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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), prepared pursuant to Council resolution 2007/32.

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Report of 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 2007/32, in which the Council requested the Secretary-General to transmit to it at its substantive session of 2009 a report prepared by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in collaboration with other relevant organizations and bodies of the United Nations system.

During the reporting period, tangible results were achieved in the global response to AIDS, demonstrating that a collective and comprehensive commitment to addressing AIDS can produce positive outcomes. However, the magnitude and complexity of the epidemic require a continued and unwavering sense of urgency to meet existing and new challenges, as well as to address the long-term impact of AIDS.

Improved modelling methods and expanded surveillance programmes have led to adjusted and generally lower estimates for global HIV incidence, prevalence and mortality. Much expanded coverage of antiretroviral treatment for adults and children, as well as access to mother-to-child transmission prevention services in low and middle-income countries, illustrate that universal access to treatment may be ambitious but is ultimately achievable. Ensuring universal access to prevention will demand a concerted effort of combination prevention strategies, involving bio-medical, behavioural and structural approaches. Access to care and support for people living with or affected by HIV must also be a priority, particularly to ensure that children orphaned or made vulnerable by HIV are not overlooked.

At the country level, the Joint Programme has consolidated its support to the national response through working in joint United Nations teams on AIDS with a joint programme of support, and following the technical division of labour, giving credence to the concepts of harmonization and alignment, and helping to "make the money work".

All partners continue to support the "Three Ones" principles for coordination of national AIDS responses, including Governments, multilateral and bilateral donors and agencies, the United Nations system, civil society, and the private sector. This process has spearheaded and guided global efforts to increase aid effectiveness for HIV programmes by promoting one national strategic framework, one coordinating authority, and one monitoring and evaluation system.

Achieving universal access to HIV prevention, treatment, care and support remains the core priority for UNAIDS, and continued support is provided to countries to monitor and track progress, including through processes such as target setting, programme and indicator development and reporting requirements. As a result, a record 147 countries submitted their progress reports to UNAIDS. A consolidated report was presented at the 2008 high-level meeting of the General Assembly on AIDS.

Methods and systems to help countries to know their epidemic continue to improve, owing to the work of the Joint Programme and its reference groups. This applies to monitoring and evaluation, HIV surveillance and epidemiology, as well as resource tracking and financial needs analysis. As a result, more information is available about the diversity of national epidemics, which in turn can inform prevention strategies and thematic and geographic coverage of programming on HIV. Improved projections on resource needs, combined with improved epidemiological estimates, can bolster global advocacy and resource mobilization efforts for strategic action on AIDS, especially in the current climate of economic downturn. Nonetheless, planning for the long-term response to AIDS and securing predictable and reliable financing will be a major challenge in the next few years.

Many aspects of the epidemic evolve and change over time, yet certain key aspects appear resistant to change. Unless there are fundamental changes in attitudes, beliefs and laws, stigma, discrimination, gender inequities and the marginalized position of people living with HIV and populations most at risk will continue to negate the concerted and persistent efforts of all those contributing to the response to AIDS.

In conclusion, the Economic and Social Council is invited to review the report and the recommendations contained therein.

I. Update on the epidemic

1. Since the last report of the Executive Director of UNAIDS in 2007 (E/2007/56), improved modelling methods and expanded surveillance programmes have led to adjusted and generally lower estimates for global HIV incidence, prevalence and mortality. In 2007, it was estimated that 33 million people worldwide were living with HIV. An estimated 2.7 million new infections occurred during that year, 96 per cent of them in middle and low-income countries. Approximately 2 million people died of HIV-related causes.

2. By December 2007, 3 million people in low and middle-income countries had access to antiretroviral treatment, representing a noteworthy 47-per cent increase since December 2006. Between 2005 and 2007, the percentage of HIV-positive pregnant women receiving services to prevent mother-to-child transmission increased by 20 per cent, from 15 to 33 per cent. However, for every two people who started antiretroviral treatment in 2007, five new cases of HIV infection occurred, while 70 per cent of people who needed treatment did not have access to the required drugs. Overall, the response to AIDS remains a global effort marked by real gains and advances and equally sobering statistics and challenges.

A. Regional variations

3. Sub-Saharan Africa continues to bear the brunt of the disease burden, being home to 66 per cent of all adults living with HIV, and 90 per cent of all children with HIV worldwide. Three out of every four AIDS-related deaths occur in that region.

4. Asia has the most diverse epidemic in terms of modes of transmission, posing a wide range of challenges to this vast region. In Eastern Europe and Central Asia, epidemics are mostly concentrated in specific at-risk populations, such as injecting drug users, but overlap between vulnerable groups can fuel transmission. Epidemics in Latin America and the Caribbean are relatively stable. Yet in many countries where unprotected sex between men is the main mode of transmission, stigma and often institutionalized discrimination against same-sex relations — including through their criminalization — can drive epidemics underground and affect access to services.

B. HIV and women

5. One half of all persons living with HIV worldwide are women, and that proportion has remained stable over the past decade. However, women represent 60 per cent of adults infected with HIV in sub-Saharan Africa. Young women and girls are at especially high risk of HIV infection in that region; women in sub-Saharan Africa aged 15 to 24 years are, on average, three times more likely to be infected with HIV than young men of the same age. In terms of access to treatment, women in sub-Saharan Africa have equal or greater access to antiretroviral drugs than men. In other regions, the rates of infection among women are lower, but in many concentrated epidemics, women have less access to treatment than men. However, statistics alone do not fully reveal the complexity of women's vulnerability to infection, nor the full extent of the differential impact of the epidemic on women

and girls (including the impact of the burden of care, and the impact of limitations in sociocultural issues and legal protection, including those related to property and inheritance). Globally, gender inequalities and harmful gender norms and practices continue to negatively affect women's decision-making and are a violation of their human rights. Such inequalities in turn affect vulnerability to contracting HIV.

C. Children, young people and HIV

6. Children with HIV have historically received insufficient attention, as diagnosis of HIV in infants is difficult, and the use of standard adult treatment regimens is not appropriate. In sub-Saharan Africa, home to almost 90 per cent of children living with HIV, children are one third (33 per cent) less likely to receive treatment than adults. Without treatment, infants under the age of two have a 50 per cent chance of dying. As paediatric diagnostic tools and treatment regimens are developing, advances have been made in recent years. The generation of evidence in 2008 underscored that protection, care and support programmes should be AIDS-sensitive. This means that within geographical areas where HIV prevalence is higher (communities, districts, provinces and countries), broader targeting is appropriate to reach all vulnerable children. The 4th Global Partners Forum on children affected by AIDS (Dublin, October 2008) convened by Irish Aid and UNAIDS established global consensus around a firm evidence base for children affected by AIDS. Findings recommend that investments should be directed towards increasing access to basic services, ensuring appropriate alternative care and providing social support and protection from abuse and neglect. Social transfers were also shown to be effective, especially in the context of rising food prices. By the end of 2008, 50 countries developed AIDS-sensitive responses; 32 countries developed or finalized national plans of action benefiting children affected by AIDS.

D. Challenges and achievements

7. As large numbers of countries produce more and increasingly sophisticated data relating to their respective epidemics, "knowing your epidemic" is ever more possible. However, the challenge lies in translating advanced knowledge into targeted action plans and real implementation, reaching those audiences and populations most in need or at risk. Scale-up of treatment programmes is crucial and will save countless lives, yet prevention of HIV, as stated in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, will have to remain the cornerstone of the response.

II. Reporting on key results of the Joint Programme

8. Major benchmarks in the global response to AIDS remain the goals and targets set out in the 2001 Declaration of Commitment, the 2010 goal of achieving universal access to HIV prevention, treatment, care and support endorsed by the 2006 Political Declaration, and achieving the Millennium Development Goals by 2015. Since the last report to the Economic and Social Council in 2007, the Joint Programme has continued and consolidated its work in support of the time-bound and concrete targets agreed on by Member States. At the high-level meeting of the

General Assembly on AIDS held in June 2008, representatives of Member States, the United Nations system and civil society gathered, as part of the annual reviews by the General Assembly, to undertake a comprehensive review of the progress achieved in the global response to AIDS.

9. Key areas of commitment include working with country partners on national target setting, implementation and reporting on universal access, strengthening United Nations system collaboration through the technical support division of labour and joint United Nations teams on AIDS at the country level, striving towards harmonization and alignment, and reinforcing the "Three Ones" concept. The Joint Programme is guided in this work by its five focus areas, namely:

- Leadership and advocacy;
- Strategic information and technical support;
- Monitoring and evaluation;
- Civil society engagement and partnerships;
- Mobilization of resources.

A. Leadership and advocacy

10. At its 21st meeting in December 2007, the UNAIDS Programme Coordinating Board approved the terms of reference for a second independent evaluation of UNAIDS, covering the period 2002-2008. The purpose of the evaluation is to reassess priorities, build on achievements, and determine how UNAIDS can play a more effective role in strengthening global coordination.

11. Under the guidance of an independent oversight committee, the evaluation process commenced in 2008, with the formal assessment period starting in September and continuing until April 2009. A first draft report will be presented to the oversight committee in May 2009, followed by stakeholder consultations. The final report is expected to be delivered to the Programme Coordinating Board in September to allow for follow-up discussions to be held at its 25th meeting in December 2009.

12. Peter Piot, who served as the Executive Director since the inception of the Joint Programme in 1996, ended his term in office in December 2008. He was succeeded in January 2009 by former UNAIDS Deputy Executive Director, Michel Sidibé, who has reiterated the UNAIDS commitment to universal access as a key corporate priority and is working closely with countries towards the achievement of the Programme's targets.

1. 2008 high-level meeting of the General Assembly on HIV/AIDS

13. The high-level meeting on HIV/AIDS of June 2008 brought together representatives from Member States, the United Nations family and civil society to undertake a comprehensive review of the progress made in implementing the 2001 Declaration of Commitment and the 2006 Political Declaration.

14. The Meeting appreciated that tangible progress had been made since the high-level meeting of 2006. An unprecedented 147 country reports, containing information on 25 core indicators, provided the most comprehensive overview to

date of the response at the country level. The results had been consolidated in the report of the Secretary-General on the Declaration of Commitment on HIV/AIDS and Political Declaration on HIV/AIDS: midway to the Millennium Development Goals (A/62/780), prepared by the UNAIDS secretariat.

15. Despite remarkable progress in terms of antiretroviral coverage in low and middle- income countries, and in prevention of mother-to-child transmission services to HIV-infected pregnant women, the report highlighted many unmet needs and targets. These included the findings that 85 per cent of children orphaned or made vulnerable by HIV did not receive any form of assistance between 2005 and 2007, and that in many countries only 20 to 30 per cent of the persons interviewed had basic HIV-related knowledge. One third of countries still lack legal protection from HIV-related discrimination, and even where laws exist, the degree to which protective legislation is enforced is unclear. These significant shortcomings underscore the need for universal access, not only to treatment, but also to HIV prevention, care, and support, including programming for non-discrimination and access to justice.

16. The role of the Joint Programme in the response was recognized by countries as critical. The United Nations system was called upon to assist national efforts in moving towards achieving the universal access goals, and to strengthening HIV prevention programmes to better reflect local realities. Countries further recognized AIDS as a public health as well as a development issue, requiring a multisectoral response. Human rights and gender issues were singled out as being imperative to an effective response, while leadership and political accountability were underlined as the most important part of the solution.

2. Women and girls: accelerating gender action

17. UNAIDS has enhanced its efforts to better address the HIV-related needs and concerns of women and girls through the establishment of an inter-agency task team on women, girls and gender equality. The team (convened by the United Nations Development Programme (UNDP) in its lead role on gender within the UNAIDS division of labour and with the participation of all UNAIDS co-sponsors, the Secretariat and the United Nations Development Fund for Women (UNIFEM)), is finalizing an inter-agency framework for action, which is focused on accelerating strategic action at the country level. Catalytic resources are newly available to joint United Nations teams on AIDS to specifically address issues related to women and girls, and to facilitate enhanced action in partnership with Governments and other stakeholders. Two global inter-agency initiatives are under way to: (a) enhance the capacity of regional technical support bodies to provide support to national stakeholders on gender and HIV (led by UNDP); and (b) understand and respond to the linkages between violence against women and HIV (led by the World Health Organization (WHO).

3. Strengthening the United Nations response to AIDS

(a) Division of labour, joint United Nations teams and programmes of support

18. The technical division of labour agreed on in 2005 has helped to further streamline United Nations support to countries in line with each co-sponsor’s comparative advantage, while coherence within the United Nations system has been

strengthened by the creation of joint United Nations teams on AIDS and joint United Nations programmes of support at the country level.

19. Striving towards more effective and coordinated functioning of the United Nations system in response to AIDS remains an ongoing process. Practical support is provided through instruments such as the *Toolkit for joint United Nations teams and joint United Nations programmes of support on AIDS*, while the process continues to be guided by the 2005 recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, as well as instructions issued by the Secretary-General and the UNAIDS Programme Coordinating Board.

(b) Programme acceleration funds

20. The programme acceleration funds mechanism was established as a key tool for United Nations country teams to support the national response with strategic and catalytic resources and to strengthen the coordination and effectiveness of the United Nations system at the country level. The total programme acceleration funds allocation for the biennium 2008-2009 is US$ 28 million.

21. In line with the 2008-2009 Unified Budget and Workplan, the programme acceleration funds mechanism is helping to intensify technical support for scale-up in specific areas. In particular, efforts for enhanced coordination will be targeted towards stakeholders as well as entities and organizations working to address HIV among populations of humanitarian concern. Close inter-agency collaboration in these areas, through the United Nations theme group on AIDS, the joint United Nations team on AIDS and the UNAIDS country coordinator, will strengthen the United Nations response at the country level.

4. AIDS, security and the humanitarian response

22. UNAIDS co-sponsors have made progress in aligning national AIDS responses with humanitarian coordination in countries affected by emergencies and humanitarian and security crises. Inter-Agency Standing Committee guidance has been revised. The Office of the United Nations High Commissioner for Refugees (UNHCR) has made progress in ensuring access to HIV prevention, treatment, care and support for refugees and internally displaced persons. For refugees, there is now 100 per cent coverage in essential HIV prevention services; coverage of voluntary counselling and testing improved from 60 to 70 per cent, while access to antiretroviral treatment increased from 44 to 75 per cent. In 2008, the agency launched the five-year HIV/AIDS strategic plan (2008-2012) to support, promote and implement HIV/AIDS policies and programmes for refugees, internally displaced persons and other persons of concern. UNHCR and the United Nations Population Fund (UNFPA) initiated research and guidance development on HIV-sex work in emergencies. the World Food Programme (WFP) continued to address the food and nutritional needs of people living with HIV affected by conflict or natural disaster, including non-displaced populations. WHO facilitated further expansion of HIV counselling and testing and antiretroviral therapy services and training for health-care workers. UNDP, UNFPA, the UNAIDS secretariat and the Department of Peacekeeping Operations integrated important HIV and gender elements into disarmament, demobilization and reintegration processes and important prevention, treatment care and support work with military and other uniformed services has

ensued. The United Nations Children's Fund (UNICEF) supported implementation and scaling-up of preventing mother-to-child transmission and programmes for HIV prevention among adolescents in complex emergencies. Co-sponsors provided capacity-building on HIV prevention, care and treatment in emergencies and carried out research to ensure that activities are evidence based.

B. Strategic information and technical support

23. UNAIDS works to provide reliable and updated information based on evidence, best-practice and human rights standards, in order to provide optimal support to country responses, while making available appropriate technical support in line with a country's needs and demands.

1. Country-focused approach: national and global targets

24. A total of 111 countries has established national targets for universal access. As a country-led and country-owned process, coverage and intended outcome targets are country-specific, although the underlying and unifying principles are that services should be equitable, accessible, affordable, comprehensive and sustainable over the long term. Equity is particularly important in this regard. Neither risk of HIV infection nor the impact of the disease is equally distributed across national populations. National efforts to expand service access must take into account the special vulnerabilities and access barriers experienced by particular populations. For example, a country with a concentrated epidemic may focus its efforts on tailored prevention and treatment programmes among populations most at risk; a high-prevalence country may develop population-level prevention programming and wide-scale treatment and care, while countries hosting displaced populations need to sufficiently and meaningfully include them in their AIDS policies and programmes.

25. Although targets are often ambitious, there is sufficient evidence worldwide to demonstrate its feasibility, including in emergency settings. Antiretroviral treatment utilization rose more than five-fold in Cambodia between 2004 and 2007, and by December 2007, the country was on track to achieving universal access to HIV treatment. In South Africa and Thailand, the number of people receiving antiretroviral treatment roughly doubled between 2005 and 2007. In Barbados, nearly three out of four persons with advanced HIV infection were receiving treatment as of December 2007, while the Bahamas and Botswana had by that time already achieved universal access to HIV prevention services in antenatal settings.

2. Support for country-level harmonization and alignment ("Three Ones")

26. At the country level, the concept of the "Three Ones" — one national strategic framework, one coordinating authority and one monitoring and evaluation system — remains the cornerstone of strengthened national ownership and of improved harmonization and alignment of support to the national response. This has become even more imperative in the current climate of global economic downturn, necessitating optimal and effective use of resources, strong national leadership, greater strategic impact and reduction of duplication.

27. Frameworks for effective national responses are in place in most countries: 97 per cent of countries have a multisectoral HIV strategy, 92 per cent have a national HIV coordinating body, 92 per cent have a national monitoring and

evaluation plan in place or in development, and all low and middle-income countries have integrated HIV into national development plans. In 69 per cent of countries, national HIV frameworks have been translated into costed operational plans with identified funding sources.

28. The AIDS Strategy and Action Plan service, hosted by the World Bank in collaboration with UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF, the International Labour Organization (ILO), WHO and the UNAIDS secretariat, has supported over 50 countries in developing, assessing or revising national strategic frameworks and building capacity in strategic and operational planning, costing and monitoring and evaluation.

29. By strategically using the joint annual programme reviews of a country's national strategic framework, and by applying the country harmonization and alignment tool in this process, countries can further assess and enhance the levels of coordination and effectiveness of support to their national response.

30. Global improvements in the delivery and use of international development assistance as agreed on in the Paris Declaration on Aid Effectiveness in 2005 were assessed at the High-Level Forum on Aid Effectiveness, held in Ghana in September 2008. Three main challenges as identified by the Accra Agenda for Action related to country ownership, building more effective and inclusive partnerships, and achieving concrete results and being accountable for them.

31. The AIDS response can be seen as a champion of advocacy for more inclusive partnerships; it has pioneered the principle of ownership through the "Three Ones", and has achieved concrete progress in terms of results and accountability through collective focus.

3. Technical support facilities

32. In order to increase access to quality and timely technical support and promoting south to south technical cooperation, UNAIDS established six regional technical support facilities covering southern Africa, East Africa, West and Central Africa, South Asia, South-East Asia and the Pacific and the International Centre for Technical Cooperation in Brazil.

33. The technical support facilities have a dual role, in that they aim to build capacity among regional and national consultants to deliver technical support services, thereby improving access to timely and quality local technical assistance, while at the same time building the capacity of country partner staff to more effectively manage technical support projects and missions, in order to enhance the impact of technical assistance. UNAIDS is also working with national AIDS authorities and international partners in improved harmonization of technical assistance and in strengthening accountability of providers of technical assistance.

34. Focusing on target areas such as strategic and operational planning, costing, budgeting and monitoring and evaluation, technical support facilities have worked with many national AIDS authorities, ministries and civil society partners in over 90 countries. They have also worked closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) both to improve the quality of country proposals (i.e., countries supported through the technical support facility for Round 8 of Global Fund proposals in 2008 had a success rate of 70 per cent compared to the overall success rate of 49 per cent) and implementation of approved

grants. Over 20,000 days of technical assistance have been provided by the technical support facility in 2007-2008 in critical areas, which has resulted in stronger proposals and several examples of unblocking of grant flows. For instance, when a Global Fund grant to Chad was suspended in 2006, the technical support facility for West and Central Africa supported a major revision of the workplan and budget and provided technical assistance to the country coordinating mechanism to clarify roles and responsibilities and initiate reforms that improved the functioning of the mechanisms. As a result, the suspension was lifted within a year.

4. Support to mainstreaming AIDS in development

35. In line with the technical division of labour, UNDP is the lead agency on mainstreaming HIV in national development plans and instruments such as poverty reduction strategy papers. Through a joint programme with the World Bank and the UNAIDS secretariat, UNDP lent support to 23 countries in sub-Saharan Africa, the Caribbean and Eastern Europe to integrate HIV responses into poverty reduction strategy papers and national development planning and implementation processes. The programme resulted in strengthened integration of HIV responses in sector and district plans, and in national planning and budgeting processes.

36. To support countries in mitigating the impacts of AIDS, socio-economic impact assessments were undertaken in sub-Saharan Africa, Latin America and the Caribbean, and methodologies to analyse household-level impacts were developed and implemented in Asia. In addition, UNDP led the development of a conceptual framework to identify strategic approaches for more effective HIV mainstreaming in low-prevalence settings.

37. The UNAIDS Inter-agency Task Team on Education, convened by UNESCO, developed a toolkit to help education staff from development cooperation agencies to support the process of mainstreaming HIV into education sector planning and implementation. The toolkit has been used at the country level to assess the progress countries have made with respect to HIV mainstreaming; to identify entry points and opportunities; and to establish priorities for advocacy and action.

5. Resources tracking

38. With global and domestic resources available for AIDS in low and middle-income countries having reached US$ 13.8 billion in 2008, up from US$ 11.3 billion in 2007, tracking of these resources is of key importance. Considering that almost 53 per cent of funds available in 2008 came from domestic sources and 31 per cent from bilateral donors, the effects of the global economic crisis on spending priorities of national Governments and donors can be seriously detrimental to the AIDS response. Accurate assessment of available and needed resource flows, and of the gap between the two, is crucial to maintaining adequate levels of funding, especially in the light of the 2010 target of achieving universal access to HIV prevention, treatment, care and support.

39. UNAIDS-led teams of health economists and epidemiologists have improved and refined the substantive basis for estimates of financial need, while also working closely with countries to generate reliable data through the National AIDS Spending Assessment resource tracking methodology.

6. Intensifying HIV prevention

40. HIV prevention is the single most effective way of halting the spread of the epidemic, and both the 2001 Declaration of Commitment and the 2006 Political Declaration reinforced this by stating that prevention must be the mainstay of the response. Studies have indicated that accelerating universal access to HIV prevention would prevent more than half of all new infections that would otherwise occur in the years leading up to 2015, illustrating how crucial meeting the universal access target on prevention is to achieving the Millennium Development Goals. Yet prevention has proven to be the most elusive element of a comprehensive response, underscored by the fact that only about half of all countries that have set targets for universal access have included targets for prevention. Although there is no "magic bullet" or quick-fix approach, this does not mean prevention does not or cannot work.

41. UNAIDS contributed to the organization of the first meeting of Ministers of Education and Health from Latin America and the Caribbean to identify strategies for strengthening HIV prevention. The meeting concluded with the ministers signing a historic declaration affirming a mandate for national school-based sex and HIV education throughout the region. The Declaration calls for comprehensive "sexuality education" as a core area of instruction at both primary and secondary schools in the region.

42. Assessing experiences of different countries in various regions and a broad-based body of scientific evidence, it is clear that prevention strategies work best when different approaches are combined. This is referred to as "combination prevention". It involves choosing an appropriate mix of behavioural, biomedical and structural HIV prevention tactics and activities that are both short and long-term in nature, that is, in combination, they address immediate risk as well as underlying social dynamics that increase vulnerability. Such an approach requires strategic information ("know your epidemic"), resources and a long-term sustained effort, and not many countries have as yet embarked on a combination approach. Yet evidence from Namibia shows that, following a combination of HIV prevention approaches, levels of knowledge about HIV and condom use rose and declines were documented in the proportion of people reporting sex before the age of 15, as well as the percentage of people having more than one sex partner.

43. Prevention programmes need to be based on local, rather than just national realities. As surveillance methods have improved and expanded, more detailed information highlights the diversity between and within epidemics. Modes of transmission analyses have helped to demonstrate that in some predominantly heterosexual epidemics, a considerable amount of new infections occur among men having sex with men and among injecting drug users. Prevention strategies should therefore be evidence-informed, appropriate and specific, and relevant to the target audience.

44. WHO supports countries with technical advice on male circumcision where this would be an appropriate biomedical prevention strategy. Prevention of mother-to-child transmission, supported strongly by WHO, UNFPA and UNICEF, is a relatively cheap but highly effective prevention method that is essential to any prevention strategy. To address structural drivers of the epidemic, UNDP engages country partners on stigma and discrimination and supports integration and programming of gender in national HIV strategies. UNESCO works with countries

to ensure appropriate and quality education on HIV in schools and in teacher training programmes, most notably through the Global Initiative on Education and HIV/AIDS. Comprehensive male and female condom programming and linking HIV with sexual and reproductive health as entry points for prevention and care for women fall within the mandate of UNFPA. UNFPA works with Governments and other stakeholders to develop programmes and strategies to scale up male and female condoms for prevention of HIV and unintended pregnancies. The expertise of UNFPA, UNDP, the United Nations Office on Drugs and Crime (UNODC) and UNHCR ensures that inclusive prevention strategies are relevant to specific vulnerable or at risk populations, such as out-of-school young people, sex workers, men who have sex with men, transgender people, prisoners, injecting drug users, refugees and displaced persons.

45. In 2008, high food prices compromised the food security and nutritional status of many of the world's most vulnerable people, while at the same time treatment roll-out in countries with high rates of food insecurity led to greater demands for food support. In 2008, WFP assisted over 2.4 million beneficiaries with food and nutrition support through HIV interventions, and beneficiaries on antiretroviral treatment increased by 87 per cent. This is a result of efforts on the part of national Governments and the international community to make this treatment accessible to all and also because of increasing awareness of the role of nutrition and food support in treatment, to a large degree through the work of WFP.

7. Increasing access to HIV treatment

46. At the end of 2007, an estimated 3 million people in low and middle-income countries were receiving antiretroviral treatment. This represented a 42 per cent increase since December 2006, and a tenfold increase over the last five years. Although a truly impressive gain, it was at the same time estimated that 70 per cent of people worldwide who needed treatment still did not have access to it. Individual country stories can serve to inspire and show that success is achievable: Namibia had negligible treatment coverage in 2003 but had 88 per cent of people who needed it on treatment in 2007. In Rwanda, treatment coverage increased from 1 per cent in 2003 to almost 60 per cent in 2007.

47. Since the last report to the Economic and Social Council in 2007, significant progress in paediatric care and treatment has been making an impact, especially in sub-Saharan Africa. From an estimated 75,000 children on treatment in 2005 to 115,000 by December 2006, it is estimated that by December 2007 almost 200,000 children under the age of 15 had received antiretroviral treatment. In addition, the number of children receiving treatment through the United States President's Emergency Plan for AIDS Relief (PEPFAR) doubled in 2008.

48. UNICEF is playing a key part in supporting children's access to care and treatment. For example, UNICEF and partners joined efforts to build national capacity for early infant diagnosis of HIV and scale up use of cotrimoxazole. This low-cost, effective, and critical intervention can delay or prevent serious illness in infants with HIV.

49. Cost reductions in antiretroviral drugs remain vital to scaling up treatment coverage and long-term sustainability. Continued advocacy by activists, the Joint Programme and other key partners, such as International Drug Purchase Facility (UNITAID) and the Clinton Foundation, have led to significant price reductions in

first and second-line treatment regimens, including drugs appropriate for children. Competition from generic drug manufacturers is putting further pressure on pharmaceutical companies to reduce prices.

50. International intellectual property agreements also aid improved accessibility to treatment. In that regard, UNDP has helped to build country capacity for adoption of enabling trade and health policies and legislation, including support to patent examiners in Africa and Latin America to promote examination of pharmaceutical patents from a public health perspective.

8. Human rights, gender and greater involvement of people living with HIV: cross-cutting priorities

51. Universal access to HIV prevention, treatment, care and support cannot be achieved without adequately understanding and addressing the social, cultural and structural determinants of the epidemic. Stigma, discrimination, gender inequality and social marginalization of groups most at risk and of people living with HIV are all factors that impede progress in the global response.

52. Information presented at the 2008 high-level meeting showed that more countries had adopted anti-discrimination laws protecting people living with HIV. Although a positive development, anti-discrimination laws need enforcement in order to be effective. At the same time, increasing numbers of countries are putting in place laws that impose criminal penalties on people who transmit HIV or expose another person to the virus. While such laws are most likely motivated by a desire to prevent HIV transmission by deterring risky behaviour, there is great concern that, in fact, they will deter people from testing for HIV, or dilute the public health message of shared responsibility for sexual health between sexual partners. These laws can also result in the miscarriage of justice when applied disproportionately to members of marginalized groups, such as sex workers, men who have sex with men, transgender people and people who use drugs. Poorly drafted laws or inappropriate enforcement may result in the prosecution of individuals who are unaware of their infection, did not understand how HIV is transmitted, or failed to disclose their HIV infection to the person at risk. Even when the intention of legislators is to protect women, who are frequently placed at risk due to the sexual behaviour of their husbands or male partners, the effect can be the opposite: because women often use health services more frequently than men, they are often the first to be diagnosed with HIV infection and may be blamed for "bringing HIV into the relationship".

53. To aid informed decision-making in August 2008, the UNAIDS secretariat and UNDP issued a policy brief providing guidance and clarification on criminalization of HIV transmission. The UNAIDS secretariat continued to promote key publications, including the *International Guidelines on HIV/AIDS and Human Rights* (published with the Office of the United Nations High Commissioner for Human Rights); *Courting Rights: Case Studies in Litigating the Human Rights of People Living with HIV*; *Handbook on HIV and Human Rights for National Human Rights Institutions*; and *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes. A resource for national stakeholders in the HIV response*.

54. The UNAIDS secretariat convened the International Task Team on HIV-related Travel Restrictions in January 2008, comprising over 40 members from Governments, civil society and international organizations, including co-sponsors.

The Task Team worked to galvanize commitment and action towards the elimination of HIV-related restrictions on entry, stay and residence. The report of its findings and recommendations was presented to the Board of the Global Fund in November 2008, and the UNAIDS Programme Coordinating Board in December 2008.

55. Among the co-sponsors, UNDP and UNODC have supported reviews of laws to promote and protect HIV-related human rights, and provided support to national partners to address inappropriate criminalization of HIV transmission in sub-Saharan Africa, South and South-East Asia and Central Asia. Technical support was provided to parliamentarians representing all Arab countries for the development of a draft Arab convention to protect rights of people living with HIV, while assessments of laws relating to women's property and inheritance rights, sex work, and trafficking were undertaken in Asia.

56. ILO has engaged in training over 140 labour judges and magistrates on HIV discrimination and related issues, at the request of Governments and authorities responsible for labour courts and industrial tribunals. The ILO further assisted ministries, employers' and workers' organizations and individual enterprises in 70 countries develop and implement HIV policies at the workplace, sector and national levels, involving over 660 enterprises. Some 256 enterprises agreed on new HIV workplace policies, including the integration of HIV into occupational safety and health and general wellness worker programmes.

57. The work of ILO throughout 2008 was guided by the process of developing a new international labour standard on HIV in the world of work. Two reports have been prepared to support this process. The first represents the most comprehensive compilation to date of national laws and policies on HIV/AIDS. The second report is an analysis of replies to a questionnaire from over 250 respondents: 136 Member States in consultation with networks of people living with HIV, 64 employers' organizations and 69 workers' organizations. The new instrument is intended to strengthen the development of national workplace policies on HIV as part of national AIDS strategies and programmes.

C. Monitoring and evaluation

58. Coordinated monitoring and evaluation approaches are crucial for generating reliable and timely information on the AIDS epidemic and the response across countries and regions. The use of standardized definitions and indicators supports countries in measuring their way towards universal access to HIV prevention, treatment, care and support, as well as in taking evidence-informed action and ensuring accountability.

59. The UNAIDS secretariat continues to play a leading role in coordinating and supporting monitoring and evaluation efforts by developing tools and systems for the collection and analysis of country data and reporting mechanisms. In this work, UNAIDS is guided by the multi-agency Monitoring and Evaluation Reference Group that sets standards for indicators and their use.

1. New developments

60. In March 2009, UNAIDS launched a central repository of information on indicators used to track the response to the epidemic. Through the Indicator

Registry, professionals in monitoring and evaluation have access to the complete definitions of all key indicators in one central database. The registry allows its users to select appropriate indicators to monitor a country's epidemic and response and specifically highlights the harmonized indicators that have been endorsed by a wide range of multilateral agencies and international organizations. Key target audiences of the Indicator Registry are national AIDS authorities in the process of defining or reviewing the monitoring and evaluation plan for their national response to HIV, as well as implementers monitoring their HIV programmes.

61. The development of the Indicator Registry was a multi-agency effort with support from WHO, UNICEF, the Global Fund, PEPFAR and the UNAIDS secretariat, and guided by the Monitoring and Evaluation Reference Group.

2. Monitoring and evaluating country responses

62. To aid countries in their monitoring and evaluation efforts, the country response information system was developed. It facilitates the collection, reporting and analysis of project, financial and indicator data. It also allows for the adding of new indicators, unlimited disaggregation of data and supports changing analytical needs. The advanced system further allows the inclusion of a variety of plans for national monitoring other than the United Nations General Assembly special session and universal access indicators, such as PEPFAR and the Global Fund, with their own indicators, targets and reports.

63. Leading up to the 2008 high-level meeting, 147 countries submitted progress reports to UNAIDS, the most comprehensive overview to date of advances in achieving universal access to HIV prevention, treatment, care and support. This wealth of data on country progress and challenges is used in publications — the *Report on the Global AIDS Epidemic 2008*, to inform policy and strategy development, for resource mobilization, and is direct evidence of the accountability of countries towards the Declaration of Commitment.

3. Building national monitoring and evaluation capacity

64. A national monitoring and evaluation plan is in place or in development in 92 per cent of countries. The process of capacity-building is ongoing, as systems, tools and indicators keep evolving. In October 2008, a global training workshop was held for monitoring and evaluation advisers and national monitoring and evaluation counterparts from more than 60 countries. The training was based on a recently developed knowledge, skills and competencies framework, ensuring the use of unified standards on key monitoring and evaluation technical and managerial skills and competencies in support of the "Three Ones" principle and universal access.

65. Another key actor in the area of country capacity-building on monitoring and evaluation is the Global HIV/AIDS Monitoring and Evaluation Support Team. Established by UNAIDS and located at the World Bank, the Team helps to strengthen national monitoring and evaluation capacity through an international team of monitoring and evaluation specialists, based primarily in developing countries. They provide rapid, intensive, flexible, practical and expert hands-on monitoring and evaluation support to more than 35 countries. The central mission of the Team is to improve the quality of monitoring and evaluation on HIV and build national capacity to support the achievement of the third "One".

4. Epidemiology

66. Reliable epidemiological data is the foundation of the global AIDS response.

67. Improved modelling methods and expanded surveillance programmes are accompanied by new tools to help countries know their epidemics even better. One example is the mode of transmission analysis. Among other things, it studies the rate at which new HIV infections are occurring and the groups that are most likely to become infected. Supported by the UNAIDS Regional Support Team for Eastern and Southern Africa, 11 countries in sub-Saharan Africa conducted modes of transmission analyses in 2008, leading to adjustments of their AIDS strategies, in particular on prevention. In Uganda, for example, the analysis revealed that an estimated 43 per cent of new infections were estimated to be occurring among seemingly "low-risk" couples involving individuals with different HIV status. In Kenya, modes of transmission analyses showed that more than 1 in 10 new infections stemmed from either sex among men or injecting drug use. In addition, analyses suggest that a high prevalence of concurrent sexual partnerships accelerates the diffusion of HIV infection throughout sexual networks when the virus is introduced.

D. Civil society engagement and partnerships

68. In many countries, actions and activism by civil society groups have spearheaded local and national responses to AIDS in the early years of the epidemic. Today, in many countries, civil society is the main provider of prevention, treatment, care and support services. As such, civil society is well placed to be a driving force for universal access and ensuring the feasibility, relevance and cost effectiveness of proposed targets and scale-up activities.

69. One example of a partnership that is of key importance to UNAIDS is that with people living with HIV. People living with HIV are involved in a wide variety of activities at all levels of the response to AIDS. To ensure the greater and meaningful involvement of people living with HIV in the response to AIDS, UNAIDS works closely with key networks of people living with HIV, including the Global Network of People Living with HIV/AIDS (GNP+) and the International Community of Women Living with HIV/AIDS (ICW). At the country level, several UNAIDS offices host organizations of people living with HIV. UNAIDS also hosts UN+, the HIV-positive staff group in the United Nations system, with a membership that spans all United Nations agencies.

1. 2008 high-level meeting

70. Similar to the preparations for the 2006 high-level meeting, UNAIDS facilitated the participation of civil society at the high-level meeting of 2008 by convening the Civil Society Task Force. Almost 700 civil society groups were invited to attend.

71. At the interactive civil society hearing, representatives of civil society organizations addressed Member States and observers on a range of issues relating to achieving universal access, and from an array of different perspectives, such as HIV and human rights, sex workers, sexual minorities, people who use drugs, women and girls, children, access to treatment, HIV-related travel restrictions,

mobility and migration, workplace responses and civil society involvement and AIDS accountability.

72. In addition, civil society groups in nearly all countries had been actively involved in the monitoring and reporting of progress on the core indicators for the Declaration of Commitment. They provided data to supplement national reports, engaged in national reporting workshops and produced shadow reports. In 75 per cent of countries, civil society groups reported that their involvement in the national response to HIV improved between 2005-2006 and 2007-2008, although they indicated that such engagement remains inadequate in nearly one quarter of countries.

2. Other civil society initiatives

73. According to Government reports, 83 per cent of national HIV coordinating bodies include civil society representatives. Reports of civil society groups indicate that they have been involved in the review of national HIV strategies in 84 per cent of countries and in national planning and budgeting in 59 per cent of countries. However, civil society groups have access to adequate financial support in only 19 per cent of countries.

E. Resource mobilization

74. The increase in funds available for the response in low and middle-income countries has been significant since the 2001 Declaration of Commitment, reaching US$ 11.3 billion in 2007, and 13.6 billion in 2008. This represents a tenfold increase in less than a decade. The main contributors to this achievement have been the Global Fund, created in direct response to the 2001 Declaration of Commitment, and PEPFAR. The Global Fund has committed US$ 15.6 billion for health programmes in 140 countries, while through PEPFAR, US$ 18.8 billion has been made available since 2003.

75. Low and middle-income countries themselves have doubled their spending on HIV between 2005 and 2007, and together they now contribute 53 per cent of all expenditure on HIV in low and middle-income countries. In addition, the World Bank Multi-country AIDS Programme has committed 1.6 billion globally, while support through the philanthropic sector has reached approximately US$ 1 billion.

76. The role of the Joint Programme in the process of resource mobilization is diverse. As the driving force behind “making the money work”, UNAIDS supports the utilization of available funds in the most efficient and effective way possible at the country level. In addition, by tracking the flow of global resources, UNAIDS helps to ensure accountability of expenditure. By assessing global needs and availability of resources, UNAIDS remains the main source for identifying resource gaps, thematically and geographically. This directly links in with achieving universal access: the nature of the epidemic, in combination with particular access gaps that are prevalent in a certain setting, should determine where resources should flow to achieve universal access. As such, UNAIDS estimates that sub-Saharan Africa would require roughly half of all resources for HIV, followed by South-East Asia and the Pacific (30 per cent), Latin America and the Caribbean (12 per cent), Eastern Europe and Central Asia (6 per cent), and the Middle East and North Africa (3 per cent).

77. As a global advocate, UNAIDS will continue to make projections and publicize the gap between resource availability and resource needs. As it stands, to reach universal access by 2010, an estimated US$ 25 billion needs to be made available in 2009 and 2010. This would require that a gap of US$ 11.3 billion be filled, predominantly by international donors. Considering the current global economic downturn, this may appear particularly challenging, but, the cost of not achieving this particular target would be immense and ultimately unforgivable, as this would translate directly into an estimated 2.9 million new infections, and 1.3 million deaths due to AIDS.

Long-term and sustainable financing for HIV

78. A major challenge facing the global response in terms of resources is to prepare for the long term and plan beyond the 2010 targets of universal access and the 2015 Millennium Development Goals. HIV has firmly entrenched itself in communities, societies, workplaces and health systems worldwide, and financing therefore needs to be predictable.

79. As treatment becomes increasingly available to larger numbers of people, resources need to be equally available to carry them through an entire lifetime. Prevention will have to remain high on the agenda, as complacency and loss of commitment will lead to higher incidence. Care and support need to reach far more people than currently the case, as for instance only an estimated 15 per cent of orphans receive any form of assistance.

80. With instruments and mechanisms such as the Global Fund, UNITAID and Project RED, creative initiatives have been proven to exist and work. Other options are increased use of basket funding, whereby multiple donors pool their resources to support national strategies and priorities, and the conversion of grant programmes into standing lines of credit on which countries can draw.

81. What will be key to any of these processes and initiatives is improved and increased harmonization and alignment: reducing duplication and administrative and reporting requirements while enhancing strategic and interdisciplinary coordination. UNAIDS has a key role here, building on its experience with the “Three Ones” to guide global commitments on aid effectiveness and optimal use of resources to a more sustainable response to AIDS.

III. Recommendations and proposed actions for the Economic and Social Council

The Council may wish to consider the following actions:

1. **Commend the support provided by the Joint Programme to the process of achieving universal access to prevention, treatment, care and support, in particular the assistance to countries in reporting on their progress to the General Assembly, resulting in 147 country reports in 2008, providing the most comprehensive overview to date of the response at the country level.**

2. **Acknowledge the insidious and persistent drivers of the epidemic, in particular stigma, discrimination, gender inequality and lack of respect for human rights, and encourage intensified advocacy by the Joint Programme to**

ensure that these underlying obstacles to universal access, including services to other underserved and vulnerable populations, are addressed at all levels.

3. **Acknowledge the importance of prevention in the response to AIDS and encourage the Joint Programme to support countries in embracing a "combination prevention" approach to prevention by channelling its assistance through the joint United Nations team on AIDS, based on the technical division of labour.**

4. **Acknowledge the gains made in terms of access to treatment and encourage the Joint Programme to promote in particular access to treatment for children and infants.**

5. **Acknowledge the critical importance of people living with HIV to all aspects of national AIDS responses, global advocacy efforts, and the work of the United Nations system on AIDS and encourage increased support to civil society's capacity for programme implementation and advocacy, towards the goal of universal access to prevention, treatment, care and support.**