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**The Unified Budget and Workplan:
Monitoring implementation and planning for the future**

**2007-2011 Strategic Framework for UNAIDS support to
countries' efforts to move towards Universal Access to
HIV prevention, treatment, care and support**

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to: take note of the updated Framework as the principal guide to global, regional and country-level planning, budgeting, implementation and monitoring progress of UNAIDS support to countries efforts to move towards the goal of Universal Access as contained in Annex 1 to this paper.

Cost implications for decisions: *none*

INTRODUCTION

1. Supporting countries' efforts to move towards Universal Access to HIV prevention, treatment, care and support has been the overall priority for UNAIDS since the initial commitment and impetus to Universal Access emerged from the July 2005 meeting of the group of eight industrialized nations (G8). Following the G8 summit at Gleneagles, UNAIDS facilitated an inclusive, country-driven process and recommended a course of action to achieve this goal. The resulting assessment (UN General Assembly document A/60/737, *"Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support"*) became the basis for a formal agreement at the UN General Assembly High Level Meeting on AIDS in June 2006 to *"scale up towards the goal of Universal Access to comprehensive HIV prevention programmes, treatment, care and support by 2010"*.
2. Following the General Assembly High Level Meeting on AIDS in 2006, the Programme Coordinating Board called on UNAIDS to develop a four-year framework to guide joint UN support to countries moving towards Universal Access as well as fulfilling other commitments made in the 2001 Declaration and the 2006 Political Declaration on HIV/AIDS. In response, UNAIDS prepared a Strategic Framework for 2007-2010 to support countries' efforts to move towards Universal Access to HIV prevention, treatment, care and support. This document was endorsed by the Programme Coordinating Board at its 19th meeting in December 2006 as the principal guide to global, regional and country-level planning, implementation and monitoring progress of UNAIDS support to countries efforts to move towards the goal of Universal Access by 2010.
3. In April 2008, the 22nd Programme Coordinating Board endorsed the development of the next Unified Budget and Workplan based on a review and extension of the UNAIDS 2007–2010 Strategic Framework to 2011. This extension takes into account trends in the epidemic and the response to AIDS and aligns the Strategic Framework with the Unified Budget and Workplan for 2010-2011, which is expected to be presented at the 24th Programme Coordinating Board. The overall structure of the revised Strategic Framework remains the same as the original one, as do the five strategic directions of the Framework. However, it is recognized that there may be a need to revisit the Framework to take into account recommendations of the Second Independent Evaluation and the vision of the next Executive Director of UNAIDS.
4. Like the original 2007-2010 Strategic Framework, the updated Framework:
 - places Universal Access as the overarching objective of UNAIDS and highlights the centrality of the 'Three Ones' principles at the national level;
 - re-affirms country support as a priority in UNAIDS joint planning and budgeting at all levels;
 - establishes a common set of strategic directions among Cosponsors and the Secretariat; and,
 - brings longer-term direction, accountability and consistency to the work of UNAIDS at all levels.
5. The five strategic directions of the 2007-2011 Strategic Framework remain:
 - Guiding the global agenda, increasing involvement and monitoring global progress;
 - Technical support and capacity building to 'make the money work' for Universal Access;
 - Human rights, gender equality and reduced vulnerability of most-at-risk populations;
 - Re-emphasizing HIV prevention alongside treatment, care and support; and
 - Strengthening harmonization and alignment to national priorities.

6. At the June 2008 High Level Meeting on AIDS in New York, it was re-iterated that the push towards Universal Access by 2010 represents an important step on the road to achievement of the Millennium Development Goals by 2015. Although some countries report having achieved some of their Universal Access targets, most have indicated that they do not have the human or financial resources to meet these targets by 2010. Efforts should be redoubled to expedite progress in moving towards Universal Access and should recognize civil society and the private sector as essential partners in this regard. The urgent need for countries to address the requirements of populations most at-risk to HIV was also affirmed at the June 2008 High Level Meeting and UNAIDS was requested to continue monitoring progress of national AIDS responses and report back in 2011.
7. The UNAIDS Strategic Framework has been updated to reflect the discussions and outcomes of the 2008 High Level Meeting on AIDS, new data, evidence and recent developments, and to extend the Framework to cover the period 2007-2011 in order to align it with the budget cycles of UNAIDS Unified Budget and Workplan. Critical issues considered in updating the Framework include the need to ensure an exceptional long-term response and the need to scale up efforts towards Universal Access, the heterogeneity of the HIV epidemic and the importance of enabling legal environments as well as the changing financial architecture and the role of the United Nations in a changing world.
8. An updated Strategic Framework 2007-2011 is included in Annex 1 of this paper. This is an update of the Strategic Framework presented to the Programme Coordinating Board in December 2006, and although based on the principles and directions of the original Framework, it represents an increased focus on: supporting countries to develop prioritized strategies and action plans grounded in evidence – knowing the epidemic as well as the status of the response in each country – addressing the needs of most-at-risk and vulnerable populations, and improving country-level programme implementation.
9. **The Programme Coordinating Board is requested to take note of the updated Strategic Framework as the principal guide to global, regional and country-level planning, budgeting, implementation and monitoring progress of the UNAIDS support to countries efforts to move towards the goal of Universal Access as contained in Annex 1 to this paper.**

[Annex 1 follows]

Annex 1

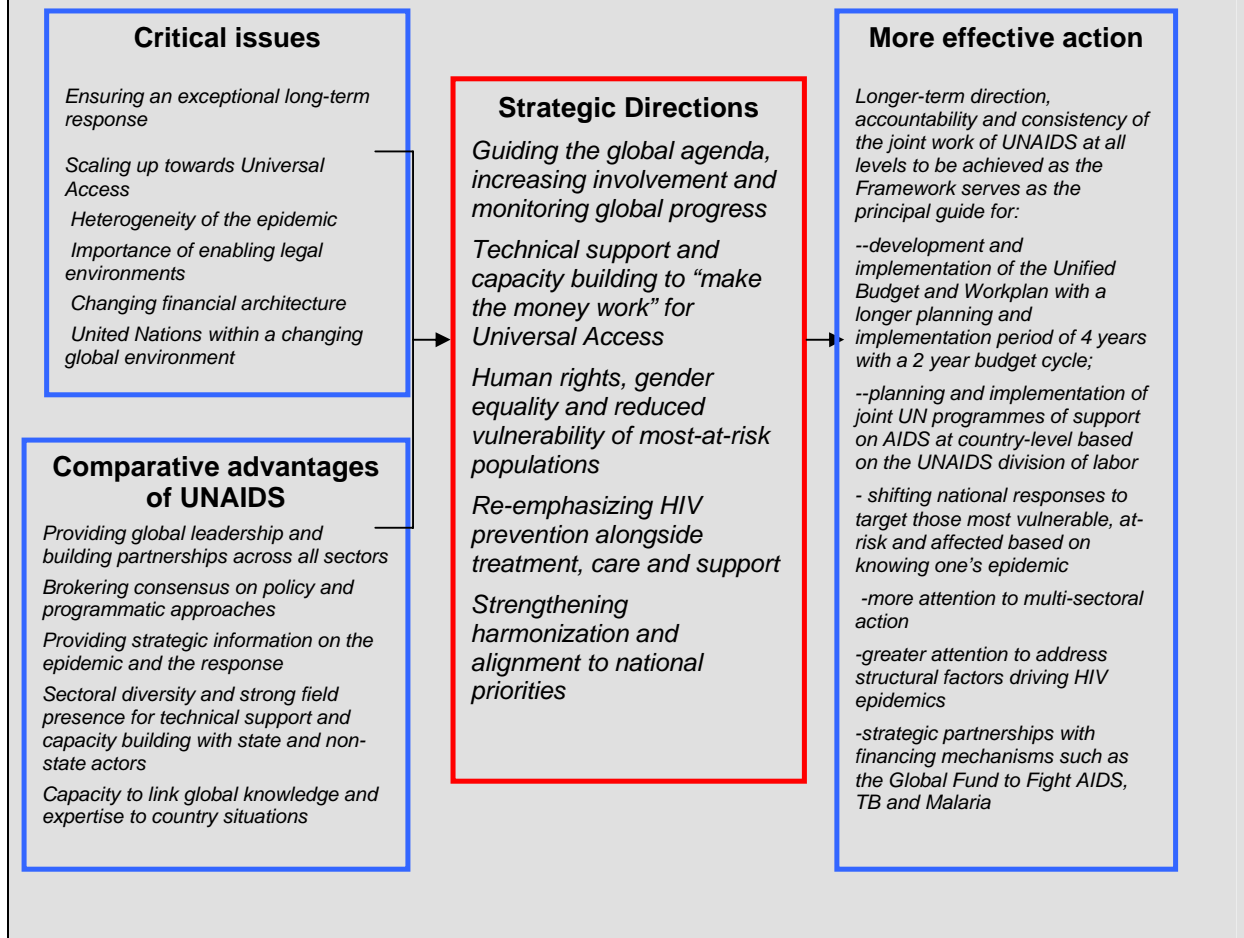
2007-2011 Strategic Framework for UNAIDS support to countries' efforts to move towards Universal Access to HIV prevention, treatment, care and support

I INTRODUCTION

1. At the request of the Programme Coordinating Board, UNAIDS has developed a Strategic Framework to support countries' efforts to move towards Universal Access to HIV prevention, treatment, care and support. The Framework analyses critical issues in the response to AIDS, including the need to ensure an exceptional long-term response, the heterogeneity of the HIV epidemic, the importance of enabling legal environments as well as the changing financial architecture and the role of the United Nations in a changing world.
2. The UNAIDS Strategic Framework places Universal Access as the overarching objective of UNAIDS and highlights the centrality of the 'Three Ones' principles¹ at the national level. It re-affirms country support as a priority in UNAIDS joint planning and budgeting at all levels, and establishes a common set of strategic directions among the Cosponsors and the Secretariat. In addition, it brings longer-term direction, accountability and consistency to the joint work of UNAIDS at all levels.
3. The comparative advantages of UNAIDS are identified and discussed in this Framework – providing global leadership and building partnerships across all sectors; brokering consensus on policy and programmatic approaches; providing strategic information on the epidemic and response; sectoral diversity and strong field presence for technical support and capacity building with state and non-state actors, and; capacity to link global knowledge and expertise to country situations.
4. The Strategic Framework guides the development and implementation of the Unified Budget and Workplan as well as joint UN programmes of support on AIDS at country level based on UNAIDS division of labour. The Framework is also expected to assist in shifting national responses to target those most vulnerable, at-risk and affected based on improved knowledge of the epidemic, providing more attention to multi-sectoral action as well as structural factors driving HIV epidemics, and strategic partnerships with financing mechanisms such as the Global Fund to Fight AIDS, TB and Malaria.
5. The Strategic Framework identifies five strategic directions for UNAIDS. These are presented below and shown in figure 1 as part of the overall context of the Framework:
 - Guiding the global agenda, increasing involvement and monitoring global progress;
 - Technical support and capacity building to 'make the money work' for Universal Access;
 - Human rights, gender equality and reduced vulnerability of most-at-risk populations;
 - Re-emphasizing HIV prevention alongside treatment, care and support; and
 - Strengthening harmonization and alignment to national priorities.

¹ The "Three Ones" principles for the coordination of national AIDS responses are: one agreed national AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority with a broad-based multi-sectoral mandate; and one agreed national AIDS monitoring and evaluation system.

Figure 1: Strategic Framework for UNAIDS support to countries to move towards Universal Access to HIV prevention, treatment, care and support.



II KEY CONSIDERATIONS

Critical issues

Ensuring an exceptional long-term response

- As UNAIDS supports countries move towards Universal Access to HIV prevention, treatment, care and support, the Joint Programme must take into account a number of important and interlinking trends and issues that have emerged in recent years.
- The amount of resources dedicated to the epidemic in low and middle income countries has grown to US\$10 billion in 2007, a six fold increase from 2001. By the end of 2007, almost 3 million people in low- and middle-income countries were on antiretroviral therapy, a 42% increase in coverage since 2006. There is also better awareness of the needs of children and adolescents with an emphasis on national social protection programmes. Coverage of paediatric treatment and services to prevent mother-to-child transmission (PMTCT) of HIV, while still low, has improved with coverage increasing from 9% in 2004 to 33% in 2007.
- In addition, there is a renewed focus on evidence-informed prevention interventions within a comprehensive response. Today national efforts to intensify HIV prevention efforts in most countries are multi-sectoral. For example, ministries of education are increasingly focusing on education about sexuality and relationships, ministries of labour are strengthening the

legal and policy framework on HIV and the world of work, and ministries of social welfare are making progress in galvanizing support for orphans and vulnerable children and affected households through social transfer schemes.

9. But despite these gains, globally the epidemic is stabilizing at an unacceptably high level. There were an estimated 33 million people living with HIV in 2007 and 2.7 million new infections. Sub-Saharan Africa remains most affected by HIV, accounting for 67% of all people living with HIV and for 72% of AIDS deaths in 2007. In this region women are disproportionately affected, and account for approximately 60% of all HIV infections in the region. Of particular concern is the disproportionate burden of infection in girls and young women in Sub-Saharan Africa. Women aged 15-24 years are, on average, three times (and in some countries, five times) more likely to be infected with HIV than young men of the same age in that region.
10. In virtually all regions outside of Sub-Saharan Africa, HIV is concentrated among injecting drug users, men who have sex with men and sex workers. Although, there is a better understanding of how the epidemic is developing in different regions, and the beginning of a greater focus on ensuring that financial and human resources are targeted towards populations that are at greatest risk and most vulnerable, much more needs to be done to reach these groups, and ensure their access to commodities and services.
11. The financing gap for the AIDS response is widening as more and more people require HIV treatment and countries scale up their prevention programmes. Strong leadership and larger sums of money are not only needed in the near future, but over several decades. More must be done to ensure that the resources available are tailored to the needs of the epidemic in different settings, 'making the money work' by targeting efforts which will achieve the greatest results. Reaching and sustaining Universal Access will require a long-term global strategy against AIDS and fiscal commitments from both developing and industrialized countries that cover at least 10 years.
12. The AIDS response is also intertwined with wider development, health and human rights issues such as poverty reduction, gender equality, education, food security and nutrition. Moreover, key elements of success lie in strengthening health and other social sector systems, improving the affordability of medicines, integrating HIV prevention and treatment in tuberculosis programmes, maternal and child health services, sexual and reproductive health programmes, and substance dependence services. The HIV response must be integrated into community systems, as well as workplace occupational health and safety structures. Achieving Universal Access and meeting Millennium Development Goal six² and other MDGs will not occur if the AIDS response is in isolation from mainstream development and human rights efforts. Its exceptional nature requires a balance between vertical and mainstreamed approaches and a continued ring-fencing of funds.

Accelerating scale up towards Universal Access

13. Broad recognition of the need for a faster, more comprehensive and more efficient response to the epidemic led to the General Assembly's pledge in the 2006 Political Declaration on HIV/AIDS to scale up towards the goal of Universal Access to comprehensive HIV prevention programmes, treatment, care and support by 2010. The Political Declaration also contains more specific agreements by UN Member States to tackle major obstacles to Universal Access:
 - poor planning and coordination;
 - insufficient and inconsistent financial resources;
 - inadequate human capacity;
 - weak service delivery systems;

² Millennium Development Goal (MDG) six is halting and reversing the spread of HIV by 2015.

- expensive medicines and prevention commodities;
 - inadequate linking or integration of HIV into other key health services;
 - lack of respect for or realization of human rights, including gender inequality;
 - persistent stigma and discrimination of groups vulnerable to and at risk of HIV infection including people living with HIV;
 - inadequate participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector; and
 - inadequate accountability for results.
14. The Political Declaration also emphasized the need to ensure every dollar is used as efficiently as possible. Increasing the impact of existing resources and “making the money work” was the objective of the Global Task Team, which in 2005 developed a set of recommendations that focused improvement in the procedures and practices of the multilateral system and international donors in four areas:
- i. National leadership and ownership
 - ii. Alignment and harmonization
 - iii. Reform for a more effective multilateral response
 - iv. Accountability and oversight
15. Many of these points were re-iterated at the June 2008 High Level Meeting on AIDS in New York, which apart from calling for acceleration of progress towards Universal Access, re-emphasized the need to:
- Scale up critical HIV services;
 - Strengthen and integrate health systems;
 - Maintain a human rights-based approach to the AIDS response;
 - Promote gender equality and women’s empowerment;
 - Engage multiple sectors in the AIDS response;
 - Mobilize sufficient financial resources for the AIDS response;
 - Meet the epidemic’s multigenerational challenge, and;
 - Mobilise greater leadership, commitment and accountability.
16. In response, a range of complementary mechanisms to provide technical assistance to countries have been established. A UNAIDS division of labour for technical support, Joint UN teams and programmes on AIDS at country level, regional Technical Support Facilities, WHO Knowledge Hubs and Collaborating Centres, and the Global Joint Problem-Solving and Implementation Support Team are increasing the speed and quality of country-level technical support being directly provided or brokered by the Joint Programme.
17. More targeted support efforts have also been undertaken, such as support to AIDS strategy and action plans (ASAP) through capacity building and direct technical assistance to countries, and the integration of national AIDS planning into development instruments such as Poverty Reduction Strategy Papers and Medium-Term Expenditure Frameworks. Work on validation of national AIDS strategies has begun in close cooperation with the Global Fund to fight AIDS, Tuberculosis and Malaria. AIDS is also being integrated into diverse sectoral plans such as health, education, agriculture, labour and justice. Additionally UNAIDS is investing in building national capacities in procurement and supply-chain management.

Considering the heterogeneous nature of the HIV epidemic

18. It has become increasingly clear that the HIV epidemic is presenting itself in different ways around the world: there is no single HIV epidemic but rather multiple and diverse epidemics. While large parts of Sub-Saharan Africa are experiencing generalized epidemics (with a disproportionate burden of the infection on girls and women), in all other regions HIV tends to be concentrated among sex workers, injecting drug users, and men who have sex with men.

19. These populations represent particular challenges for enhanced responses due to stigma and discrimination and inadequate efforts to develop interventions of support. This implies the need for much more focused strategies in countries with concentrated epidemics to prioritize populations that are most-at-risk to HIV. In generalized epidemics there is also heterogeneity within vulnerable populations that needs to be taken into account, and there is a particular need for enhanced focus on assuring that AIDS responses effectively meet the differing HIV-related needs of girls and women, and boys and men. Building on the UNAIDS concept of “know your epidemic, know your response”, it is important that as knowledge of the epidemiology of HIV improves, the response is adapted accordingly.

The importance of enabling legal frameworks

20. Protective laws and an enabling legal environment have always been necessary for an effective national response to HIV. Laws can protect people living with HIV from discrimination, provide employment protection, and ensure access to treatment. They can protect women from gender inequality and sexual violence and recognize women’s property and inheritance rights. Appropriate legal structures can guarantee AIDS-affected children, orphans and care givers with social assistance and ensure inclusion of populations of humanitarian concern into national HIV policies and programmes. Moreover protective laws and an enabling legal environment can help ensure non-discrimination and access to HIV services for most-at-risk populations.
21. Law enforcement must make legal protection real and enable those affected by HIV to have access to the justice systems and to be able to claim their rights. In the last year, in spite of commitments made to enabling legislation in the Political Declaration, several countries have begun to pass legislation that, among other things, criminalizes HIV transmission, calls for mandatory testing and a legal obligation to disclose HIV status, and fails to protect women or most-at-risk populations. New efforts are needed to ensure a protective legal environment. Also needed are "know your rights and laws" campaigns as well as programmes to provide legal aid to those affected by HIV and programmes to sensitize law enforcement personnel to HIV issues.

Changing financial architecture

22. International aid resources devoted to the health sector have more than doubled over the past five years, with HIV funding accounting for a large share of this increase. The number of funding bodies in the health and development arena has proliferated, enhancing diversity and innovation, but as well challenging coordination, harmonization and alignment with national strategies and priorities, as well as increasing transaction costs.³ Moreover, the technical support arrangements to help build capacity for countries to implement country owned strategies and programmes have changed fundamentally. There is an urgent need to coordinate, standardize and assure the quality of this technical assistance, as well as to ensure that it is demand driven, country owned and responds to local needs. Lastly, greater emphasis and consistency in funding countries’ HIV strategies and action plans are needed as well as a focus on making funds as long-term and predictable as possible. UNAIDS has a role to play in ensuring the harmonization and alignment of a growing pool of funds for HIV.

The United Nations within a changing global environment

23. A rapidly changing world is driving changes within the United Nations as a whole. From its inception, UNAIDS has been a natural pathfinder for UN reform efforts, sharing fundamental objectives such as greater coherence and maximizing collective effectiveness. More

³ WHO Effective Aid- Better Health: Report prepared for the Accra High Level Forum on Aid Effectiveness, 2-4 September 2008.

perhaps than any other single issue, AIDS has compelled UN system agencies to break down institutional barriers, and to make optimal use of collective resources to achieve shared objectives.

24. 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 Environment* is recommending the establishment of a "One UN" at country level. The experience of UNAIDS has informed the thinking around UN reform and should continue to do so. Joint UN programmes and teams on AIDS at country-level, the consultative processes around Universal Access and the Global Task Team provide valuable examples of UN agencies and other partners working closely together to support national priorities and build national capacities.

Comparative Advantages of UNAIDS

25. In setting the strategic directions of UNAIDS to support efforts to move towards Universal Access, this Strategic Framework takes into consideration the comparative advantages of the Joint Programme.
26. UNAIDS provides *global leadership* in the AIDS response and convenes a wide range of partners to broker global consensus on policy and programmatic approaches. As noted in a comprehensive evaluation of UNAIDS' first five years⁴, the Joint Programme had been largely successful in forging a global agenda on AIDS and mobilizing resources from donor countries. In more recent years, UNAIDS has continued to play a leading role in efforts to maintain AIDS as a priority on the global political agenda, as evidenced by the High Level Meetings on AIDS in 2006 and in 2008.
27. UNAIDS also serves as a *global monitor* of the epidemic and the response. The UN General Assembly has called on UNAIDS to report progress on fulfilment of international agreements on AIDS, and Cosponsors and the Secretariat regularly collect and analyse country-level data and report regional and global trends. Additionally, country-level strategic information is used by UNAIDS to produce evidence-informed technical guidance and "best practice" documents that help partners improve their programmatic efforts. UNAIDS inter-agency task teams⁵ bring together UNAIDS partners, such as, bilateral agencies and civil society to develop ways to improve the response in thematic areas (e.g. education, drug use, prevention of mother-to-child transmission) or vulnerable populations (e.g. most-at-risk adolescents, children affected by AIDS). The international community also relies on the Joint Programme to fulfil normative functions in the response to AIDS.
28. At the heart of UNAIDS are the ten UN agencies that, together as Cosponsors, possess sectoral breadth reflecting the multi-sectoral approach required to overcome the political, social, legal, developmental and public health challenges of AIDS. The strong field presence in combination with the global technical expertise of UNAIDS Cosponsors allows the Joint Programme to provide technical support and strengthen the capacity of low- and middle-income countries to develop comprehensive national strategies and implement rights-based and effective AIDS programmes, and monitor progress. UNAIDS' strengthened focus on '*know your epidemic, know your response*' acknowledges the heterogeneity and complexity of the epidemic in different settings and the necessity of developing appropriate evidence-based responses in order to achieve sustainable results.

⁴ *Five-year Evaluation of UNAIDS*, Final Report, 8 October 2002.

⁵ For example, the UNAIDS Inter-agency Task Team on Education recently completed a survey of the readiness of the education sector to respond to the challenges posed by AIDS. Ministries of Education from 71 countries and civil society organizations from 18 countries analyzed the impact of AIDS on education, areas of progress and weaknesses in their response to date.

29. In reaction to the first Five-Year Evaluation of UNAIDS in 2002, the Programme Coordinating Board approved additional financial and human resources to improve UNAIDS country support and agreed on five cross-cutting functions for the Joint Programme:
- i. Advocacy and leadership for effective action against the epidemic;
 - ii. Strategic information required to guide the efforts of partners;
 - iii. Tracking, monitoring and evaluation of the epidemic and actions responding to it;
 - iv. Civil society engagement and partnership development; and
 - v. Financial, technical and political resource mobilization.
30. The cross-cutting functions remain relevant as countries move towards Universal Access. The country-focused approach of UNAIDS in recent years has also seen an increase in technical support to national AIDS programmes as well as the emergence of initiatives that support country ownership, such as the “Three Ones” principles, the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, and the Universal Access process itself. Cosponsors’ individual areas of responsibility for Universal Access are summarized in Figure 2 and correspond to the UNAIDS division of labour as outlined in the Global Task Team report. These functions come together at country level within the UN Resident Coordinator system. At global and regional level, the UNAIDS Secretariat plays a coordinating role for the Joint Programme, as well as focusing on leadership, advocacy, partnership-building, strategic information and other functions. In addition, UNAIDS is working closely together with the Global Fund to fight AIDS, Tuberculosis and Malaria, Foundations like the Bill and Melinda Gates and Clinton Foundations, the US President’s Emergency Plan for AIDS Relief (PEPFAR) and other organizations at national, regional and global levels to assist countries to mount effective and efficient responses to AIDS.

Figure 2: Cosponsors' areas of responsibility for efforts to promote Universal Access

UNHCR: Reaching out to refugees, conflict affected and other displaced populations

The United Nations High Commissioner for Refugees actively advocates for and supports moving towards Universal access for refugees, internally displaced populations and other persons of concern to UNHCR. UNHCR follows the principles outlined in UNHCR's policy on refugees and HIV/AIDS, UNHCR's Strategic Plan for HIV/AIDS 2008-2012, antiretroviral therapy policy and refugee health and protection policies. It advocates for an integrated, equitable and comprehensive AIDS response, including antiretroviral therapy, which includes conflict-affected and displaced populations as well as their surrounding host populations. Since refugees and other persons of concern to UNHCR are often situated in marginalized and remote areas, UNHCR's extensive human resources and logistical system can be used to deliver prevention programmes and antiretroviral therapy to these isolated areas. UNHCR promotes a sub-regional approach to ensure continuity of prevention, care and support including antiretroviral therapy, to those refugees who repatriate to their countries of origin, as well as for other displaced and mobile populations. Finally, UNHCR advocates for non-discriminatory practices and the provision of prevention and antiretroviral therapy for refugees who are resettled in third countries (i.e. countries other than those of asylum or origin).

UNICEF: 'Unite for Children, Unite against AIDS'

The United Nations Children Fund works with partners through the global campaign 'Unite for Children, Unite against AIDS' to provide and mobilize support for child-focused comprehensive national AIDS programmes that are fully integrated within reproductive, child and adolescent health, education and social welfare services. Specifically, UNICEF supports national efforts to ensure and increase access to programmes to:

- prevent mother-to-child transmission of HIV;
- provide paediatric treatment;
- prevent infection among adolescents; and
- protect and provide support for children affected by HIV, including orphans.

UNICEF also works with national and international partners to establish and strengthen secure and reliable supply and distribution systems, including capacity building for competitive cost estimation for antiretroviral medicines, demand forecasting, procurement and supply management, and effective distribution systems.

WFP: Food and nutrition in treatment, care and support programmes

Food and good nutrition are essential for comprehensive and effective treatment, care and support for people living with and affected by HIV. WFP supports national AIDS responses through food and nutrition assistance to antiretroviral therapy, community- and home-based care, tuberculosis treatment and prevention of mother-to-child transmission programmes. WFP is working with others to mitigate the impact of AIDS by improving the food security of orphans and vulnerable children and families affected by AIDS, through programmes such as school feeding and support to community-based and national social protection schemes. WFP also works with national governments and NGO partners to integrate HIV prevention education and awareness into school feeding, food for work/food for assets, food for training, relief operations and mother-and-child health programmes. WFP is the world's largest provider of nutritional support for HIV care and treatment and advocates with governments to ensure that food and nutrition are integrated into national HIV and AIDS programmes at all levels.

UNDP: Scaling up towards Universal Access in the broader context of development

Recognizing that the HIV epidemic has a critical impact on the achievement of the Millennium Development Goals, UNDP responds to its multi-sectoral challenges by addressing dimensions of HIV related to development, governance, mainstreaming, and human rights and gender including sexual minorities. In partnership with the World Bank and UNAIDS Secretariat, support

is provided for integrating AIDS responses into poverty reduction strategies and national development plans. UNDP actively promotes human rights of people living with and affected by HIV, and sexual minorities, and works to address gender-related vulnerability to HIV and the impact of AIDS on women and girls. To strengthen governance of AIDS responses, support is provided to national and local AIDS authorities for improved coordination of action on AIDS. In addition, UNDP builds capacity of national partners for employing flexibilities in the WTO agreement on Trade-Related Aspects of Intellectual Property Rights, to increase access to affordable AIDS medicines.

UNFPA: Linking the AIDS response with sexual and reproductive health and reproductive rights

The United Nations Population Fund works to better link HIV and sexual and reproductive health and their interrelationship with broader issues of public health, development and human rights, as well as to intensify HIV prevention. UNFPA continues to focus its work with partners in three priority areas:

1. HIV prevention among young people and adolescents;
2. comprehensive condom programming of both male and female condoms; and
3. HIV prevention in women and girls which requires a gender perspective and the protection of women's rights.

Newly added responsibilities include meeting the sexual and reproductive health needs of women living with HIV and leading the UN system in addressing issues surrounding AIDS and sex work.

UNODC: Reaching out to injecting drug users, prison settings and people vulnerable to human trafficking

The United Nations Office on Drugs and Crime, through headquarters and its network of project, field and regional offices, assists governments with the implementation of large-scale and comprehensive interventions to prevent HIV infections and provide care and support to people living with and affected by HIV. In particular, UNODC focuses on three key areas, namely HIV as it relates to (1) injecting drug use; (2) prison settings; and (3) people vulnerable to human trafficking. UNODC supports countries to move towards the goal of Universal Access of AIDS services for these population groups. This is done through assistance in assessments, capacity building (training a critical mass of service providers), legal and policy reviews, and providing technical support.

ILO: Strengthening workplaces capacity and reaching out to formal and informal workers

The ILO works with and through its three constituencies—ministries of labour, employers' and workers' organizations—to mainstream HIV in their national/sectoral policies and activities, support their involvement in national AIDS structures, and promote workplace action to reach workers and their families globally. The ILO contributes to efforts to move towards Universal Access through mobilizing, guiding and supporting workplaces to deliver prevention, care, support and treatment. This is carried out through workplace structures, especially occupational safety and health and employee assistance programmes. Other programmes used include vocational training and apprenticeship schemes; small business and women entrepreneurship development; micro-finance; and social protection. Services increasingly include prevention of mother-to-child transmission of HIV and tuberculosis control; they may be offered directly at the workplace or through referral to public services, supported by advocacy and education, e.g. 'know your status' campaigns. Further, the ILO is the process of adopting a new international labour standard on HIV/AIDS and the world of work that will further engage its tripartite partners and reinforce its normative work based on the Code of Practice on HIV/AIDS and the world of work.

UNESCO: Education on prevention, treatment, care and support

The United Nations Educational, Scientific and Cultural Organization's distinctive mix of competences in education, science, social science, culture and communications gives it an interdisciplinary organizational and technical capacity that is particularly suited to support efforts towards Universal Access. Education has been identified as a key element and an area of UNESCO's comparative advantage, with much of UNESCO's actions placing special emphasis on addressing risk, vulnerability and system-strengthening through this means. UNESCO particularly seeks to ensure the full and active participation of ministries of education and other key stakeholders in the education sector, exploring ways that the education sector can be fully engaged in efforts to scale up towards the goal of Universal Access. Through its leadership of the UNAIDS inter-agency Global Initiative on Education and HIV/AIDS (EDUCAIDS), UNESCO supports the consideration of a holistic education sector response to AIDS, emphasizing key issues including human rights, equity, and stigma and discrimination, drawing on the strengths of all of UNESCO's sectors. UNESCO also builds on its partnerships with other Cosponsors, for example; WHO, to develop treatment education as a critical component of access to HIV treatment, firmly establishing this as a core component of the continuum necessary in the response to AIDS, and; the ILO in its partnership to develop and implement appropriate workplace policies in educational settings.

WHO: Health sector response

The World Health Organization assists countries to plan for and implement rapid scale up of comprehensive and sustainable HIV prevention, treatment, care and support programmes in the health sector. These efforts build upon the momentum and lessons learned from the '3by5' initiative and the Global Health Sector Strategy for HIV/AIDS 2003-2007. WHO focuses on five areas where it has a clear mandate and comparative advantage for its contribution to the process of scaling up towards Universal Access:

1. enabling individuals to know their HIV status through HIV testing and counselling;
2. maximizing the health sector's contribution to HIV prevention;
3. accelerating the momentum of HIV treatment and care scale-up;
4. investing in strategic information to guide a more effective HIV response; and
5. taking urgent action to strengthen and expand health systems.

Within these five strategic directions WHO concentrates its efforts to help countries to implement a set of priority health sector interventions that have the potential to significantly impact on HIV epidemics.

The World Bank: Technical and financial support for strategy development and programme implementation

The World Bank contributes to the effort to scale up towards Universal Access through strategic planning in the context of broader development efforts with engagement across multiple sectors. The Bank will focus on the following priority areas of action:

- Support for strengthening national AIDS strategies and annual action plans to ensure they are prioritized, evidenced-based, strategic and integrated into development planning instruments;
- Assist country implementing partners to increase the scope, efficiency, effectiveness and quality of priority activities, and work to improve donor coordination and harmonization;
- Strengthen country monitoring and evaluation systems to enable countries to assess and improve their programmes;
- Analytic work including operations research to improve AIDS knowledge and;
- Continued funding for national and regional AIDS programmes and for strengthening health systems;

III STRATEGIC DIRECTIONS

31. Universal Access to HIV prevention, treatment, care and support is a major milestone in efforts to achieve the Millennium Development Goal of halting and reversing the spread of HIV by 2015. HIV is also intimately related to several of the other Millennium Development Goals, particularly those related to health, education and poverty reduction. The overarching objective of UNAIDS in the near future is clear: supporting countries to move towards the goal of Universal Access to HIV prevention, treatment, care and support by 2010 and intensifying efforts to achieve the Millennium Development Goals by 2015.
32. In 2006, after careful consideration of the comparative advantages of UNAIDS and emerging issues in the global AIDS response, UNAIDS Secretariat and Cosponsors together formulated five strategic directions to guide planning, budgeting, programming and accountability. These remain valid and are restated below, taking into account developments since 2006.

Guiding the global agenda, increasing involvement and monitoring global progress

33. UNAIDS has retained its unique position of global authority by acting as an advocate, convenor and neutral broker on AIDS. UNAIDS must continue to build and strengthen partnerships between state and non-state actors, support human rights and enabling legal frameworks, including the meaningful participation of women, young people, people living with HIV and populations most at risk to HIV.
34. UNAIDS plays a particularly important role in supporting greater participation of civil society at all levels of the response. This includes efforts to strengthen the capacity of people living with HIV and their networks, civil society and community-based organizations, as well as advocating for civil society to be a full-fledged partner in national, regional and global processes. For example, both High Level Meetings on AIDS featured meaningful civil society participation. UNAIDS has strongly advocated and provided direct support for civil society involvement in target-setting and planning of scaled-up responses aimed at reaching the Universal Access targets. This inclusive approach will continue as UNAIDS supports implementation of Universal Access and monitoring of progress.
35. UNAIDS will continue to improve the knowledge-base and understanding of the epidemic as well as sharpen the strategic focus of the AIDS response. Responses must be tailored to each country situation, enabling a more effective response. Countries' efforts to 'make the money work' require stronger policy and programmatic support from UNAIDS. In recent years, added focus has been placed on UNAIDS' leading role in the development and sharing of evidence-informed policies on challenging issues, such as HIV prevention and HIV-related human rights and gender issues.⁶ UNAIDS is also regularly refining technical guidance in areas such as antiretroviral treatment and prevention of mother-to-child transmission.
36. UNAIDS brings its HIV surveillance, monitoring and evaluation work to bear on Universal Access efforts. It includes monitoring and reporting on efforts to achieve national Universal Access targets as well as ongoing reporting on the implementation of the 2001 Declaration of Commitment on HIV/AIDS of the UN General Assembly Special Session on HIV/AIDS (UNGASS). Additionally, UNAIDS carries out global monitoring of the state of the epidemic and responses and regular reporting through its annual AIDS epidemic update and its biennial report on the global AIDS epidemic. UNAIDS continues to develop standards and tools for countries to monitor their progress against UNGASS and Universal Access targets. More resources are being allocated to build country capacity for accurate reporting, thus improving the use and timeliness of the data. This is all aimed at informing strategic and programmatic action, increasing accountability for the national response, and supporting programme improvement at the country level, as stated at the 2008 High Level Meeting on

⁶ See document for PCB 22nd meeting, *Sensitizing Gender-sensitivity of AIDS Responses*

AIDS. In addition, UNAIDS estimates resource needs and tracks financial flows, which also support the mobilization of additional resources for the response to AIDS.

Technical support and capacity building to “make the money work” for Universal Access

37. While progress has been made in both setting national targets for Universal Access and scaling up it, is clear that there is an urgent need for new approaches and ideas to ensure that resources are flowing to where they will have the greatest impact on the epidemic. The Global Fund to fight AIDS, Tuberculosis and Malaria, PEPFAR and other bilateral and multilateral investments have resulted in increased resources available to countries for scaling up of the AIDS response. However, lack of adequate quality technical support and limited in-country capacities and poor systems have been a challenge in translating these resources into results on the ground. UNAIDS efforts to “make the money work” and build sustainable local capacities have never been more important.
38. The technical support landscape has changed significantly, with increasing levels of complexity in the nature of the response and demands placed on country systems, and a proliferation of technical support providers. There is urgent need for strong national ownership, better coordination, focus on quality and the need to ensure that technical assistance results in strengthened local capacities and systems. The Global Task Team recommendations and UNAIDS’ Universal Access assessment identify programmatic areas where countries need the most technical support, including:
- strategic and operational planning;
 - human resource and systems strengthening;
 - institutional development including for civil society organisations;
 - prevention especially for marginalised and most-at-risk populations;
 - procurement and supply-chain management;
 - counselling and testing;
 - reducing the cost of medicines and prevention commodities;
 - HIV surveillance, monitoring and evaluation of the response; and
 - national resource tracking and other accountability mechanisms.
39. UNAIDS must intensify its provision of short-term technical assistance and longer-term capacity building in these key areas, along with implementation support, operational research and targeted interventions for most-at-risk populations, to help countries know their epidemics, plan their responses, scale up and or target coverage of programmes and services, and monitor progress. UNAIDS should play a key role in supporting countries to better coordinate technical assistance provided by different partners and establish minimum quality standards. UNAIDS must take a lead in establishing accountability mechanisms and report back periodically on the priorities for technical support and on the quality of support provided by partners and outcomes. The need to better align UNAIDS technical support with the financial investments for AIDS particularly from the Global Fund and PEPFAR is critical to ensure efficient and effective use of resources at country-level. As articulated in the 2007 Memorandum of Understanding between UNAIDS and the Global Fund, UNAIDS will continue and increase the provision of technical support to the Global Fund throughout the project life cycle – from the development of proposals throughout grant implementation, monitoring and evaluation.

Promoting human rights, gender equality and reducing the vulnerability of most-at-risk populations

40. Country consultations on overcoming obstacles to Universal Access stressed the critical importance of promoting human rights and working to eliminate gender inequality, stigma and discrimination that increase vulnerability to HIV infection and impact. Stigma and discrimination against people living with HIV and most-at-risk populations continue to

present major obstacles to achieving Universal Access. Unless they are tackled as a priority issue, there will be insufficient demand for and sustained uptake of AIDS information and services. Currently, these issues are not addressed by programmatic responses of sufficient quality and scale in national AIDS responses. Gender equality and human rights-based approaches including the meaningful participation and empowerment of civil society are critical to achieving both equity and effectiveness in prevention, treatment, care and support programmes.

41. UNGASS reports in 2007 demonstrated that HIV prevention, treatment, care and support programmes are not anywhere close to the required level to adequately reach those-most-at risk, including men who have sex with men, drug users and sex workers, nor are they addressing sufficiently the prevention needs of vulnerable groups, including young people or women. As countries are better able to “know their epidemics” it is imperative that HIV prevention, treatment, care and support responses are better tailored to the specific contexts of the epidemic.
42. The call for greatly increased efforts to address HIV-related human rights and gender issues was a major theme of the XVII International AIDS Conference in Mexico (2008) where there was much focus on the rights of women, young people, injecting drug users, sex workers and their clients, men who have sex with men, transgender populations, and migrants. There was also increased attention to the importance of an enabling legal environment and calls to end HIV travel restrictions and curbing the trend to criminalize HIV transmission. Through support for “know your epidemic and know your response” analyses, national efforts should be focused to better address the needs of the most affected populations as well as better address structural drivers. Importantly, there is increasing awareness of the need to accompany policy statements with action plans and adequate budgets in order to take initiatives to scale.
43. Increased support to affected populations is necessary for them to know their rights and the relevant laws; to have greater access to justice systems; to prevent gender-based violence that puts women and girls at risk of HIV; to provide access to priority prevention interventions including reproductive and sexual health services and commodities; and to encourage harm reduction legislation and law enforcement reform to create an enabling environment for an effective response to AIDS.
44. Although there are positive trends in AIDS responses for populations of humanitarian concern, the epidemic is yet to be sufficiently addressed in these settings. There is a need for coherent advocacy and more resources to scale up HIV interventions for these populations.

Re-emphasizing HIV prevention alongside treatment, care and support

45. Ending the epidemic will ultimately rest on the prevention of new infections. In 2007, for every two people who started treatment, another five became infected. While some countries have significantly increased access to HIV prevention services, overall coverage is far below that required to reverse the spread of HIV. If current trends continue, it is projected that 60 million more people could contract HIV by 2015 and that the annual number of new HIV infections will increase by 20 percent or more by 2012; if HIV prevention were brought to scale, half of the infections that are currently projected to occur by 2015 could be averted.⁷
46. It is clear that a renewed emphasis on evidence-informed HIV prevention for all people — guided by the UNAIDS Intensifying Prevention policy position paper⁸—is required within a comprehensive response, which includes treatment, care and support for those living with

⁷ Global HIV Prevention Working Group, June 2007. *Bringing HIV Prevention to Scale: an Urgent Global Priority.*

⁸ See document for the PCB 17th meeting, UNAIDS Policy Position paper, *Intensifying Prevention.*

HIV. Improving the effectiveness of efforts to contain or reverse the epidemic requires ensuring delivery of essential prevention measures for those at higher risks of HIV infection and also to act on the drivers of the epidemic, including harmful social norms and laws, gender inequality and neglect of human rights. Prevention efforts should become more strategically focused on sexual partnerships, especially those that increase the risk of HIV exposure. Particular challenges include prevention of HIV transmission within discordant couples and addressing risks associated with multiple concurrent sexual partners.

47. Full coverage of interventions focusing on reducing HIV transmission among people engaging in injecting drug use, sex work and male-to-male sex is critical. Although there has been a tripling of HIV prevention efforts focused on these most-at-risk groups, coverage is still far too low to contain the epidemic, let alone turn it around. Stigma and discrimination remain a serious barrier to prevention uptake and access. Additionally, a concerted global effort is needed to accelerate the scale-up of interventions to prevent mother-to-child transmission of HIV⁹.
48. Assisting countries to put policy and programmatic guidance into practice will require more than technical support: it also requires action to address the political barriers to effectively implement HIV prevention services and action to fill the gaps in capacity across the range of prevention planning and implementation skills. UNAIDS is applying lessons learned from successful treatment scale-up by supporting the mobilization of a vocal and informed constituency for prevention at country, regional and global levels, and ensuring that all stakeholder groups have the tools they need to contribute to HIV prevention in the context of Universal Access.
49. A strategic, multi-sectoral approach, tailored to the country context, is required to ensure policies, laws, systems and authorities are informed and aligned with prevention objectives. In low and concentrated epidemics, ministries of justice, the interior and other sectors should be engaged to create an enabling environment for prevention. In countries with generalized epidemics and high prevalence, all sectors should be mobilized and national delivery systems should be utilized. For example, school settings are becoming an important venue for providing education on sexual and reproductive health. Significant investment in girls' education, supported by policies mandating universal primary and secondary education, would substantially reduce HIV risk and vulnerability for women and girls, especially in generalized epidemics.
50. The workplace also provides a natural entry point for prevention activities as well access to treatment. Also, enterprise level interventions via networks of peer educators can reach out to working men and women in both the private and public sectors, assisting in developing workplace policies and programmes in both the formal and informal economy. Additionally, HIV prevention efforts need to be included systematically in emergency and displacement settings.
51. Alongside a renewed emphasis on prevention, UNAIDS must continue to support the scale up of antiretroviral treatment and care in all settings and for all groups of populations. There is growing scientific evidence that prevention and treatment programmes are complementary, with the greatest impact on infections and deaths averted over time coming from significantly scaled up prevention and treatment programmes. The prevention needs of people living with HIV (PLHIV) must be better addressed, with PLHIV taking the lead in defining the 'positive prevention' agenda. Prevention should aim at protecting and promoting the health – including the reproductive and sexual health – of PLHIV.

⁹ There are 4 prongs to the Prevention of Mother to Child Transmission

1. Preventing women becoming infected by HIV
2. Preventing unintended pregnancies among women living with HIV
3. Preventing HIV transmission from women living with HIV to their children, and
4. Provision of care, treatment and support to mothers living with HIV, their children and families

52. Continuing efforts are needed to overcome health system challenges if the rate of scale-up of antiretroviral treatment, prevention, care and support is to accelerate globally. Addressing supply-side factors such as drug prices and availability, funding constraints, knowledge of HIV status, and human resource capacity are critical to increasing treatment access. Implementation of a pharmacovigilance system is required to monitor the emergence of drug toxicities. Tuberculosis and HIV co-infection remain a major challenge in all regions and concerted efforts are required to integrate HIV and TB services.
53. HIV prevention, treatment, care and support need to be analyzed and responded to in the context of global and local political and economic changes. High food prices, together with malnutrition and food insecurity among people on treatment in AIDS affected communities should be assessed more systematically, and addressed appropriately. National AIDS strategies and actions plans need to take these issues into account in order to adequately scale-up HIV prevention, treatment, care and support programmes.
54. The prevention, diagnosis and treatment of HIV in children as well as the care and support of children and young people affected by the epidemic have been unsatisfactory to date. UNAIDS has therefore prioritized efforts to put the missing face of children affected by AIDS on the global agenda, and to make sure that the voices of children and young people are heard on the issues that affect them. Social protection programmes that assist HIV-affected households, and in particular women and children, have the proven potential to alleviate the epidemic's impact and should immediately be brought to scale in the most affected countries.

Strengthening harmonization and alignment to national priorities

55. At country level, the AIDS response occurs within an increasingly crowded environment. The welcome expansion of partners has increased the importance of coordination. At the 2006 High Level Meeting, the UN Member States requested UNAIDS to assist national efforts to coordinate the AIDS response, as elaborated in the 'Three Ones' principles and in line with the recommendations of the Global Task Team and the principles of Paris Declaration on Aid Effectiveness. The creation of the International Health Partnership forum is testimony to the increasing number of partners, the difficulty at national level of managing a diverse set of actors with overlapping programmes, and the need for coherent policies and programmes.
56. Ensuring resources are directed towards supporting national priorities and action plans is key to a successful response. To strengthen national efforts countries are being encouraged to know their epidemic by identifying the behaviors and social conditions that are most associated with HIV transmission. The objective is to strengthen national ownership, responsibility and accountability, and to maximize collective efforts by:
 - reducing transaction costs and duplication;
 - moving to more predictable programme approaches that promote sustainability;
 - supporting efforts to integrate AIDS programming across all relevant sectors, particularly the health sector and other social sectors;
 - ensuring the meaningful participation of civil society;
 - providing comprehensive technical support for implementation; and
 - aligning resources to local epidemics and priorities.
57. As well as supporting the realization of the "Three Ones" at country level, UNAIDS must facilitate regular global dialogue on harmonization and alignment that includes national and local governments, civil society, bilateral programmes, the multilateral system, the private sector, charitable foundations and other key stakeholders¹⁰.

¹⁰ See document for PCB 19th meeting, *Strengthening of global coordination on AIDS*.

58. UNAIDS must also lead by example by continuing to improve coordination of the UN system response to AIDS. This requires improvements in governance, joint budgeting and work planning at global and regional level, as well as joint programming at country level through UN Theme Groups and Joint UN Teams on AIDS, in line with the recommendations of the Global Task Team and the findings of the Secretary-General's panel on UN reform.

IV TRANSLATING THE FRAMEWORK INTO MORE EFFECTIVE ACTION

59. The response to AIDS is as complex as the epidemic itself. UNAIDS support must be adapted to regional and local contexts. Rather than a 'one-size-fits-all' approach, the strategic directions bring longer-term direction and consistency to the work of UNAIDS at all levels. They provide clarity on the comparative advantages of UNAIDS and areas of responsibility of the Secretariat and each Cosponsor to strengthen results-orientation and accountability.
60. This Strategic Framework focuses on the changing environment within which UNAIDS must operate, and the need to 'know your epidemic'. Most-at-risk populations must have access to focused, evidence-based and good quality services while efforts in the generalised epidemics of Sub-Saharan Africa need to be stepped up. All of this must be done in partnership with communities and civil society, including and especially with people living with HIV. There must be greater attention to structural factors driving the epidemic in different settings and closer, more consistent and more effective working relationships with large funders such as the Global Fund to Fight AIDS, TB and Malaria and PEPFAR.
61. The Framework as a whole will guide development and implementation of UNAIDS Unified Budget and Workplan, global and regional level efforts to expand and coordinate the response to AIDS, and the planning and implementation of joint UN programmes of support at country level as well as efforts to measure progress and UNAIDS performance.

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