of 10 agencies of the UN system and the UNAIDS Secretariat. It seeks to catalyse an extraordinary, accelerated response to the global AIDS epidemic transforming the decisions of the UNAIDS Programme Coordinating Board into action on the ground.

In comparison to previous biennia, the Unified Budget and Workplan (UBW) for 2006–2007 has a simplified and strengthened results-based orientation to provide a better platform for results-based management, reporting and accountability. Identifying key strategic challenges and opportunities in the global response, the UBW clarifies the specific contributions of each cosponsoring organization and the secretariat. The result is a coordinated strategic plan to maximize effectiveness.

The fund of UNAIDS, which is managed by the UNAIDS Executive Director, provides resources for the core budget for cosponsors, the Secretariat and interagency activities as well as the supplemental budgets of the Secretariat and interagency activities. The fund is made up entirely of voluntary contributions from donors. Cosponsoring organizations also provide funding for AIDS through their own budgetary and planning mechanisms.

Funds made available to the Unified Budget and Workplan

During the period of 1 January 2006–30 April 2007, income totalling US\$ 250.8 million was made available towards the Unified Budget and Workplan for 2006–2007. Some 28 governments and the World Bank contributed respectively 93% and 3% of this amount. The remainder is made up of interest received and apportioned during the reporting period, together with miscellaneous income, including small donations resulting from UNAIDS promotional campaigns launched with the assistance of the United Nations Federal Credit Union and honorariums received by UNAIDS Secretariat staff. Table 1 provides the details of the funds received towards the Unified Budget and Workplan during the period 1 January 2006–30 April 2007.

Funds expended under the Unified Budget and Workplan

During the period 1 January 2006 to 30 April 2007, expenditure (including transfers to cosponsors) totaling US\$ 292 million was incurred against the budget of US\$ 406.7 million approved for the 2006–2007 Unified Budget and Workplan (core and supplemental) resulting in a financial implementation rate of 71.8%. This expenditure was made as follows:

- US\$ 120.7 million was transferred to Cosponsors for the implementation of their AIDS activities contained in the Unified Budget and Workplan;
- US\$ 73.3 million was expended for the interagency activities; and
- US\$ 98 million was expended for Secretariat activities and staff.

Funds transferred to cosponsors

As at 30 April 2007, financial transfers made to Cosponsors amounted to US\$ 120.7 million. These transfers represent 100% of Cosponsors' share under the Unified Budget and Workplan for 2006-2007. Information on the proportion of transfers made to individual Cosponsors versus total transfers together with amounts transferred against each of the agreed principal results is provided in Figure 10.

Expenditure incurred against interagency resources

The Interagency budget provides funding for joint or collective action by UNAIDS. The Interagency resources share of the Unified Budget and Workplan for 2006-2007 consists of five main parts: the operational and related support of the Interagency country staff (UNAIDS Country Coordinators and experts in monitoring and evaluation, partnership development and resource mobilization) working with Theme Groups on HIV/AIDS at country level; direct financial support to catalytic projects that contribute to or strengthen an expanded response in priority countries through the Programme Acceleration Funds

Table 1

Voluntary contributions	Funds received toward the 2006-2007 Unified Budget and Workplan
Governments	
Andorra	31 800
Australia	2 290 076
Belgium (incl. Ministry of the Flemish Community)	5 055 741
Brazil	100 000
Canada	13 057 738
China	99 980
Denmark	13 638 617
Finland	7 712 082
France	2 719 024
Germany	1 328 670
Greece	789 474
Ireland	7 755 138
Japan	3 200 000
Liechtenstein	16 130
Luxembourg	4 946 395
Monaco	75 000
Netherlands	38 346 734
New Zealand	2 749 400
Norway	27 538 087
Poland	50 000
Portugal	127 551
Russian Federation	449 969
Spain	1 652 467
Sweden	31 294 228
Switzerland	7 156 364
United Kingdom of Great Britain and Northern Ireland	18 849 000
United States of America	41 910 000 a/
Autonomous Government of the Region of Extramadura, Spain	156 171
Républic et Canton de Genève, Switzerland	356 589
Sub-total	233 452 425
Cosponsoring organizations	
World Bank	8 000 000
Sub-total	8 000 000
Greek Action for Africa	294 357
United Nations Federal Credit Union	48 387
United Nations Office in Geneva	52 100
Miscellaneous	44 784
Sub-total	439 628
Other income	
Interest	8 877 790
Sub-total	8 877 790
TOTAL	250 769 843

a/ Includes US\$ 12.1 million balance of 2005 letter of credit drawn in 2006

Figure 10

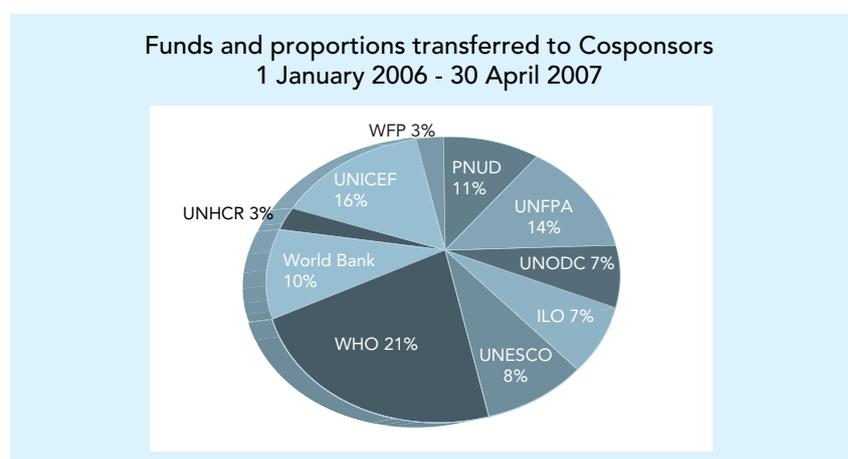


Table 2

Principal Results	Funds transferred (in US dollar '000)
1 UN system coordination	191
2 Human rights	1 741
3 Leadership and advocacy	5 042
4 Partnerships	5 778
5 Country capacity "Three Ones"	9 161
6 HIV prevention	29 947
7 Women and adolescent girls	7 443
8 Children affected by AIDS	5 742
9 Programmes addressing vulnerability to HIV	8 796
10 Health care systems for treatment of HIV	18 580
11 Family and community-based care	4 279
12 National action to alleviate impact	5 415
13 AIDS in conflict- and disaster-affected regions	3 655
14 Strategic information, research and reporting	5 359
15 Resource mobilization, tracking and needs estimation	6 396
16 Human and technical resources	3 145
	120 670

programmed by these Theme Groups; coordinated and collective UNAIDS action to support the stimulation of effective responses to AIDS through the implementation of appropriate interventions at country, regional and global level; the enhancement of UN System staff's capacity to respond to the AIDS epidemic at individual, professional and organizational levels and the technical support to countries.

- As at 30 April 2007, total amount of US\$ 73.3 million was expended for interagency activities as follows:
 - US\$ 54 million towards the operations of theme groups, including salary costs for UNAIDS Country Coordinators and experts;
 - US\$ 9.7 million disbursed for Programme Acceleration Funds;
 - US\$ 5.0 million to support a number of targeted interventions at country, regional and global levels;
 - US\$ 1.9 million disbursed towards activities aiming at increasing staff capacity on AIDS;
 - US\$ 2.7 million disbursed towards technical support to countries.
- A breakdown of Interagency resource expenditure is provided by principal results in Table 3 below:

Table 3

Principal results	Interagency resources	
	allocation	expenditure
1 UN system coordination	47 700	23 566
3 Leadership and advocacy	7 150	6 047
5 Country capacity "Three Ones"	45 900	22 532
6 HIV prevention	1 800	1 034
14 Strategic information, research and reporting	7 150	6 047
16 Human and technical resources	35 900	14 077
	Total	145 600^{a/}
		73 303

^{a/} Consists of US\$ 84.4 million core budget and US\$ 61.2 million supplemental



Cosponsors highlights

UNAIDS brings together the efforts and resources of ten UN system organizations in the AIDS response. We are all committed to “Uniting the world against AIDS” and helping to build a sustainable AIDS response for the future. While coordination among all of us is crucial, each agency also works in its areas of comparative advantage.



Office of the United Nations High Commissioner for Refugees (UNHCR) HIV and refugees and internally displaced populations

The United Nations High Commissioner for Refugees was established in 1950 with a mandate to protect refugees and find solutions to their plight. Within the AIDS response, UNHCR works with national governments and international bodies to ensure the inclusion of refugees, returnees, internally displaced persons and other persons of concern in national and international AIDS programmes. UNHCR strives to provide essential AIDS interventions in times of emergency and, in more stable times, works to provide a comprehensive range of HIV prevention, treatment, care and support programmes to its persons of concern.

UNHCR's work in 2006 focused on HIV prevention, access to treatment, care and support for its persons of concern living with HIV, capacity-building, HIV-related protection and advocacy. These were implemented, among others, through increased integration of displaced populations into HIV policies/proposals/programmes of national governments, addressing the HIV-related needs of refugee women and children and using a subregional approach. UNHCR has mainstreamed AIDS and human rights of its persons of concern through implementation of protection policies and standards, and has released a note on AIDS and protection of refugees, internally displaced persons and other persons of concern. The organization

has substantially improved and developed strong baseline data regarding HIV-related risks among refugees, returnees and internally displaced persons and HIV prevalence among refugees in several settings. UNHCR used these data for advocacy, policy and programming at global, regional and country levels, and to follow HIV trends over time.

Throughout 2006, UNHCR provided technical and financial support to existing AIDS country programmes, expanded programmes to the Americas and Europe, and conducted AIDS and internally displaced persons assessments.

A number of policies, best practices and guidance documents on HIV and UNHCR's persons of concern were developed and disseminated over the year. In collaboration with the UNAIDS Secretariat, UNHCR issued a policy brief on HIV and refugees. A policy on antiretroviral treatment and refugees was finalized and will be released in early 2007. To ensure greater integration of AIDS issues across its work and mandate, UNHCR included AIDS in its protection and resettlement trainings, and in the *Handbook for emergencies*. An international forum on AIDS, displacement and conflict was organized during the AIDS Conference in Toronto in 2006 to discuss the challenges of addressing AIDS in emergency settings.

In 2006, UNHCR effectively collaborated with the UNAIDS cosponsors, humanitarian actors, academic institutions, civil societies and faith-based organizations. Joint interagency HIV and internally displaced persons assessment missions were conducted in collaboration with UN agencies and other partners. Special training sessions were conducted with faith-based organizations to enlist their support in promoting voluntary counselling

and testing within refugee and internally displaced person communities.

UNHCR's HIV workplace programme, "UNHCR Cares", includes a learning strategy as one of the minimum standards, and was rolled out in 2006. UNHCR's implementing partners are supported and trained to develop their HIV workplace policies.



United Nations Children's Fund (UNICEF) Children and AIDS

For 60 years, UNICEF has been working with partners around the world to promote the recognition and fulfilment of children's human rights. AIDS is one of UNICEF's core priorities within the Medium-Term Strategic Plan 2006–09. In line with the MTSP, the "Unite for Children, Unite against AIDS", and the UNAIDS Division of Labour, UNICEF focuses its support to countries as lead or partner on "Four P" priority areas: preventing mother-to-child transmission; providing paediatric treatment; preventing infection; and protection, care and support for children affected by AIDS.

UNICEF directly supported programming for prevention of mother-to-child transmission (PMTCT) in 91 countries in 2006 (up from 70 in 2003). This support was complemented by the work of the IATT joint technical missions, which were conducted in eight countries to support the review of national plans and strategies. Over the year, PMTCTplus and paediatric treatment gained significant momentum at national level, with eight countries showing to be on track to meet the target of 80% PMTCT coverage by 2010. In addition, in the first half of 2006, paediatric antiretroviral treatment represented 5% of the total value of antiretrovirals procured by UNICEF, a reflection of the recent significant price reduction of generic paediatric formulations.

In the area of HIV prevention, 2006 saw UNICEF supporting programmes in over 90 countries on

improving young people's access to information, life skills, health and social services with a special focus on most-at-risk adolescents. In many countries this support has been a collaborative effort with UNFPA, UNESCO and other partners.

The national knowledge base on the situation of children affected by AIDS increased in 2006 through situation analyses, rapid assessments and the publication of the Africa's orphaned and vulnerable generation report. As a result, over 20 sub-Saharan countries now have national action plans addressing the needs of children affected by AIDS. However, UNICEF has noted over the year that countries are experiencing some difficulties in moving from national plans of action to service delivery in communities.

Tracking of progress on the situation of children and AIDS was possible through the Children and AIDS Stocktaking 2007 report (released in January 2007) which compiled data from a core set of national indicators developed in consultation with national governments, the UNAIDS Secretariat and UNICEF. The results were achieved over time and through joint action at national and international levels through UN theme groups and expanded interagency task teams whose memberships include UN agencies, bilaterals academia and many other partners.



World Food Programme (WFP)

Food, nutrition and HIV

WFP is the world's largest humanitarian agency. Every year, the organization helps to feed an average of 90 million people, including 58 million children, living in the poorest countries to meet their daily nutritional needs. As the UN agency responsible for dietary and nutritional support within the UNAIDS Division of Labour, WFP provides food assistance through HIV prevention, care and treatment, and mitigation programmes. WFP's AIDS interventions ensure that life-saving nutritional support is part of care and treatment programmes, that orphans and children affected by HIV have nutritious in-school meals, and that HIV prevention and AIDS education are incorporated into school-feeding programmes and relief operations.

By the end of 2006, 52 WFP countries across Africa, Asia and Latin America were responding to AIDS, with the largest programme concentration in countries and communities facing the heaviest AIDS burden.

Over the year, WFP continued to promote AIDS awareness-raising and HIV prevention in 30 countries in Africa, Asia and Latin America through school feeding programmes. WFP programmes

focus on school-aged children, people living with HIV and their families, refugees and host communities, and other vulnerable groups and provide assistance through school feeding, prevention of mother-to-child transmission (PMTCT), food for training, food for work/food for assets, relief operations, and maternal and child health (MCH) programmes. By the end of 2006, over 4.5 million children in 18 countries were receiving HIV prevention and AIDS education through the programmes.

On the issues of AIDS treatment and care, in 2006, WFP worked with governments, nongovernmental organizations and other UN agencies to greatly expand access to food and nutritional support for people living with HIV and their families through home-based care, TB treatment, and antiretroviral treatment programmes in 36 countries, reaching more than one million people.

Over the year, WFP expanded its support to orphans and children made vulnerable by AIDS from 16 to 22 countries. Through its school feeding programmes in those countries 5.4 million children received nutritious in-school meals.



United Nations Development Programme (UNDP)

Placing AIDS at the centre of development efforts

To address the unprecedented development challenge of AIDS, UNDP works with a wide range of governments, civil society members and UN partners to support countries in placing AIDS at the centre of national development efforts, promote human rights and gender equality and strengthen coordination and governance of national AIDS responses.

In 2006, UNDP continued to support implementation of multisectoral AIDS responses to advance achievement of the Millennium Development Goals. Through a joint UNDP, World Bank and UNAIDS Secretariat initiative, 14 countries received sustained guidance and technical support to integrate AIDS priorities into Poverty Reduction Strategy Papers (PRSPs). In an additional 26 countries across regions, UNDP built capacity for mainstreaming HIV responses into national development plans. Initiatives and assessments addressing the socioeconomic impact of AIDS were conducted in eastern Europe and in Latin America and the Caribbean, in addition to studies on accessing and budgeting AIDS funds across sectors in Africa.

In partnership with regional commissions, UNAIDS Secretariat, WHO and civil society stakeholders, reviews of national patent laws and intellectual property rights legislation have been undertaken, and trainings conducted on various issues around intellectual property and AIDS. Over the year, policy guidance and technical support were provided to 28 countries in Africa, Asia, Latin America and the Caribbean, for enabling trade policies for sustainable access to AIDS medicines.

Communication initiatives against stigma and discrimination were scaled up in 2006, including the UNDP-Asian Broadcasting Union Content Development Initiative which developed an anti-discrimination advocacy strategy in 24 languages. In the Arab States, partnerships resulted in the production of numerous television and radio episodes and short films focusing on AIDS and stories of

people living with HIV. UNDP and partner initiatives with religious leaders promoted human rights and gender equality, resulting in the formation of the first Arab Religious Leaders Network responding to AIDS and the signing of a pact by 250 male and female Muslim and Christian religious leaders.

To strengthen work on gender, support was provided for assessments and mainstreaming of gender in national planning, budgeting and strategic frameworks. Regional consultations on gender and AIDS were conducted in Latin America and in sub-Saharan Africa, in addition to development of strategies for economic empowerment of women living with HIV in Asia, and to address women's inheritance and property rights in Ethiopia. In 2006, the UNAIDS Secretariat and UNDP partnered to map gender assessments and develop gender guidance, in collaboration with ICRW, OSISA, UNIFEM and UNFPA.

Working with civil society to support effective engagement of women and men living with HIV in national responses, sustained leadership and capacity-building support was provided to 23 groups of people living with HIV under the Asia Pacific Empowerment Initiative and to additional groups in the Arab States. In Latin America and the Caribbean, efforts supported the creation of a regional coalition of vulnerable populations.

During 2006, UNDP strengthened policy guidance and capacity for improved coordination and governance of AIDS responses. In Central America and the Caribbean, UNDP and the UNAIDS Secretariat partnered to strengthen functioning of joint UN teams on AIDS for effective support to national AIDS responses. Through a partnership with the Global Fund, UNDP intensively supported 35 countries to improve effective management, implementation and oversight of Global Fund grants and to strengthen financial and procurement capacities of principal and sub-recipients.



United Nations Population Fund (UNFPA)

Reproductive health, youth and AIDS

UNFPA focuses its response to AIDS on HIV prevention among young people and pregnant women, comprehensive male and female condom programming and strengthening the integration of reproductive health and AIDS.

Empowerment and the meaningful participation of young people, women and people living with HIV were the focus of UNFPA AIDS activities over 2006. UNFPA provided support for a youth summit and the participation of 68 young advocates from over 36 countries at the UNGASS Review and High Level Meeting. UNFPA also supported 59 of the 236-member youth force at the XVI International AIDS Conference held in Toronto.

Over 2006, UNFPA built key partnerships with young people. These included: twenty six country level youth advisory panels to the global panel to provide advice on programming; nearly 13 500 youth trainers, peer educators and programme staff were trained; an interactive computer-based distance learning training tool for peer educators reached 5.8 million young people; and numbers of UNFPA-supported youth clubs and centres grew. Advocacy efforts in Africa are estimated to have reached over 28 million young people over the year and 700 000 used UNFPA Youth Friendly Services clinics in four African countries.

Evidence and data were also strengthened through the completion of a 33-country interagency review of national policies, strategies and action plans involving young people and the publication of guidance, approaches and tools to enhance HIV programming for young people, such as *Steady, ready, go! Preventing HIV/AIDS in young people* (In partnership with WHO, IATT on HIV/AIDS and Young People and UNAIDS).

In 2006, UNFPA published national report cards on HIV prevention for young women and girls. Produced in collaboration with International Planned Parenthood Federation, UNFPA, the Global Coalition on Women and AIDS, and Young Positives, these report cards summarize the current situation assessing key policy, legal, availability and accessibility barriers and make recommendations for action. Eight country reports were completed and there are an additional 12 in the pipeline.

UNFPA also supported pilot projects on rights-based sexual and reproductive health for women living with HIV in three countries; "positive prevention" projects in six countries, and in collaboration with WHO, clinical guidelines on sexual and reproductive and HIV positive women.

In condom programming, 2006 UNFPA supplied over 111 million male condoms to developing countries and countries in transition in 2006 and was a major partner in the 41% increase in distribution of female condoms totalling over 19 million by October 2006. Of the 23 countries committed to expanding female condom programming during 2006, 15 reached major milestones including the development of a national strategy. An increasing number of countries are also including the female condom in their National Essential Drug List.

In terms of staffing, UNFPA has recently added 70 (mostly national) staff members to work on AIDS issues. This has greatly increased the capacity of UNFPA to "make the money work" by scaling up national programmes through national and local partners.



United Nations Office on Drugs and Crime (UNODC)

Injecting drug use, prisons, human trafficking and HIV

UNODC is responsible for coordinating and providing leadership for all United Nations drug control activities, and for international cooperation in preventing and combating transnational crime and terrorism. In this context, UNODC supports comprehensive approaches to HIV prevention and care among injecting drug users. In prison settings, UNODC assists in implementing international policies and standards which ensure that all inmates receive health care, including for HIV. UNODC helps governments to combat people trafficking, and provides guidance to reduce trafficked victims' health consequences, particularly from HIV infection.

In 2006, UNODC assisted more than 15 countries to launch large-scale programmes on HIV prevention and care among injecting drug users in partnership with governments and civil society organizations, particularly in Central Asia and Eastern Europe. With the latest data indicating a growing HIV problem among injecting drug users in Africa, UNODC provided technical assistance in building capacity for the national drug commissions and the national AIDS commissions in Côte d'Ivoire, Egypt, Kenya, Libyan Arab Jamahiriya, Mauritius, Morocco, and United Republic of Tanzania.

Within its work on HIV in prison settings, UNODC in collaboration with WHO and other UNAIDS partners launched a framework for HIV prevention and care in prison settings at the XVI International AIDS Conference in Toronto to assist countries in the development of national strategies. Over the year, advocacy and sensitization of national authorities were intensified in 15 countries—national strategies on HIV in prison settings are being endorsed in Kenya, Kyrgyzstan, Mauritius, Morocco, Pakistan and South Africa. Large-scale joint programmes to address HIV in prison settings in several countries in Africa, eastern Europe and central Asia were launched in 2006.

In continued efforts to prevent human trafficking and address HIV among people vulnerable to human trafficking (PVHT), particularly in eastern Europe and west and central Africa, UNODC worked to get projects under way in a total of 16 countries by the end of 2006. Also in 2006, UNODC, in partnership with UNFPA, commenced a research project among four language groups of foreign sex workers in Thailand and Japan. Work is also under way on the development of a "safe mobility package" for people vulnerable to human trafficking.



International Labour Organization (ILO)

AIDS in the workplace

While coordination among all the UNAIDS Cosponsors and other agencies is important, each agency also works with countries in its areas of comparative advantage. The ILO strives to make the workplace a key entry point for universal access by mobilizing its constituents (ministries of labour, employers' and workers' organizations) to play an active part in national AIDS programmes.

The ILO's technical cooperation programme expanded in 2006, and now reaches workplaces in over 60 countries. During the year, over 3500 government officials and key members of employers' and workers' organizations received in-depth training on the development of AIDS workplace policies and programmes. The ILO also produced its biennial report on the labour and employment impact of AIDS, providing policy analysis and guidance, with special reference to children and young people (*HIV/AIDS and work: global estimates, impact in children and youth, and response, 2006*). Additionally, more than 700 NGO and enterprise representatives received specialized training in behaviour change communication for the workplace through *HIV/AIDS behaviour change communication: a toolkit for the workplace*. Recent impact surveys show positive results, both in terms of policy effects (reduced stigma and discrimination) and behaviour change (increased condom use). *A report on strategic HIV/AIDS responses by enterprises: saving lives, protecting jobs* was

published for a major project involving some 400 workplaces and 450 000 workers in all regions.

In 2006, ILO responded to 22 requests from governments seeking assistance in revising labour laws or other legislation and developing national policy. At year's end, 73 countries had HIV-related provisions in their labour and discrimination laws and policies. The ILO also started work with several UN partners to review international instruments and national laws in North Africa and the Middle East, with reference to the ILO *Code of practice*, and advise on provisions to protect people living with HIV. Another new project in 14 English- and French-speaking countries in Africa trains labour lawyers and judges in applying legislation to protect workers from HIV-discrimination.

The ILO helped extend workplace services to the local community through support for public-private partnerships. Examples are given in a report (*Making co-investment a reality—strategies and experiences*) on co-investment by a consortium of agencies (GTZ, GBC, the Global Fund, GHI, ILO, the World Bank). At the same time the ILO strengthened links with cooperatives, with a major project in Ethiopia with 70 cooperatives in 5 districts, reaching 74 268 members and their families (52.8% of all unionized members), and associations of micro enterprises and informal workers. Technical assistance in the informal economy was extended to 30 countries in Africa, Asia and the Caribbean.



United Nations Educational, Scientific and Cultural Organization (UNESCO) AIDS and education

Over the years, UNESCO has intensified its action to respond to AIDS across all areas of work. Under the UNAIDS division of labour, UNESCO is the designated lead organization for HIV prevention with young people in educational institutions. In order to focus and intensify the engagement of the education sector within national AIDS responses, UNESCO is leading the UNAIDS initiative known as EDUCAIDS—Global Initiative on Education and HIV and AIDS—a partnership with governments, cosponsors and other key stakeholders to assist countries to put in place and implement a comprehensive education sector response to the epidemic.

In 2006, EDUCAIDS has seen a number of achievements at the country level. The initiative is now operational in 30 countries with focused technical support provided to 15 countries over the past year. Progress has been charted in developing effective AIDS and education strategies in CARICOM countries, 16 Arab countries, central Asia, Belarus, China and the Russian Federation. At least 15 countries were provided with learning opportunities and materials for young people and adults in educational institutions in 2006 and capacity-building workshops were held in 16 countries in Africa, Arab States and Asia. In partnership with ILO, UNESCO has developed AIDS workplace policies for the education sector in southern Africa and the Caribbean.

A number of evidence-informed materials on scaling up a comprehensive education sector

response to AIDS have been published in 2006 including *EDUCAIDS: a framework for action*, three Good Practice and Policy in HIV and AIDS Education booklets, which document evidence-informed policy and practice and a series of technical tools and materials on curriculum development, teacher training and educator support. Advocacy and teacher-training materials have been adapted and translated for six countries in Asia and research into teacher training on AIDS was conducted in 10 sub-Saharan countries. Guidance on AIDS treatment education was published in collaboration with WHO and a series of multilingual CD-ROMs, consolidating knowledge on education and AIDS were also released.

As part of work to spearhead reform throughout the organization, in 2006 UNESCO revised its AIDS strategy in consultation with the UNAIDS Secretariat to reflect the division of labour and the goal of universal access to HIV prevention, treatment, care and support. Currently being printed in English, French and Spanish, the strategy is the operational tool for all of UNESCO's work and will ensure that universal access and the UNAIDS division of labour are at the centre of AIDS priority setting and resource allocation.

UNESCO convenes the UNAIDS Inter-Agency Task Team (IATT) on Education, whose mandate includes a more coordinated educational response to AIDS. During 2006, the IATT on Education engaged in two pieces of work to improve alignment and harmonization within country AIDS responses.



World Health Organization (WHO) Strengthening the health sector response to AIDS

The World Health Organization's work on AIDS focuses on the rapid scale-up of treatment and care while accelerating HIV prevention and strengthening health systems so that the health sector response to the epidemic is more effective and comprehensive.

During the course of 2006 WHO developed an organization-wide five-year plan: *WHO's contribution to scaling up towards universal access to HIV/AIDS prevention, treatment and care, 2006–2010*. Structured around five strategic directions, the plan reflects the key areas of a health sector response to AIDS.

WHO continued on HIV testing and counselling over 2006 with the development of draft guidelines on provider-initiated testing and counselling and the publication of an HIV testing and counselling toolkit for prevention of mother-to-child transmission. WHO undertook systematic reviews of the effectiveness of HIV prevention interventions for people living with HIV, released the Global Strategy for the Prevention and Control of Sexually Transmitted Infections and undertook reviews on the evidence of HIV prevention and treatment interventions in prison settings. Over the year, the organization also developed training materials on HIV prevention in closed settings, provided policy and technical guidance for improved blood safety, prevention of transmission in health-care settings, and post-exposure prophylaxis and reviewed and monitored the evidence on new HIV prevention technologies, including male circumcision, microbicides, HIV vaccines and pre-exposure prophylaxis.

Continuing work on AIDS treatment and care, WHO published global guidelines on issues including antiretroviral therapy for adults and adolescents, infants and children and prevention of mother-to-child transmission; co-trimoxazole prophylaxis for HIV-related infections among children, adolescents and adults and patient monitoring for HIV care and

antiretroviral therapy. The organization conducted a number of regional adaptations of international treatment guidelines and provided training and technical assistance to countries in the adaptation and implementation of Integrated Management of Adult and Adolescent Illness (IMAI) tools. WHO supported community-based approaches to treatment preparedness and adherence support and promoted improved collaboration between HIV and tuberculosis programmes and services.

With the aim of strengthening health systems, WHO assisted countries in the development of national AIDS health sector strategies and plans, including assistance in setting national targets, in line with universal access. It also assisted countries in the development of Global Fund proposals and implementation of major AIDS grants and provided advice and support on health workforce planning, training, compensation and retention measures, as part of the Treat, Train and Retain initiative.

Particularly through the AIDS Medicines and Diagnostics service, WHO provided assistance to countries in the procurement and supply management of HIV-related medicines, diagnostics and other commodities.

During 2006, WHO released a number of strategic information documents including an evaluation of the "3 by 5" initiative, an update report on AIDS treatment scale-up and draft guidance for countries on setting national targets for universal access. The organization developed generic operational research protocols and supported operational research activities in countries related to AIDS treatment scale-up, supported countries to develop and implement HIV drug resistance surveillance protocols and systems and supported the global HIV Drug Resistance Network and supported country mapping of HIV service coverage and delivery points.



World Bank

Strengthening national AIDS strategies, monitoring and evaluation and funding mechanisms

The World Bank contributes to scaling up towards universal access to HIV prevention, treatment, care and support through efforts to strengthen national strategies and monitoring and evaluation, funding comprehensive AIDS programmes, and helping ensure that AIDS is part of the broader development agenda. By December 2006, the World Bank had committed more than US\$ 2.7 billion for AIDS programmes globally. Almost half of this funding has come through the Multi-Country HIV/AIDS Program for Africa and the Caribbean and the rest through traditional World Bank-financed projects in all regions.

The year 2006 saw the continued expansion of the Global AIDS Monitoring and Evaluation Team (GAMET). Housed at the World Bank, GAMET was established by UNAIDS to improve national monitoring and evaluation capacity and systems. Over the year GAMET specialists continued to provide rapid, intensive, flexible, practical and expert hands-on monitoring and evaluation support to 45 countries in four continents, for developing and strengthening national systems. Ongoing support has progressed to include countries with less access to technical assistance including Angola, Congo, Democratic Republic of the Congo, Lebanon and Sierra Leone.

As part of its work on AIDS during 2006, the World Bank cosponsored (with WHO and the UNAIDS Secretariat) a high-level meeting on "Sustaining treatment costs—who will pay?" which brought

together policy-makers, economists, private industry, donors and people living with HIV to define the issues of financial sustainability of AIDS treatment – especially focusing on the increasing need for second line combination antiretroviral treatment. As a follow-up to this meeting, a number of subsequent activities are scheduled to take place, including publication of papers presented at the meeting in the peer reviewed journal AIDS, and follow-up sessions in conferences in Sydney and Uganda.

As one of many development partners supporting national AIDS programmes, the World Bank is committed to improve coordination, and better align and harmonize its support with country responses, in line with the recommendations from the Global Task Team (GTT). The first annual meeting of the three major donors (the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR and the World Bank) was held in January 2006 and produced action plans to enhance donor coordination and implementation assistance. A study of the complementarities, overlaps and comparative advantages of the World Bank and the Global Fund's AIDS programmes was commissioned by the two agencies following Global Task Team recommendations. Over 2006, the Global Fund and World Bank worked together, and will continue to work at country level on a series of recommendations including the use of joint annual implementation reviews, common implementation channels and common fiduciary assessments within the AIDS response.

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS Secretariat works on the ground in more than 80 countries worldwide.

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Uniting the world against AIDS



UNAIDS
20 AVENUE APPIA
CH-1211 GENEVA 27
SWITZERLAND

Tel.: (+41) 22 791 36 66
Fax: (+41) 22 791 48 35
e-mail: distribution@unaids.org

www.unaids.org