

Second ad hoc thematic meeting Programme Coordinating Board

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**Speech by
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Welcome to the seventh meeting of the Programme Coordinating Board, our second thematic meeting, and our first in Asia. It is a great personal pleasure to be here in India on what is my third visit this year. The strengthening of the international partnership in support of the Government of India's HIV/AIDS efforts has been a major priority for UNAIDS over the last 18 months.

This thematic meeting provides the PCB with two timely and very important opportunities.

First, the field visits that were arranged by the Government of India and the UN partners here in India provided a welcome opportunity for more detailed discussions among delegates in a community setting, and

Second, the more detailed focus on young people allows us to expand our substantive understanding on this very important thematic area.

Before addressing the major issues before the PCB, I would first like to take a few moments to review with you;

- the current status of the epidemic,
- some recent highlights of our global advocacy efforts,
- developments in some of the regions on which we are focussing most of our

- efforts,
- recent technical developments, and
- continued progress in strengthening the Cosponsorship of the Programme.

The Status of the Epidemic

During the past year, a further 5.8 million people were infected with HIV - approximately 11 men, women and children every minute - and the total number of people living with the virus rose by one-tenth, to 33.4 million world-wide. Half of all new infections are now occurring among young people aged 15 to 24.

In many Asian and Eastern European countries, where the epidemic started later than in other regions, HIV is rapidly gaining new footholds. Here in India, for example, recent research shows that HIV is now firmly embedded in the general population and is spreading into rural areas that were previously thought to be relatively spared. In the state of Tamil Nadu, a new survey reveals that almost half a million people are already infected with HIV and that the infection rate is three times higher in villages than in the cities.

Sub-Saharan Africa continues to carry the heaviest burden of the epidemic. To date, 34 million Africans have been infected, and almost 12 million of them have already died. In 1998 the region experienced four million new infections and rising AIDS death tolls, seen in an estimated 5,500 deaths per day.

In contrast, in North America and Western Europe, the number of people dying from AIDS has dropped by as much as two-thirds between 1995 and 1997, when more potent antiretroviral combinations came into wide use. Alongside this undoubted therapeutic success, there is a disturbing lack of progress in prevention. Every year for the past decade, the numbers of new HIV infections have remained stagnant in North America and Western Europe, with close to 75 000 people acquiring the virus in 1998 alone.

Two decades into the AIDS epidemic, we know better than ever before about prevention --- how to persuade people to protect themselves, make sure they have the necessary skills and back-up services, and remove social and economic barriers to effective prevention. Yet almost six million people became infected this year. Every one of these new HIV infections represents a prevention failure -- our collective failure.

- Our failure to ensure that enough is being done to give, especially to young people, the clear information, skills and services they need for self-protection. Half of all infections past infancy now occur in 15-24 year olds.
- Our failure to ensure that enough is being done to counter the socio-economic conditions that leave people with little control over their HIV exposure, including the rising tide of refugees, women driven by poverty into sex work, and labour migrants cut off from their families.
- Our failure to ensure that enough is being done to reach the HIV infected women who have a one-in-three risk of passing the virus on to their baby. Most of the 1.2 million children now living with HIV are thought to have been infected through mother-to-child transmission.
- Our failure to ensure that enough is being done to address the basic care needs of the 33 million people already living with HIV.
- Our failure to ensure that enough is being done to develop potential HIV vaccines for those parts of the world most dramatically affected by the virus.

Global Advocacy

This has been a demanding year full of opportunity to increase awareness and political commitment to address the epidemic. Over the course of the year, I had the opportunity to visit some 25 countries and to participate in senior-level programme, policy, and regional consultations on building and strengthening the partnerships required to confront the epidemic. These partnerships included organizations with far-reaching global networks, such as Caritas Internationalis and Rotary International.

The 12th World AIDS Conference was held in Geneva this past June. In addition to participation in the development of the Conference programme, the venue allowed for more active interaction of the UNAIDS Secretariat with collaborating partners from around the world. The Conference also provided an effective forum for both drawing global attention to the major gaps in action on the epidemic and to the very significant role that young people can play in shaping the global response.

This year's **World AIDS Campaign "Young People: Force for Change"** was prompted in part by the epidemic's threat to those under 25 years old, for as HIV rates rise in the general population, new infections are increasingly concentrated in the younger age groups. Last week I was privileged to accompany President Nelson Mandela as he urged an end to silence over AIDS during a speech at an event in KwaZulu Natal marking World AIDS Day. All of the Ministers within President Mandela's cabinet were actively involved in leading World AIDS Day events within their respective sectors throughout the country. President Chissano of Mozambique addressed the nation on World AIDS Day calling upon young people to organize themselves in churches, residential areas and workplaces to try and find the best ways of preventing AIDS.

President Bill Clinton of the United States used the opportunity to announce new international assistance to help address the needs of children orphaned by AIDS. As one indicator of the increasing success in raising the level of political awareness and commitment in Latin America, there were four presidential level addresses on HIV/AIDS. In Uruguay, President Julio Maria Sanguinetti spoke on HIV/AIDS on the national media in relation to the WAC, in Mexico President Ernesto Zedillo Ponce de León recently made a statement in support of condom promotion to prevent AIDS, and in Brazil Vice-President Marcos Maciel, delivered an address to the nation on 1 December. In Haiti a message was delivered on behalf of the President. Here in India, Prime Minister Vajpayee met with people living with HIV and NGO representatives.

Global media coverage of World AIDS Day (WAD) activities is likely to have reached hundreds of millions world-wide. Music Television Network's (MTV) production "Staying Alive" was broadcast around the world from morning to night. World AIDS Day had a much higher profile than before in Armenia, Belarus, Latvia, Russian Federation and Ukraine, with broad involvement, including TV talk shows with well-known journalists, greater involvement of private sector and non-governmental and community based organisations.

Within the UN System, the Secretary General issued his personal statement, and UNICEF Executive Director Carol Bellamy spoke at the main press conference in London to launch WAD activities and then again at the US launch in Washington on 1st December. UNDP Administrator Gus Speth and UNFPA Executive Director Nafis Sadik issued statements on behalf of their agencies. WHO Director General Gro Brundtland's statement pledged to make young people and young people-friendly

health services a major WHO focus during next year's World AIDS Campaign.

Regional Updates

Steady progress has continued in all regions to build the broader partnership required to address the epidemic.

In Africa, progress continues in strengthening strategic planning approaches and in building political commitment towards more multisectoral approaches. This past month, national AIDS control programme managers and planners from 10 countries (Botswana , Ethiopia , Ghana , Kenya , Malawi , Nigeria , South Africa , Swaziland , Zambia, Zimbabwe) met to begin the development of a technical resource network to strengthen strategic planning in the region.

Several countries are experiencing increased political commitment to HIV prevention and control. For example, in Botswana, President Festus Mogae announced plans to support people with HIV and programmes to prevent mother-to-child transmission. In Tanzania, the Prime Minister met twice with the UN Theme Group, agreeing to take the lead in securing high level Government commitment. This week the Vice-President reinforced this commitment at The National Multisectoral AIDS Conference. In South Africa, Deputy President Mbeke addressed the nation in October 1998, launching a partnership against HIV/AIDS which he now chairs through an inter-ministerial committee. In Ghana, the Ministry of Employment and Social Welfare is for the first time taking the lead in an AIDS initiative. In Namibia, the National Multi-sectoral Committee on HIV/AIDS and the Ministry of Health and Social Services completed the National strategic plan of action on HIV/AIDS and the Cabinet approved the new National AIDS programme in August 1998.

In Asia, a major focus of UNAIDS, including the UN Theme Groups, continues to be on ensuring the most effective use of UN system resources and on mobilising additional resources for country programmes. In this regard the development of integrated HIV/AIDS-related workplans of the UN system in countries is viewed as particularly critical. The Philippines workplan and Vietnam's 'Partnership in Action' already provide two excellent such examples, while other UN Theme Groups, for example India's and Myanmar's, are elaborating similar integrated plans.

The UNAIDS Cosponsors and the Secretariat, together with international partners, are increasingly promoting resource mobilization as an integral part of national HIV/AIDS strategic planning processes. Advocacy and facilitation of national strategic planning – at central but also at provincial and other levels – is thus an essential component of UNAIDS support to countries. Examples over the past year in Asia/Pacific include collaboration with Cambodia, Papua New Guinea, and Pakistan, among others. In China the Cosponsors and the Secretariat have provided technical and financial support for the assessment and analysis of the national HIV/AIDS situation and response. The resulting document – 'China Responds to AIDS' – is proving to be a valuable advocacy and resource mobilization tool for the Chinese authorities. UNAIDS is at the same time supporting the development of strategic plans in selected Chinese provinces. The UN Theme Group on HIV/AIDS in Lao PDR has been very innovative in setting up an AIDS Trust Fund leveraging additional support for HIV/AIDS programmes there. Other countries, including India, are in the process of adopting similar mechanisms.

In Latin America and the Caribbean, over the last year, 10 countries have been engaged in strategic planning at the national, or in some cases like Mexico and

Brazil, at state and municipal level. In parallel to country level planning, the Caribbean has started a process of strategic planning at the sub-regional level. UNAIDS has helped to establish a Regional Network on Strategic Planning, which involves the Horizontal Technical Cooperation Group members, the Proyecto Acción de Centroamérica (PASCA) project in Central America, UNAIDS collaborating centres in the Region and other institutions with expertise in the area. The Network is already contributing towards increased collaboration among the various partners and providing added support to countries for their strategic planning processes.

Following the first Caribbean Consultation on HIV/AIDS in June this year, which was co-organized by UNAIDS, the Caribbean Community Secretariat (CARICOM) and the European Commission, a Regional Task Force on HIV/AIDS has been established under the chairmanship of CARICOM, which for the first time brings together the key regional partners. The Task Force is now in the process of developing a coordinated Regional Strategic Plan for the Caribbean and has become the back-bone of a proposed Sub-Regional Initiative on HIV/AIDS.

In the European Region, a major exercise has been initiated in the Russian Federation for the assessment of the epidemic and the response. Several Cosponsors, bilateral organizations and NGOs are actively participating. The assessment will culminate in a national conference and a resource mobilization exercise in the fall of 1999.

At the policy level, the Parliament of Ukraine adopted new legislation this past March incorporating a strategy for the reduction of drug-related harm in order to prevent HIV spread among injecting drug users. Similar legislation had been adopted previously in Belarus and, more recently, the Security Council of the Parliament of Moldova issued a resolution allowing implementation of such a strategy.

A first regional workshop for high-ranking lawyers from 12 countries of Eastern Europe was organized in Moscow by UNAIDS in cooperation with UNICEF, NGOs and the Government of the Russian Federation in October. A regional network of lawyers and justice institutions has been established to introduce the subject of AIDS prevention in the curricula of legal training institutions and to influence the formulation of the national strategies for HIV prevention.

Technical Developments

Vaccine Development. This year marks the first time an efficacy trial of an HIV vaccine was initiated. The trial started in the US last June and is expected to be approved for initiation in Thailand, hopefully before the end of this year. But this should only be the beginning. Many more trials will probably have to be done before we have a safe and effective vaccine. To facilitate these trials, UNAIDS went through a complex process of consultation leading to the development of new ethical guidance for HIV vaccine trials, which should greatly facilitate the implementation of additional trials in developing countries.

Mother-to-Child Transmission. Following discovery that short course regimens of zidovudine could reduce mother-to-child transmission significantly, new recommendations were developed regarding zidovudine treatments and breastfeeding alternatives for HIV-infected mothers. The UNAIDS Secretariat, UNICEF, WHO and UNFPA have established a steering group on mother-to-child transmission to facilitate their collaboration and support to pilot projects for the introduction of the intervention in interested countries.

Strengthened Cosponsorship

This year was marked by a significant strengthening of the cosponsorship of the UNAIDS effort. The March retreat of Cosponsors recommended that the UNAIDS Secretariat workplan be reorganized to better reflect its role of catalyst, facilitator and in policy setting. Subsequently, the CCO agreed that the Cosponsors and Secretariat will work together:

- to develop an integrated workplan and budget at global level which would also subsume the Coordinated Appeal,
- to complete integrated workplans by all UN Theme Groups on HIV/AIDS by the year 2000,
- to improve policy and strategy guidance from headquarters to country level, including the development of a new global strategy, and
- to strengthen joint monitoring and evaluation of the epidemic and the global response.

Integrated Workplan and Budget. In keeping with these recommendations and those of the PCB, the Secretariat and the Cosponsors have moved considerably on the preparation of the integrated workplan and budget for the next biennium. Information on the HIV-related activities of the Cosponsors using their core budgets will also be provided to the PCB to the extent possible at its next regular meeting in June 1999. Obviously, this will be a major exercise for us and in a sense, groundbreaking in the UN system. It will mark a major step towards better cohesion in the UN system response to the epidemic and ensure that the comparative advantages of the Cosponsoring agencies are brought more fully into the UN response.

Mainstreaming of HIV/AIDS by UNAIDS Cosponsors. This year was also marked by increased mainstreaming of HIV/AIDS issues within the existing programmes of UNAIDS Cosponsors. For example, HIV/AIDS factored prominently within the UNICEF Medium Term Plan and in the World Bank's increased efforts within the health and social sectors in Africa. In WHO, HIV/AIDS was made a Cabinet project. UNFPA has undertaken an evaluation of the integration of HIV into its field programmes. Following a presentation of the UNAIDS assessment of the UN Theme Group mechanism, the UNDP Administrator wrote to all Resident Coordinators urging them to review the findings of this assessment and to strengthen the functioning of the Theme Groups at country level.

New Cosponsors. Building on the Cooperation Framework signed with UNAIDS in September 1996, UNDCP formally expressed interest to become a Cosponsoring Organization of UNAIDS. At its 3rd November meeting, the CCO agreed in principle to UNDCP's joining the Programme, which will hopefully be formalised by the time of the next CCO meeting in April 1999.

The 1998-1999 Coordinated Appeal was launched a year ago at the time of our first PCB thematic meeting held in Nairobi. As a result of stronger advocacy efforts on the part of the UNAIDS' Secretariat and as a part of the Cosponsors' ongoing dialogue with donors, the response so far has been encouraging. Total resources required for 1998-1999 amount to US\$ 21.9 million of which US\$ 10.5 million has been made available to date, including funds allocated from the 1996-1997 UNAIDS' core budget, leaving a balance of US\$ 11.4 million still to be funded in 1999.

Financial and Administrative Highlights. As at 30 November 1998, the Programme had received US\$ 44.6 million towards the 1998-1999 second Biennial Programme Budget, with approximately US\$ 9.6 million in pledges for 1998 still expected. Obligations incurred during the first 11 months of 1998 amounted to US\$ 43.6 million. The largest portion of the contributions was only received at the end of the third quarter and during the fourth quarter of 1998. The Programme was thus obliged, in January and in July 1998 to borrow from its Operating Reserve Fund in order to finance its activities.

All administrative activities relating to UNAIDS field staff have now been grouped into a new unit attached to the Programme Support Department, with a view to facilitating administrative streamlining. As a result, it is now envisaged to use to a far greater extent the field structure of selected Cosponsors for support to UNAIDS field staff. It is hoped that this will drastically reduce the number of administrative and financial transactions between the Secretariat and the field and would provide increased flexibility to UNAIDS field staff.

Goals of this Meeting

This thematic meeting provides us with a unique opportunity for far more in-depth discussion on what I view as the most significant group of actors in this epidemic – young people. Secondly, we have scheduled time to deliberate on the development of the proposed UNAIDS Monitoring and Evaluation plan. And finally, we will have the opportunity to introduce a background paper on an area meriting increased attention by the UN system as a whole - Migration and HIV/AIDS.

Young People

I am looking forward to the deliberations of the PCB on how to more effectively address the needs of young people in the HIV/AIDS epidemic – and how to more effectively mobilize them in the vanguard of the response. The background paper reminds us again why young people are key to the future course of the HIV/AIDS epidemic. It further reminds us that the behaviours they adopt now and those they maintain throughout their lives will determine the course of the epidemic for decades to come.

Young people are already disproportionately affected by HIV and AIDS. At least one-third of the 33 million people living with HIV in the world in 1998 were aged 10–24. In the developing countries, where more than 95 out of every 100 new HIV infections occurred in 1998, young people make up the largest and growing share of the population. So a relatively small reduction of risk among young people may have a significant impact in lowering overall infection rates.

We have seen that when young people have been able to access appropriate knowledge, skills and means, they have shown a remarkable propensity to adopting safer behaviours. Countries which have worked with young people to reduce risk in sexual and drug taking behaviours have often been rewarded by dramatically lowered levels of HIV infection.

Countries that have been successful in maintaining low levels of HIV infection, or reversing negative trends in the epidemic, have at least two characteristics in common. First, they have established programmes that make HIV and AIDS highly

visible. Second, they have included a set of mutually reinforcing interventions, to reduce both risk and vulnerability to HIV. This reflects the conviction that safer practices are not only the result of individual decisions related to behaviours, but also the result of changing the context in which such decisions are taken.

In many cases, a significant measure of courage has been required on the part of the authorities, in raising issues never publicly debated. Such issues include: sexual health and life skills education in schools, child sexual exploitation, and a lack of dialogue between parents and children on sexual health.

We are now past the point of having established “proof of principle” on the need to focus on young people. In view of the existing knowledge we have of what works, I believe it is now possible to formulate policies and programmes which address directly the AIDS-related vulnerability and risk of young people on a much broader scale.

I am hopeful that from our discussions here in New Delhi, the PCB will make recommendations on the way forward in developing a UN system-wide strategy for expanding and intensifying global efforts addressing and involving young people in stopping the HIV/AIDS epidemic.

Monitoring and Evaluation

On review of the Secretariat paper requested by the PCB, I hope you will agree that substantial progress in monitoring and evaluation has been made since 1996 within UNAIDS.

Monitoring and evaluation in UNAIDS is a difficult challenge for three main reasons:

- **First, the nature of the epidemic.** The context of the epidemic itself and the response to it are rapidly changing. This requires adaptability in programming and monitoring and evaluation.
- **Second, the unique structure of the Programme.** UNAIDS as a cosponsored undertaking is a new approach within the United Nations System. Success is predicated on the partners effectively collaborating with one another and holding themselves accountable to the outputs for which they are responsible and the quality of their collaboration.
- **Third, the nature of the work of the Secretariat.** Most of the work under the more direct influence of the Secretariat is strategic in nature and does not lend itself well to more conventional monitoring and evaluation approaches used to assess more tangible outcomes.

Notwithstanding the complexity of the subject matter, the basic principles employed throughout the spectrum of UNAIDS monitoring and evaluation efforts emphasize:

- self assessment and peer review approaches,
- more participatory design and process where practical, and
- improved information-sharing and transparency in order to better inform a wider audience of key findings and lessons learned on a timely basis.

I am hopeful that the PCB will agree that the paper submitted on Development of the Monitoring and Evaluation Plan for UNAIDS establishes a clear pathway for moving from activity monitoring towards an accountability framework for a multi-partner collaboration.

Migration and HIV/AIDS

Also at the request of the PCB, the Secretariat has prepared a background paper on migration and HIV/AIDS to be introduced later in the proceedings. The need for more attention to this and by governments and the UN system is clear.

Every year there are around 120 million people moving voluntarily from one country to another or within their own country, plus another 38 million refugees and internally displaced persons. HIV and other STDs have been shown to spread more rapidly as populations become more mobile. The number of migrants living with HIV remains unknown. At the same time, most migrants tend to be more vulnerable to the risk of HIV infection than local populations because of their living and working conditions – poverty, powerlessness, precarious family situations, and inadequate access to health services. And because of the high mobility of people in these areas, it is difficult to provide prevention programmes and health services which serve them effectively.

The background paper highlights several policy issues related to migrants and HIV/AIDS which require urgent attention by the international community. I am hopeful that the PCB will take note of the report and make recommendations to the UN system organizations and programmes on how they might further strengthen their work in this area.

Beyond New Delhi

In the months following this meeting of the PCB, the major priorities of the Secretariat will be on building a global strategy process, and forging the partnership required to redouble our collective efforts, particularly in South Asia and in Africa.

Global Strategy

The primary objective of the global strategy process is to advance a common understanding of the HIV/AIDS epidemic. A broader process is required to evolve a common and explicit understanding of the epidemic which:

- is actionable at the individual, institutional, community, societal and global levels,
- enables the identification of common goals around which partners can mobilize energy and measure progress,
- provides a common framework for analysis that allows partners to compare experience across the globe and undertake complementary efforts,
- forms a cohesive basis for building the global movement required to address and contain the HIV/AIDS epidemic, including those most affected by HIV/AIDS, and
- is based in the promotion and protection of human rights, and the encouragement of individual and societal responsibility.

Emerging thematic priorities are likely to include a focus on:

- young people, with a major emphasis on life skills and prevention education,
- interrupting transmission of HIV from mother to child, including a major emphasis on incorporation of strengthened HIV counselling and testing within antenatal care,

- establishing community standards for care and support as a practical approach to building the operational partnerships required to address unmet needs of individuals and families affected by HIV/AIDS, in particular the needs of children,
- strengthening policy and programme interventions which address risk and vulnerability among commercial sex workers and their clients, injecting drug users, street kids, truck drivers, the military, prison inmates, and men who have sex with men, and
- intensified advocacy and support for the development of an HIV vaccine.

South Asia

In South Asia, there is still an opportunity to get ahead of the epidemic. However, if this is going to be achieved, we need to be more focussed and act more effectively. The National AIDS Control Programme here in India is proving to be a major source of innovation. It is establishing a process to increase participation and progressively strengthen state level planning, to establish national level technical resource networks, and to develop an International Technical Collaboration Framework enabling more effective financing and coordination of technical support. The UNAIDS effort in India will include some 20 technical professionals based within the Cosponsors and other UN agencies, working closely together as a team in support of the Government of India's efforts.

As a further step forward, I will propose to our Cosponsors that we rapidly integrate our regional technical support resources so that they can be more effective in supporting the strategic planning and technical support needs of other countries in the sub-region.

International partnership on AIDS in Africa

Whether measured against the yardstick of deteriorating child survival, crumbling life expectancy, overburdened health systems, increasing numbers of orphans, or bottom-line losses to business, AIDS has never posed a bigger threat to African development.

In the southernmost countries of the African continent, where HIV spread took on epidemic proportions only recently, infection rates continued to rise dramatically during the past year. Four countries now estimate that 20% to 26% of adults are living with HIV, and South Africa alone accounts for one out of every seven new infections on the continent. In contrast, a number of countries in West Africa remain relatively less affected, in part as a result of early and sustained prevention efforts. In nine countries where at least 10% of the adult population is HIV-positive, it has been estimated that AIDS will soon be costing an average of 17 years of life expectancy.

These dismal declines are not only due to adult deaths. Over half a million children died in 1998 alone. Within a decade, the infant mortality rate in, for example, Namibia, is expected to reach 72 per 1000 live births as opposed to 45 per 1000 without AIDS. Zimbabwe expects to have over 900 000 children under age 15 struggling to survive without their mothers by the year 2005.

In the last six months we have consulted broadly with senior officials from some 20 African countries, including over a dozen Ministers, several Heads of State, as well as representatives of the Organisation of African Unity – on the need and shape of

such a partnership. These consultations have included UNAIDS' participation in the Summit of Heads of State of the Organisation of African Unity at which a call for action on AIDS in Africa was included in the final declaration. The Programme also participated in The Second Tokyo International Conference on African Development, which was attended, among others, by 45 African countries, 13 of which were represented at the Head of State level. HIV/AIDS was one of the most frequently cited issues during the deliberations and was included in the Agenda for Action adopted by the Conference.

We have had several collective consultations with representatives of the UNAIDS Cosponsors and have begun individual consultations with interested bilateral agencies. Much more will need to be done in the coming months to further develop the partnership in such a way that we are able to:

- identify common goals and harmonise strategies,
- clearly define the roles and responsibilities of each of the international partners in order to address gaps in support to the implementation of those strategies,
- to ensure stronger advocacy on priority HIV/AIDS issues with governments and to strengthen and expand collaboration with sub-regional policy bodies,
- to strengthen technical capacity through regional networking, including reinforcing and sharing existing inter-country technical and referral networks, and
- to develop a concerted plan for resource mobilisation.

A strong and focussed international partnership on AIDS in Africa is long past due. It is my hope that by the next time the PCB meets this partnership will have taken shape and can be a significant focus of your deliberations.

Conclusion

In closing, I would like to offer that the coming year will be critical for the global response to the HIV epidemic. It will be a measure of our will and our credibility as an international community to respond to the HIV/AIDS epidemic. There has never been a larger gap between what we are capable of doing to arrest the epidemic and what we are actually doing. Together with the Secretariat, I look forward to your deliberations with the hope that they will move us forward in addressing what we all agree is one of the most compelling moral imperatives of our time.