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Joint United Nations Programme on HIV/AIDS (UNAIDS)

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS or "the Programme"), prepared pursuant to Economic and Social Council resolution 2003/18.

Report by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)

Summary

The present report was prepared in response to Economic and Social Council resolution 2003/18, in which the Secretary-General was requested to transmit to the Council at its substantive session of 2005 a report prepared by the Executive Director of the Programme, in collaboration with other relevant organizations and bodies of the United Nations system, which should include the progress made in developing the coordinated response by the United Nations system to the HIV/AIDS pandemic.

The report provides an update of the status of the epidemic; summarizes steps taken by the Joint United Nations Programme on HIV/AIDS to promote the implementation of the Declaration of Commitment on HIV/AIDS adopted by the special session of the United Nations General Assembly on HIV/AIDS in June 2001; summarizes other key developments in advancing a more effective and coordinated United Nations system response to the epidemic; and takes account of the decisions, recommendations and conclusions of the Programme Coordinating Board taken subsequent to the substantive session of the Council in 2003.

The report concludes with a series of recommendations. The Economic and Social Council is invited to review the report and its recommendations.

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I. Status of the epidemic

1. At the close of 2004, the total number of people living with the human immunodeficiency virus (HIV) rose to an estimated 39.4 million worldwide. That was its highest level ever and sharply up from an estimated 36.6 million two years earlier. The year also saw more new infections and more acquired immunodeficiency syndrome (AIDS) deaths than ever before, with about 4.9 million people acquiring the virus and 3.1 million dying of AIDS. While sub-Saharan Africa had by far the greatest prevalence of HIV, the steepest increases in infections occurred in East Asia, Eastern Europe and Central Asia.

2. The epidemic (which is actually a multiplicity of epidemics) affects different regions and different population groups very differently. The proportion of females among HIV-positive people continues to grow, particularly in Eastern Europe, Asia and Latin America. Although they are less likely than men to engage in high-risk behaviour, women and girls now account for just under half of people living with HIV — the result of both their greater physiological vulnerability and of their lower social status in many countries.

3. AIDS now causes 3 per cent of deaths in children under 5 worldwide, but that figure may be as high as 50 per cent in the hardest-hit countries. About 2.3 million children under the age of 15 are currently living with HIV, the great majority being infants infected during gestation or delivery or through breastfeeding. Fifteen million children have been orphaned by AIDS and millions more are living in households where an adult is sick.

A. Regional variations

4. Sub-Saharan Africa continues to be the worst-hit region, with about two thirds (64 per cent) of all people living with HIV, and more than three quarters (76 per cent) of all HIV-positive women. Life expectancy has dropped below 40 years in nine countries in the region. Despite modest declines in HIV prevalence rates in Uganda and in parts of Ethiopia and Kenya, the highly varied epidemics in the region are far from being reversed. The apparent stabilization of HIV prevalence in some countries signifies that the number of AIDS deaths is now being matched by a comparable number of new infections.

5. The Caribbean remains the second worst-affected region, with prevalence above 2 per cent in the Bahamas, Belize, Guyana, Haiti and Trinidad and Tobago. AIDS is now the leading cause of death among adults aged 15-44 in the region. HIV transmission occurs largely through heterosexual sex, although sex between men is also a factor. In Latin America, more than 1.7 million people are currently living with HIV.

6. In all regions, the epidemic disproportionately targets the most marginalized populations, such as sex workers, men who have sex with men, mobile populations, injecting drug users, street youth and prisoners. Injecting drug use is one of the main drivers of the emerging epidemics in Eastern Europe and in Central, South, South-East and East Asia. In East Asia the number of people living with HIV rose by almost 50 per cent in the past two years, largely a reflection of the swiftly growing epidemic in China. In Eastern Europe and Central Asia, where the increase in

prevalence was about 40 per cent, the greatest numbers of HIV-positive people are living in Ukraine and the Russian Federation.

7. In 2004, in the Middle East and North Africa nearly 92,000 people became infected with HIV, compared to 73,000 in 2002. Conflict-stricken Sudan remains the region's worst-affected country, with its epidemic concentrated largely in the south.

8. In North America and in Western and Central Europe, in 2004 the number of people living with HIV rose by about 64,000 to between 1.1 million and 2.2 million, with rising numbers of people becoming infected through unprotected heterosexual sex. In the United States, where the majority of HIV-positive people are men who have sex with men, prevalence is disproportionately high among African Americans and is affecting increasing numbers of women. In Western Europe, a large share of new HIV infections is found among people originating from countries with serious epidemics, and there is evidence of a resurgence of HIV transmission among men who have sex with men.

B. Long-term impacts

9. Despite the growing provision of antiretroviral treatment in developing countries, it is possible that by 2006 11 countries in sub-Saharan Africa will have lost over one tenth of their labour force to AIDS. Foreshadowing the epidemic's long-term capacity for broad-based damage, the impact of AIDS on agriculture played a pivotal role in the recent food crisis in Southern Africa.

10. Epidemics in large countries — such as China, Ethiopia, India, Nigeria and Russia — threaten to form a wave of new infections that could erase gains against HIV/AIDS in other parts of the world. The United Nations has made progress in those countries, especially in terms of high-level advocacy, but more resources will need to be devoted to them to bring about real change.

II. Implementation of the Declaration of Commitment on HIV/AIDS

11. The 2001 Declaration of Commitment on HIV/AIDS has been an important mechanism in accelerating the global fight against the epidemic. The Declaration established clear time-bound targets with measurable indicators of progress. The importance of the global HIV/AIDS effort to wider development objectives is underlined by the way the Declaration targets reinforce the Millennium Development Goals, especially Goal 6 (to have halted by 2015, and begun to reverse the spread of HIV/AIDS).

12. In 2006, the General Assembly will receive and review a comprehensive report on international progress in implementing the Declaration, with special reference to the targets due at the end of 2005. The present report provides an overview of current progress in implementing key aspects of the Declaration, with some indication of impacts to date.

Preventing new infections

13. At the present time, almost all of the most affected countries are at risk of falling short of the Declaration's target of reducing the level of infection in young

men and women (ages 15-24) by 2005. While some countries are having some success in reducing infection levels among certain populations, the pace of the epidemic's expansion worldwide is increasing. Prevention programmes currently reach only a fraction of those who need them. The scaling-up of prevention services is especially vital for women, for young people (who represent one half of all new infections) and for marginalized populations at the greatest risk of infection such as sex workers, prisoners, migrants, men who have sex with men and injecting drug users. Reluctance to address the needs and vulnerabilities of those populations has perverse effects, which was shown by a 2004 survey of national AIDS spending in 26 countries that highlighted how often limited prevention resources are invested in relatively ineffective programmes aimed at the general population and people at low risk. That means critical opportunities to prevent epidemics concentrated in the most vulnerable populations from spreading to the larger population are being missed.

Expanding access to treatment

14. The number of people on antiretroviral therapy rose by nearly two thirds during the last six months of 2004 as a result of a number of international efforts, including the "3 by 5" initiative. In particular, that period saw the doubling of the number of people on treatment in sub-Saharan Africa, from 150,000 to 310,000. Treatment coverage in Botswana, Namibia and Uganda presently exceeds one quarter of those in need, and is greater than 10 per cent in 13 countries in the region. In Latin America, 10 countries have reported treatment coverage of over 50 per cent. While heartening, those achievements still meant that only 12 per cent of those who need antiretroviral therapy in low- and middle-income countries were receiving it as 2005 began, so it is crucial that the momentum be sustained and stepped up. Increased access to antiretroviral treatment boosts the ability of national health-care systems to provide HIV/AIDS responses that deliver care, prevention and impact mitigation efforts in a comprehensive and mutually reinforcing manner.

Human rights and AIDS

15. While many surveys of national AIDS responses and policies indicate the existence of human rights safeguards, existing measures frequently lack the specificity and enforcement mechanisms necessary to combat gender- and stigma-based discrimination. Many countries have yet to adopt legislation to prevent discrimination against people living with HIV, and even fewer have enacted measures to promote and protect the human rights of vulnerable populations.

Orphans and children made vulnerable by HIV/AIDS

16. The impact of HIV on children is devastating and the situation will worsen. Between 2001 and 2003, the global number of children orphaned by AIDS increased from 11.5 million to 15 million. That represents just a fraction of the number of children whose lives will be radically altered by the impact of HIV/AIDS on their families, communities, schools, health care and welfare systems. With the exception of Eastern Europe, less than 3 per cent of orphans and vulnerable children are receiving public care and support services in developing countries. The number of orphans will continue to rise even after the number of adults infected with HIV peaks or declines. In 2004, rapid assessments and action plans for children affected by HIV/AIDS were completed in 16 sub-Saharan African countries under the leadership of the UNAIDS secretariat, two co-sponsors (World Food Programme (WFP), United Nations Children's Fund (UNICEF) and United States Agency for

International Development (USAID)). The OVC Programme Effort Index (UNAIDS secretariat and others) was implemented in 35 countries in sub-Saharan Africa. The index identified specific strengths, weaknesses and gaps in policy and planning efforts, and helped to guide future action. However, despite those efforts, twenty years into the pandemic, children and adolescents are still too often disregarded when strategies on HIV/AIDS are drafted, policies made and budgets allocated.

Building sustainable capacity

17. A major barrier to the implementation and expansion of essential AIDS programmes is the acute shortage of trained personnel who possess requisite skills and expertise. Strategies to preserve and build national capacity — including maximizing use of community resources — have been identified and implemented in some places, but donors and recipient countries have often failed to integrate those approaches into programmatic efforts. The UNAIDS secretariat, the United Nations Development Programme (UNDP), the World Bank/World Health Organization (WHO) High-Level Forum on Health Millennium Development Goals, as well as several donor agencies and affected countries have initiated both policy work and country analysis and planning to address that issue.

Financial resources

18. Financial resources available in 2005 for AIDS programmes in low- and middle-income countries are projected to be nearly six times greater than amounts spent worldwide in 2001. All major donors now recognize that AIDS programmes must comprehensively address prevention, treatment, care and support. The United States $15 billion “President’s Emergency Plan for AIDS Relief” offers significant new resources to national AIDS programmes. As of January 2005, the Global Fund to Fight AIDS, Tuberculosis and Malaria had approved funding for a comprehensive range of programmes that address prevention and care initiatives, including funding that will ultimately support the delivery of antiretroviral therapy to an estimated 1.6 million people in settings where resources are limited. The World Bank has also expanded its support for care and treatment. The mobilization of the business sector and public-private partnerships is helping to provide comprehensive prevention and care services to employees and local communities. Nonetheless, if spending trends continue at the present level, by 2007 there will still be a significant shortfall between the available funds and the resources needed for a response that is comprehensive in both scope and coverage.

19. Political commitment has markedly increased during the past two years at the national, regional and global level. Particular examples can be found in the two most populous countries in the world. In China, senior political leaders have begun to speak publicly about AIDS issues while in India, a national AIDS Council chaired by the Prime Minister has been established with the representation of different sectoral ministries. Groups of people living with HIV continue to lead efforts in many countries around the world to overcome the silence surrounding AIDS and to demand effective action to address the epidemic.

III. Progress in the UNAIDS partnership

20. Coordinated efforts across the spectrum of United Nations and non-United Nations actors remain crucial to the success of the global response to the AIDS epidemic. Building on that realization, the 15th meeting of the Programme Coordinating Board (June 2004) emphasized the importance of strengthening the UNAIDS partnership, especially at the country level, to contribute to a comprehensive response to HIV/AIDS. While much remains to be done and several challenges lie ahead, remarkable progress has taken place in several areas of the response, including capacity-building, training and education, the development of legal and regulatory frameworks, technical assistance, normative work, children and young people, injecting drug users, research and the issue of HIV/AIDS in the United Nations workplace.

21. The following sections review the progress made by UNAIDS co-sponsors and its secretariat in strengthening coordinated United Nations responses to support national AIDS strategies.

A. Advocacy and leadership for effective action

22. UNAIDS leadership activities include the reinforcement of national capacity, support for regional leadership and strengthening and accelerating global advocacy and leadership initiatives.

1. Strengthening national capacity and leadership

23. The 16th meeting of the Programme Coordinating Board (December 2004) endorsed the commitment of UNAIDS to scaling up technical support, building capacity and promoting coordinated and comprehensive responses at the country level. Concrete steps to fulfil that commitment can be seen in several high-level initiatives.

The “Three Ones”

24. Through a preparatory process in Africa, initiated by the UNAIDS secretariat in cooperation with the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, three principles were identified as being crucial to promoting “harmonization within AIDS”. Known as the “Three Ones”, the principles were agreed by a meeting of leading international donors in April 2004, and include the following:

(a) One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners;

(b) One National AIDS coordinating authority, with a broad-based multisectoral mandate;

(c) One agreed country-level monitoring and evaluation system.

25. At the meeting, UNAIDS was called upon to spearhead support to countries and donors in implementing the “Three Ones”, and undertook to produce an annual report outlining progress.

26. A critical component in providing effective country-level United Nations support to national implementations of the "Three Ones" has been the United Nations Theme Group on HIV/AIDS. In individual countries the Group has been incorporating the "Three Ones" into its work plan. Particular areas of action include support for the functioning of national AIDS authorities, support for the establishment and functioning of national partnership forums, support for the establishment and functioning of joint review processes and support for the establishment and functioning of monitoring and evaluation systems. UNAIDS is engaging in intensive advocacy and monitoring in 12 countries which either require urgent acceleration of their national responses or are at critical stages in their development. Those countries are Ethiopia, Haiti, India, Indonesia, Kenya, Malawi, Mali, Mozambique, Ukraine, United Republic of Tanzania, Viet Nam and Zambia.

Strengthened support for countries

27. The UNAIDS co-sponsors and the secretariat have made strengthening of country-level support to AIDS responses a key priority. In line with the recommendations of the Programme Coordinating Board following the five-year evaluation of UNAIDS and the June 2003 management plan, *Directions for the Future: Unifying and Intensifying Country Support*, UNAIDS has reoriented efforts and resources to the country level to better support national AIDS responses. To assist this reorientation, the secretariat is developing a new competence framework to ensure that all UNAIDS country coordinators have the right skills to manage this process by 2006. In addition, UNAIDS (the co-sponsors and the secretariat) has placed additional staff in countries with technical expertise in the three key programme areas of monitoring and evaluation, partnership building and policy advice and resource mobilization and tracking.

28. Those three areas were identified by the Programme Coordinating Board as necessary to ensure that UNAIDS can provide timely, effective assistance to countries as more resources become available and more actors become involved, and as activities are expanded. By the end of 2004, 57 additional posts had been created, including the placement of UNAIDS country coordinators in additional countries. That represented a 46 per cent increase in country-level professional staff. An additional 20 country-level posts are to be created in 2005. In addition to this increase by the secretariat, co-sponsors have significantly strengthened their country-level presence focused on HIV/AIDS.

29. Joint United Nations planning on HIV and AIDS at the country level has been steadily improved, pursuant to the guidance note by the United Nations Development Group on operationalizing a strengthened United Nations system response to HIV/AIDS at country level issued in late 2003. The note aims at improving the coherence, relevance and quality of United Nations system support to national HIV/AIDS efforts and underscores the collective accountability of the United Nations system through the Theme Group on HIV/AIDS. Specific guidelines are provided on key issues such as the roles and responsibilities of the Resident Coordinator and Theme Group chair, the positioning of the UNAIDS country coordinator within the United Nations country team, the core functions of UNAIDS, the mainstreaming of HIV and AIDS in the United Nations Development Assistance Framework (UNDAF) and major development instruments and the development and implementation of United Nations Implementation Support Plans. The Plans provide a framework for the coordination of United Nations support to national AIDS responses, based on national priorities and planning. By the end of 2004 the Plans

were being implemented in at least 23 countries, had been recently finalized in 3 more and were under development in 22 countries.

30. A rapid survey carried out in late 2004 found that the guidelines were largely being carried out one year after the issuance of the note. Theme Groups in almost all the countries surveyed are functioning strongly and hold regular meetings with a high level of participation of United Nations agency heads, and UNAIDS country coordinators are members of the full United Nations country team. The recommended rotation and the process for designating the Theme Group chairs are largely being applied, and there is increasing application of the United Nations Personnel Policy on HIV/AIDS and the International Labour Organization Code of Practice on HIV/AIDS and the World of Work. However, the survey notes some ongoing weaknesses, for example efforts to mainstream HIV/AIDS into key development instruments (through UNDAF and Poverty Reduction Strategy Papers) are uneven, and more frequent consultations are needed among the United Nations Theme Groups and major donors at the country level to more accurately map how to support national response more effectively.

2. Support for regional leadership

31. The past two years have seen a marked intensification in joint regional United Nations action on AIDS. A regional directors' group on HIV/AIDS was formed in Eastern and Southern Africa in response to the "triple threat" of food insecurity, weakened capacities for governance and AIDS in the subregions. A rapid assessment in mid-2004 found that progress was being made to expand country-level responses to the triple threat, although there was considerable variability in United Nations country team follow-up in the different countries.

32. In Eastern Europe, Regional Directors of UNAIDS co-sponsors have selected three focus countries — the Russian Federation, Tajikistan and Ukraine — for the development of joint advocacy plans, intensified promotion of the "Three Ones" principles and increased use of UNAIDS programme acceleration funds. In Latin America and the Caribbean, the Regional Directors of UNAIDS co-sponsors and the secretariat's regional teams have in the last year developed common priorities such as the coordination of financial support to the region, development of regional advocacy strategies, and implementation of the United Nations Learning Strategy on HIV/AIDS. In general, regional efforts by UNAIDS have been most effective when responding to a clear major regional issue such as the "triple threat" or in supporting a regional entity such as the peer review mechanism of the African Union, AIDS Watch Africa.

Progress on established regional initiatives

33. Progress has been seen in regional initiatives such as the Asia-Pacific Leadership Forum on HIV/AIDS and Development and the Pan Caribbean Partnership against HIV/AIDS (PANCAP). At the Second Asia-Pacific Ministerial meeting on HIV/AIDS held in Bangkok on 11 July 2004 the assembled Ministers agreed on "the importance of promoting high-level leadership and partnership among key stakeholders in combating HIV/AIDS in the region, through various channels, including the Asia-Pacific Leadership Forum on HIV/AIDS and Development (APLF)". Building on the recommendations of the APLF Steering Committee and stakeholders in May 2004, the APLF is moving into a second phase of leadership mobilization at the country and subregional levels. Efforts are focused

on the mobilization of five leadership "streams" of political, media, business, religious and women's leaders. Many activities have been initiated, conducted or supported at the country and subregional levels. Cooperation continues with the Association of South-East Asian Nations (ASEAN) in preparation for the ASEAN summit in 2005.

34. The Pan Caribbean Partnership against HIV/AIDS has become a model for regional initiatives in recent years. In December 2004 a publication from the UNAIDS Best Practice Collection documented a number of indicators of success achieved by the Partnership in areas such as political leadership, resource mobilization, response acceleration, and global visibility. PANCAP has expanded to include 74 partner institutions from around the region, and has raised greatly the profile of the response to HIV/AIDS in all countries.

Regional support teams

35. The UNAIDS secretariat is currently reinforcing its regional presence through the establishment of regional support teams. The purpose of the teams is to mobilize and leverage technical, financial and political support to the joint country-level efforts by the United Nations to assist national AIDS responses, largely through the UNAIDS country offices in their respective regions. In countries where there are no UNAIDS country coordinators, the teams channel their support through United Nations Theme Groups and the United Nations resident coordinator system. In 2005, four UNAIDS inter-country teams were upgraded to regional support teams: Eastern and Southern Africa (based in Johannesburg, South Africa), West and Central Africa (Dakar), Asia-Pacific (Bangkok) and Middle East-North Africa (Cairo). A fifth regional support team for Eastern Europe and Central Asia has been established in Geneva, and two more are planned for Latin America and the Caribbean.

3. Global leadership initiatives

36. UNAIDS continues to emphasize the importance of leadership as a crucial component of the global response to HIV/AIDS.

High-level meeting on "Making the money work"

37. On 9 March 2005, UNAIDS and the Governments of France, the United Kingdom and the United States co-hosted a meeting in London focused on ensuring funds for HIV/AIDS activities are both available and actually reach those in the greatest need quickly and efficiently. Bilateral and multilateral donors, national leaders and civil society addressed ways to achieve comprehensive, effective and sustainable nationally led AIDS responses. It also created a Global Task Team to find ways in which the multilateral system can streamline, simplify and further harmonize HIV/AIDS-related procedures and practices in order to make country-led responses more effective and reduce the burden placed on the managerial and technical capacity of countries.

"3 by 5" initiative

38. WHO, as the lead co-sponsor on treatment and as the agency providing technical guidance to the broader health sector, is closely collaborating with other UNAIDS co-sponsors and the secretariat on scaling up national AIDS treatment programmes in order to reach the goal of 3 million people living with HIV on

antiretroviral treatment by the end of 2005. Co-sponsors and the secretariat have undertaken to improve coordination, engage in joint advocacy, pool technical resources and document experiences in countries with the aim of accelerating "3 by 5" and rapidly documenting best practices for application in other low- and middle-income countries.

Global Coalition on Women and AIDS

39. Launched in 2004, the Global Coalition on Women and AIDS is a network of civil society groups, Governments, and United Nations agencies that work together to highlight the effects of AIDS on women and girls and to stimulate concrete actions — particularly the empowerment of women — that make the AIDS response work for women and girls. The Coalition has identified seven action areas on which it is focusing. Leadership in each area is provided by a convening partner that builds broad partnerships for advocacy and action. Notable efforts have been made in specific fields by UNICEF and the Global Campaign for Education (promoting universal education for girls), the International Center for Research on Women and the Food and Agriculture Organization of the United Nations (FAO) (protecting women's property and inheritance rights), WHO and the Center for Women's Global Leadership (reducing violence against women), the International Planned Parenthood Federation, Young Positives, the United Nations Population Fund (UNFPA) (improving access to sexual and reproductive health care for adolescent girls) and WHO and the International Community of Women Living with HIV/AIDS (advocating equal access for women to HIV care, treatment and support). The Coalition also supports leadership by and for women in the response to AIDS, working closely with partners such as the Worldwide Young Women's Christian Association (YWCA), the World Association of Girl Guides and Girl Scouts and HelpAge International.

4. Engagement of United Nations system organizations

40. In the past two years, UNAIDS has been joined by two new co-sponsors. The World Food Programme (WFP) became a co-sponsor in 2003 and was joined by the Office of the United Nations High Commissioner for Refugees (UNHCR) in 2004.

41. UNAIDS continues to work with a wide spectrum of United Nations and non-United Nations organizations. For example, in October 2003 UN-Habitat and UNAIDS signed a cooperation framework on strengthening joint action against the epidemic in urban areas, the eleventh collaboration agreement signed by UNAIDS with the United Nations organization. In November 2003, the Chief Executives Board of the United Nations, chaired by the Secretary-General, endorsed a comprehensive paper on "triple threat" of food insecurity, weakened capacity for governance and AIDS in sub-Saharan Africa. The UNAIDS secretariat has actively participated in other United Nations system coordination mechanisms, including the United Nations Development Group and the United Nations Inter-Agency Standing Committee on Humanitarian Affairs.

42. In order to improve coordination by all relevant organizations in the United Nations system in the response to AIDS, UNAIDS has elaborated the United Nations System Strategic Framework for 2006-2010 as a successor document to the United Nations System Strategic Plan. The Framework was prepared in consultation with the members of the Inter-Agency Advisory Group on AIDS and adds additional value to the planning process owing to such features as the following:

(a) A simpler and more understandable structure;

(b) Greater effectiveness as an advocacy tool as it specifies goals, objectives and outcomes derived from the Millennium Development Goals and the Declaration of Commitment on HIV/AIDS;

(c) Clear links among strategy, coordination and outcomes in a unified framework within which each United Nations body develops its strategic plan;

(d) A focus on results.

43. The February 2005 meeting of the Inter-Agency Advisory Group on AIDS expressed its support for the UNSSF and agreed that each participating agency will develop its individual plan on HIV and AIDS under the Framework.

B. Strategic information

44. UNAIDS disseminates strategic information to assist national, regional and international actors in the essential tasks of policy formulation, prioritization of investments and programme implementation, as well as in setting the international policy agenda on the need for greater coherence and accountability in AIDS funding. UNAIDS has regularly developed and disseminated policy on a broad range of key HIV issues, including refugees, agriculture, youth and education, and legislative and policy reform designed to deliver better on HIV-related human rights.

45. The following are examples of important strategic information initiatives undertaken by UNAIDS during the present reporting period.

1. Process for producing estimates

46. Guided by the UNAIDS Reference Group on Estimates, Modelling and Projections, the past few years have seen continued capacity-building at the country level and a refinement of the methods used to produce country-specific estimates of the burden of HIV infection. A number of software products have been developed, including the Estimation and Projection Package which is used to estimate and project adult HIV prevalence in countries with generalized epidemics, and Spectrum software, which generates estimates of prevalence, incidence, AIDS-related mortality and orphans. In 2003, a total of 196 selected national epidemiologists and analysts from 126 countries received initial training in the use of those tools at 12 regional training workshops. Since then, both software packages have been updated incorporating new evidence from research and adding new features. A second round of training workshops is being conducted during March-June 2005 to train new users and update existing users on new developments in estimation and projection. Those training workshops are expected to build capacity in countries, produce draft 2005 estimates, and initiate discussions about using countries' 2005 estimates in the end-2005 Epidemic Update and 2006 Global Report by UNAIDS.

2. Monitoring and evaluation

47. UNAIDS has undertaken a number of major activities to strengthen monitoring and evaluation (M&E) efforts at the global and country levels. The UNAIDS secretariat and co-sponsors, especially the World Bank, UNICEF and WHO, are working with key partners such as the Global Fund and the United States Centers for

Disease Control and Prevention to improve national monitoring and evaluation systems. In 2004, UNAIDS provided significant M&E technical support in at least 51 countries; was participating in the national M&E working groups of at least 45 countries; supported the development of national M&E plans in at least 46 countries; and supported the monitoring and evaluation of Global Fund grants in at least 29 countries. As regional training and short-term assistance have had insufficient impact, monitoring and evaluation experts (both national and international placements) have been hired to work in priority countries for periods of from two to four years. In line with the "Three Ones" principles, their main role is to assist national governments in the development and implementation of unified monitoring and evaluation systems. Twenty-three of the 29 positions approved for 2004 have already been taken up in their duty stations, and 11 additional monitoring and evaluation advisers will be recruited in 2005.

48. In 2002, the UNAIDS co-sponsors and secretariat established the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET), located at the World Bank. GAMET now has a country support team with 10 monitoring and evaluation specialists. By the end of 2004, the Team had made 139 field support visits to 42 countries and provided intensive field support for monitoring and evaluation.

49. At the global level, the UNAIDS Monitoring and Evaluation Reference Group continues to harmonize M&E tools, but has also increased efforts to address gaps in country M&E activities. UNAIDS is also in the final stages of developing a computer based "clearing house", the Monitoring and Evaluation Technical Assistance and Training Facility, that will link country requests for M&E assistance with technical expertise and resources. In the area of AIDS-related resource tracking, UNAIDS is emphasizing that aspect of monitoring as an activity for the newly established Regional Support Teams.

50. Among the co-sponsors, UNICEF has developed a guide to monitoring and evaluating the situation of children orphaned and made vulnerable by HIV/AIDS, and is working with 16 of the hardest-hit countries on the rapid assessment and appraisal of the situation of children. WHO has taken the lead in producing M&E guidelines for programmes that focus on the prevention of mother-to-child transmission, young people, antiretroviral therapy and patient monitoring.

3. Prevention and care

Prevention

51. One of the important functions of UNAIDS in the area of strategic information is to provide high-level policy advice to guide the global response to the epidemic, and ensure that it is both balanced and comprehensive. To ensure that prevention retains its status as a key priority in the global response, the 16th meeting of the Programme Coordinating Board confirmed the importance of developing a revitalized global prevention strategy, and directed that such a strategy be presented at the 17th Board meeting in June 2005. In particular, the Board directed UNAIDS to ensure that the prevention strategy is clearly based on evidence; integrated with global and national prevention, care and treatment initiatives; and grounded in a human-rights approach that specifically addresses the needs of those especially at risk of HIV exposure, including women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners,

migrant labourers, people in conflict- and post-conflict situations, refugees and internally displaced persons. The strategy is to have clear links to sexual and reproductive health programmes, owing to their importance as entry points for HIV prevention. That will require increased efforts by UNAIDS in the production and dissemination of information, including advocacy and policy materials, for example through the Global Initiative on HIV/AIDS and Education, led by UNESCO, or such global youth initiatives as Global Youth Partners, supported by UNFPA.

Care and treatment

52. Various initiatives have been undertaken, in addition to the above-mentioned "3 by 5", towards the goal of granting universal access to care and treatment, a basic element of the human right to health.

53. UNAIDS, especially UNICEF and WHO, continue to work with Médecins Sans Frontières on providing strategic information on the sources and prices of HIV medicines through the joint publication *Sources and Prices of Selected Medicines and Diagnostics for People Living with HIV/AIDS*, based on global pricing reported by the pharmaceutical companies. In 2004 the Global Fund published the *Purchase Price Report*, the first such publication using real transaction pricing information in the public domain. UNICEF procures antiretroviral drugs, and test kits for prevention of mother-to-child transmission and antiretroviral treatment for Governments, Columbia University, the Glaser Progress Foundation, UNDP and NGOs in 39 countries, with national expansion in eight countries. UNICEF has also established a $1.6 million stockpile, part in Copenhagen and part as standby arrangements at manufacturers to cater for emergency orders.

54. WHO continues to provide normative guidance on HIV treatment and is updating its Model List of Essential Medicines, with the possibility of adding other antiretrovirals and HIV-related medicines. The Procurement, Quality and Sourcing Project (the "prequalification project") managed by WHO with support from UNAIDS, UNICEF and the World Bank, has now approved some 80 HIV-related products, most of which are antiretrovirals, from both originator and generic companies. The project provides crucial information that is used by the United Nations in its procurement work and can be useful also to national drug regulatory authorities in the registration of pharmaceuticals in countries. WHO and the UNAIDS secretariat co-sponsored, with the Governments of the United States and South Africa, meetings in 2004 that resulted in the publication of principles for national drug regulatory agencies to apply to procurement of fixed-dose combination antiretrovirals.

55. UNAIDS co-sponsors and the secretariat continued their joint effort in developing policy guidance on expanding treatment, particularly on introducing HIV treatment in resource-limited settings where universal access is not immediately possible. The guidance includes specific measures that can be taken in countries and communities to promote fairness in scaling up HIV care. Notably, in March 2005, WHO, the World Bank and the secretariat sponsored a consultation on ensuring universal access: user fees and free care policies in the context of HIV treatment, which will lead to the development of policy guidance in that area. Co-sponsors and the secretariat also provide strategic information on intellectual property for policymakers and programme managers, with a view to encouraging the production and use of generic drugs where that is in the interest of health systems and people living with HIV/AIDS.

C. Civil society engagement and partnership development

56. Forging greater action on AIDS by the wide range of civil society, faith-based organizations and business sector actors is a central priority for UNAIDS. The Programme continues to strengthen its work with civil society organizations, including faith-based organizations. For example, a mapping of the AIDS-related activities of Christian evangelical organizations — the fastest-growing churches in many parts of the world — was carried out. It identified 60 "hubs" (large churches with strong connections to many smaller or more isolated ones) with which UNAIDS now regularly exchanges strategic information on prevention, care and treatment issues. Many of those churches have their own radio and television stations, and are proving willing to address AIDS in programmes. Working with the International Olympic Committee, UNAIDS is providing regional training to help national Olympic Committees reach their mass memberships and young people with HIV prevention and anti-stigma-related activities. In collaboration with the Swedish International Development Cooperation Agency, UNAIDS is helping Swedish NGOs to raise AIDS on their country's agenda and to collaborate with NGOs in recipient countries.

57. A new phase of seriousness and commitment to AIDS on the part of business has emerged over recent years. It is increasingly standard operating practice for companies in badly affected regions to seek to mitigate the impact of HIV on their bottom lines. In addition to the work of the ILO, we have focused on strengthening the private-sector response by working through large, influential business membership associations. Key players such as the Global Business Coalition on HIV/AIDS and the World Economic Forum, as well as regional and national business associations, trade unions and employers' organizations, have used their influence to increase action on AIDS, especially in the workplace.

58. The commitment of UNAIDS to collaboration with networks of HIV-positive people was demonstrated at the 2004 UNAIDS global staff meeting in which facilitators from several networks conducted sessions attended by UNAIDS field-level staff.

59. In line with the recommendations on the role of civil society agreed at the 15th meeting of the Programme Coordinating Board, the UNAIDS secretariat has established a steering committee composed of civil society representatives to increase that sector's input into the monitoring and evaluation of the Declaration of Commitment on HIV/AIDS adopted by the twenty-sixth special session of the General Assembly.

D. Mobilizing financial and technical resources

60. Although funding on AIDS has increased in recent years, it still falls short of what is needed. Promoting, tracking and coordinating resource mobilization therefore remained a cornerstone of the activities of UNAIDS. Special emphasis has been given by the UNAIDS co-sponsors and secretariat to assisting countries mobilize and effectively utilize resources from a number of sources, including increasing domestic budgets and multilateral and bilateral foundations and the private sector. Some key examples are highlighted below.

World Bank

61. The World Bank is one of the three largest contributors to the funding of HIV/AIDS programmes. By the end of 2004 it had committed more than US$ 2 billion in grants, credits and loans to more than 80 HIV/AIDS prevention and control programmes globally. Most of that funding has come through the Multi-Country HIV/AIDS Programme (MAP) for Africa, which has committed more than US$ 1.1 billion to 29 country and 4 subregional projects. In 2004, the World Bank and other development partners (UNAIDS, the Department for International Development of the United Kingdom, and MAP International) conducted an interim review of the Programme for Africa. The review found the general approach of the Programme to be sound, and commended its role in stimulating HIV/AIDS programmes across Africa, including support for initiatives by civil society and communities. The review also identified areas in which the Programme needs modification to respond effectively to the major changes that have arisen in the global HIV/AIDS environment since 2000. Many of those findings are relevant not only to the Multi-Country HIV/AIDS Programme for Africa, but also to national HIV/AIDS programmes in general and to other external partners.

Global Fund to Fight AIDS, Tuberculosis and Malaria

62. The first three years of the Global Fund to Fight AIDS, Tuberculosis and Malaria has seen a substantial increase in the financial resources made available to low- and middle-income countries. As of January 2005, 129 HIV/AIDS-related grant proposals totalling about $1.6 billion in two-year funding (a total five-year grant amount of $5 billion) were approved in the first four rounds of calls for proposals. UNAIDS support for HIV/AIDS proposal development, grant negotiations, implementation and monitoring and evaluation is handled globally, regionally and at the country level by individual co-sponsors and the secretariat through both core staff and consultants. At the country level, United Nations country teams (often through the United Nations Theme Group on HIV/AIDS) have jointly spent a significant amount of human and financial resources advocating national investment in the Global Fund process, contributing to the establishment and functioning of country coordinating mechanisms and their technical sub-groupings, supporting the Global Fund-related efforts of civil society and assisting in grant proposal and implementation.

63. UNAIDS co-sponsors provide significant technical assistance to HIV/AIDS grants. Co-sponsor support for proposal development and implementation generally focuses on grants for HIV/AIDS programmes that fall within their mandates. Additionally, UNDP is contributing substantially to the successful implementation of approved proposals through capacity-building support for principal recipients and other local implementing partners. UNDP is also acting as principal recipient for grants in 25 countries facing donor constraints or exceptional development challenges. In the latter category, UNDP is providing the necessary capacity-building support to one or more local principal recipient candidates with the view that they will be phased in to that role. In 2005, UNAIDS assistance to Global Fund processes will be augmented by the newly established technical support facilities (explained above).

Unified budget and work

64. The unified budget and work plan provides a platform for joint planning on HIV and AIDS at the global and regional level. At the request of the 16th meeting of the Programme Coordinating Board, and to provide more stringent performance monitoring and accountability, UNAIDS is simplifying the 2006-2007 unified budget and work structure. For example it has reduced the number of results and indicators to a more reasonable and measurable number, including aggregate results and key results for each agency, as well as specific deliverables for each result. In addition, UNAIDS had sought to streamline the planning process and to reduce transaction costs in spite of the increase in the number of co-sponsors. Finally, the unified budget and work plan will provide an inter-agency component with, for the first time, measurable results and deliverables.

Programme Acceleration Funds

65. The UNAIDS Programme Acceleration Funds (PAF) are administered by the United Nations Theme Groups on AIDS and enable the United Nations system to make strategic contributions to the enhancement of each country's response to AIDS. PAF grants are meant to be used as seed money for new initiatives that might serve as catalysts for action beyond those initiatives. In practice, they are often used to address important gaps in a country's response, especially gaps related to gender or to sensitive issues such as sex work, injecting drug use and men who have sex with men. The budget for the 2004-2005 biennium provides for a total of US$ 16 million in small grants, of which 50 per cent is designated for use in 55 "priority countries" in greatest need of intensified support for their AIDS response. Another 30 per cent is set aside for all other countries with the United Nations Theme Groups on HIV/AIDS. The remaining 20 per cent is kept in reserve to rapidly respond to unforeseen events. The 2004 annual reports for 76 countries show that Theme Groups in those countries approved almost 190 new PAF grants, while continuing to administer grants given in previous years.

Technical support facilities

66. Regional United Nations structures are being challenged by the need to rapidly increase technical assistance and capacity development to assist countries in implementing Global Fund grants and other externally-supported efforts to scale up national AIDS responses. Accordingly, and in line with the recommendations of the 15th meeting of the Programme Coordinating Board, UNAIDS technical support facilities are being established in four regions, Eastern and Southern Africa, West and Central Africa, South-East Asia and Latin America by the end of 2005. Technical support facilities are envisioned as service-providing entities, based on existing regional institutions, that will facilitate country partners' access to technical and capacity-building assistance from the United Nations and other development partners and institutions. UNAIDS co-sponsors, national Governments, civil society and other key stakeholders will be members of Regional Inter-agency Reference Groups which provide oversight, assessment and advice to the UNAIDS secretariat regarding the activities of the technical support facilities. To ensure the sustainability and high quality of the technical support facilities, clients will be asked to pay for the services out of their own budgets. However, UNAIDS will establish a technical assistance fund of around $500,000 per year in each region to assist clients who cannot afford to pay for the services they need.

IV. Recommendations and proposed action for the Economic and Social Council

67. **The Economic and Social Council may wish to consider the following actions:**

1. **Endorsing the support given by the 15th and 16th meetings of the Programme Coordinating Board to UNAIDS commitment to expanding technical support, building capacity, and promoting coordinated and comprehensive responses at the country level, in particular through the implementation of the "Three Ones" principles for country-level coordination.**

2. **Endorsing the intensification of joint regional United Nations action on AIDS, both through improved communications between agencies at the regional level and through initiatives such as regional support teams to mobilize and leverage technical, financial and political support for the joint country-level efforts by the United Nations.**

3. **Taking note of the progress that has been made on scaling up antiretroviral treatment and accelerating HIV/AIDS prevention, and encouraging UNAIDS and its partners to intensify their efforts to reach the "3 by 5" target.**

4. **Endorsing the decision of the 16th meeting of the Programme Coordinating Board to call for a revitalized global approach to prevention that is based on evidence, integrated with global and national prevention, care and treatment initiatives, grounded in a human-rights approach, and linked where appropriate to sexual and reproductive health programmes.**

5. **Encouraging UNAIDS activities to strengthen monitoring and evaluation efforts at the global and country levels, particularly its efforts to rapidly improve monitoring and evaluation systems in priority countries through the provision of technical advice and the posting of specialist staff in those and other countries.**

6. **Commending UNAIDS and its partners in launching the Global Coalition on Women and AIDS, and endorsing the Programme Coordinating Board recommendation for intensified efforts by civil society groups, Governments, and United Nations agencies to make the AIDS response work for women and girls.**

7. **Encouraging United Nations system organizations to participate in the United Nations System Strategic Framework for 2006-2010, and acknowledging the progress and linkages with the work of the Joint Programme.**

8. **Endorsing the request of the 16th meeting of the Programme Coordinating Board for UNAIDS to simplify and improve the 2006-2007 unified budget work plan structure, streamline the planning process, reduce transaction costs, and provide an inter-agency component with measurable results and deliverables.**