



Results: HIV/AIDS

RESULTS

This document gives an overview of the United Nations Development Programme's current activities in the area of HIV/AIDS. It focuses on results achieved in supporting countries in their efforts to effectively respond to the complex challenge of reversing the spread of the epidemic.

THE CHALLENGE WE FACE

Twenty years on, the HIV/AIDS epidemic continues to spread without respite, with nearly 70 million persons infected since its beginning. About 42 million people are estimated to be living with HIV and AIDS, and 25 million have already died. Among the 40 million people in developing countries living with HIV, less than 0.2% have access to Highly Active Antiretroviral Treatment (HAART). The number of people infected is likely to double in less than a decade unless there is a massive and effective multi-sector response that includes both low and high prevalence countries. And the world stands dumbfounded on how to manage the devastating social and economic impact of soaring adult mortality in the already badly affected countries. The world's record so far in responding to this unprecedented crisis can only be described as a failure.

HIV/AIDS is now the leading cause of death in Sub-Saharan Africa, accounting for a quarter of all mortality — in comparison, malaria accounts for less than one tenth. With adult prevalence rates in some African countries reaching nearly 40%, it is already having a disastrous impact on social and economic development. HIV/AIDS has contributed to the severe food crisis affecting Southern Africa, and is posing a governance challenge in many countries.

The situation in the Caribbean and Central America is of great concern, and the fastest spread of HIV is now occurring in Asia, Eastern Europe and the CIS. A wide range of societal factors is making these regions especially vulnerable to a wide-spread epidemic. India already has the second largest number of people living with HIV, after South Africa.

The impact of HIV/AIDS is unique because it kills adults in the prime of their lives, thus depriving families, communities, and entire nations of their young and most productive people. Adding to an already heavy disease burden in poor countries, the HIV/AIDS epidemic is deepening poverty, reversing human development achievements, aggravating gender inequalities, eroding the capacity of governments to provide essential services, reducing labour productivity and supply, and putting a brake on economic growth. These worsening conditions in turn make people even more vulnerable to infection and undermine the ability of governments to respond to the epidemic.

Women and girls bare the brunt of the impact of HIV/AIDS—as caretakers, breadwinners and those who are most vulnerable to HIV infection. Women often struggle to support families, earn income, produce food and care for the sick, while suffering from HIV-related illness themselves. Disempowerment makes it more difficult for women to protect themselves from being infected by their partners, exposes them to violence, limits their access to knowledge about how to protect themselves, and increases the incidence of other STDs that raise susceptibility to HIV infection. Young women are especially vulnerable to the epidemic.

One of the Millennium Development Goals aims at halting and reversing the spread of HIV/AIDS by 2015. Given the economic and social devastation caused by the epidemic, failure to reach this particular goal will greatly undermine, if not make impossible, the attainment of all the other Millennium Goals. For example, UNDP estimates that in Burkina Faso, Rwanda and Uganda, the proportion of people living in absolute poverty will increase from 45% today to 51% in 2015 as a result of HIV/AIDS, instead of falling by half as per the internationally agreed target. School enrolment in the Central African Republic and Swaziland has already fallen by 20-36% due to AIDS orphans dropping out of school, extinguishing any hope of attaining universal primary education by 2015.

These human development setbacks put people and communities even more at risk of HIV/AIDS. This cycle must be broken to ensure a sustained solution to the HIV/AIDS crisis and, in turn, pave the way for success in reaching all Millennium Development Goals in all regions of the world.



TURNING FAILURE INTO SUCCESS

Hope is on the horizon. A handful of countries—Brazil, Uganda, Senegal, Thailand and Cambodia—are now achieving measurable results in reversing the epidemic. National efforts around the world are getting a major boost by stronger political leadership, government and private sector action, and civil society mobilisation. Although the investment still lags far behind the magnitude of the challenge, donors are pledging more resources towards HIV/AIDS than in previous years, and a Global Fund to Fight AIDS, Tuberculosis and Malaria has been established to help bridge the gap.

Under the stewardship of the Joint United Nations Programme on HIV/AIDS (UNAIDS), every part of the United Nations continues to step up its efforts to contribute to the complex and multi-dimensional challenge of responding to the epidemic. Meanwhile, channelling outrage of people around the lack of access to affordable treatment in developing countries, community activists and NGOs around the world have become dedicated advocates for global action and more resources. So the elements required for achieving sustained results may gradually be falling into place.

In June 2001, at the Special Session of the General Assembly (UNGASS), the member states of the United Nations created a landmark declaration, providing us with a roadmap for a comprehensive, multifaceted response to HIV/AIDS. The UNGASS Declaration of Commitment on HIV/AIDS asks us to generate an extraordinary response based on time-bound targets for achieving real results in four core aspects of the response:

- [1] stopping the spread of HIV/AIDS through prevention and social mobilisation;
- [2] expanding access to treatment and providing support for people living with HIV and AIDS;
- [3] reducing vulnerability, especially among groups which have high or increasing rates of infection or who are at greatest risk of exposure; and
- [4] effectively managing and mitigating the social and economic impact of the epidemic.

Furthermore, the UNGASS Declaration called for a fundamental shift in our response to HIV/AIDS. No longer perceived as only a health sector concern, the epidemic is now accepted by the world's leaders as a global development challenge of highest priority. The implications of this shift for the United Nations system are profound and far-reaching. Effective support to national HIV/AIDS responses demands that we fundamentally re-think current plans and programmes; find the courage to take risks, innovate and expand interventions on a scale never before achieved; and forthrightly address issues such as stigma, discrimination, gender inequality and inequitable access to prevention, care and treatment.

UNDP: TRANSFORMING THE RESPONSE TO HIV/AIDS

UNDP, as one of eight co-sponsors of UNAIDS, has a specific and well-defined contribution to make to the overall response of the United Nations system, assisting countries to take action against the epidemic.

UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. It is on the ground in 166 countries, supporting them to create their own solutions to global and national development challenges. As countries work to develop local capacity, they draw on the people of UNDP and our wide range of partners. UNDP helps developing countries attract and use aid effectively. In all its activities, UNDP promotes the protection of human rights and the empowerment of women.

By the late 1980s, UNDP had become one of the world's most outspoken advocates for a multisectoral response to HIV/AIDS, recognising the social and economic challenge that the epidemic would pose for developing countries (and eventually the international community at large) and persistently making the case for linking HIV and development policy. Since then, UNDP has continued to innovate, mobilising actors and institutions well beyond the health sector, and pushing sensitive issues of human rights, gender inequality, stigma and discrimination onto the policy agenda of countries and the international community.

In 2000, UNDP made HIV/AIDS one of its top organisational priorities, integrating it into its broader efforts to support effective democratic governance and poverty reduction. Because it is a trusted development partner with a proven track record, UNDP is well-positioned to transform country-level responses to HIV/AIDS. Focusing on promoting an enabling policy, legislative and resource environment for an effective and truly multi-sectoral response to the epidemic, UNDP supports countries in placing HIV/AIDS at the centre of national development dialogue and budget decisions; helping countries develop capacity for action as well as plan, manage, and implement their response to the epidemic; engaging people and institutions well beyond the health sector; promoting decentralised responses and community-level action; integrating a human rights framework and gender perspective into all aspects of the response; and raising domestic and international resources for national programmes.

One central aspect of UNDP's work is to help countries develop capacity to access and absorb international funding from a wide variety of sources. In a number of countries, UNDP is helping to formulate results-oriented and fundable HIV/AIDS plans and to organise roundtable meetings where resource needs are discussed and donor pledges are made. In many other countries, UNDP is helping to strengthen inter-ministerial coordination, mechanisms for effective and decentralised channelling of funding, and financial and managerial capacity of national AIDS programmes.

UNDP works in close partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, launched in 2001 under the leadership of Secretary-General Kofi Annan. The Global Fund is one of the key sources of financing for the world's response to the epidemic. UNDP manages Global Fund projects in a number of countries, where there is no suitable local alternative, and works to strengthen capacity for programme development and implementation. In Haiti, for example, UNDP and the Fondation Sogebank, a private Haitian organisation, are co-managing a \$67 million prevention and treatment programme financed by the Global Fund. In Ukraine, UNDP is managing a Global Fund programme to reduce vulnerability among injecting drug users, commercial sex workers, prisoners and the uniformed services.

UNDP's Corporate Strategy on HIV/AIDS focuses on five types of services that are offered to developing countries:

- [1] **Advocacy and Policy Dialogue:** Promoting leadership at all levels, coalition building among a wide range of stakeholders well beyond the health sector, and national policy dialogue on the challenges and issues of importance to an effective response.
- [2] **Capacity Development:** Providing assistance and policy advice to governments and civil society to strengthen their capacity to plan, fund, lead and manage national and community-level responses to the epidemic.
- [3] **Mainstreaming:** Policy guidance on integrating HIV/AIDS priorities into the core of national and sub-national development planning, domestic resource allocation processes, poverty reduction strategies, and sector plans, as well as strategies to manage the socio-economic impact of HIV/AIDS.
- [4] **Human Rights:** Promoting a gender-sensitive and human rights-based approach that includes the introduction of anti-discrimination laws to protect people living with HIV/AIDS and address gender inequities that fuel the epidemic.
- [5] **Information and multi-media technology:** Promoting the development of national capacity to implement broad public information campaigns on HIV/AIDS using innovative approaches and multi-media technology.

These five services are agile, responsive, and mutually reinforcing – they can be combined in different ways to custom fit the critical needs of countries at different stages in the response to the epidemic. Working as a synergistic package, they support, strengthen, deepen and intensify responses to HIV/AIDS. Together they help create the environment that will enable countries to successfully address the multifaceted challenges of HIV/AIDS, and work towards a sustainable reversal of the epidemic – an environment that must include informed and committed leadership with long-range vision and political courage.

Within these five broad categories of services, special focus is also given to a set of signature services. These include:

- the Leadership Development programme to engage and develop the capacity of key leaders from government, civil society and the private sector to lead large-scale, multi-sectoral responses
- programming that strengthens community capacity for action, social mobilisation, and change
- mainstreaming HIV/AIDS priorities into poverty reduction strategies
- supporting formulation of results-oriented and multi-sector national strategic AIDS plans
- mobilisation of media towards society-wide transformation of norms, values and practices related to HIV/AIDS, and
- production of National Human Development Reports on HIV/AIDS as powerful policy-oriented advocacy tools targeted at decision makers.

MAJOR EXPANSION OF UNDP'S INVOLVEMENT IN HIV/AIDS

Since UNDP renewed its commitment to an expanded response to HIV/AIDS and made it one of its top organisational priorities, the number of countries receiving UNDP support in this area has risen sharply. Seventy-eight UNDP country offices reported achievements in the area of HIV/AIDS in 2001/2002, up from 55 in 2000, and 32 in 1999 (see figure 1).

Forty-nine countries are receiving support from UNDP in the area of advocacy and policy dialogue. In 62 countries, UNDP is supporting a wide range of capacity development initiatives. Twenty-five countries are being supported in their efforts to mainstream HIV/AIDS into development planning and poverty reduction strategies. And 31 countries are now benefiting from UNDP services in the area of multi-media information dissemination and awareness-raising.

The lion's share of UNDP support takes place in Sub-Saharan Africa (29 countries), as well as Eastern Europe and the CIS (16 countries). This is a reflection of the fact that Africa is to date the most seriously affected region, and Eastern Europe and the CIS has the worlds fastest growing epidemic. The rest of UNDP's support is divided among Asia and the Pacific (15 countries), Latin America and the Caribbean (15 countries), and the Arab States (3 countries). Figure 2 shows how many countries, by region, are covered by UNDP support in the five main service areas.

UNDP places great emphasis on connecting these 78 countries into a network of activities, experiences and best practices — promoting South-South and East-East cooperation among governments, civil society organisations and the private sector.

FIGURE 1:
Number of UNDP Country Offices reporting achievements in the area of HIV/AIDS

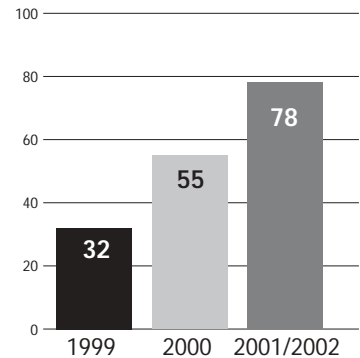


FIGURE 2:
UNDP Action on HIV/AIDS, by Region (number of countries covered)

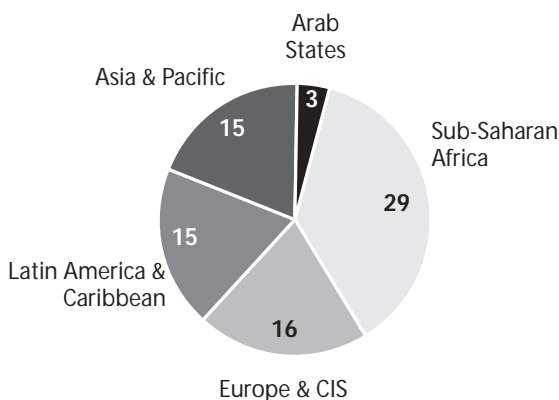
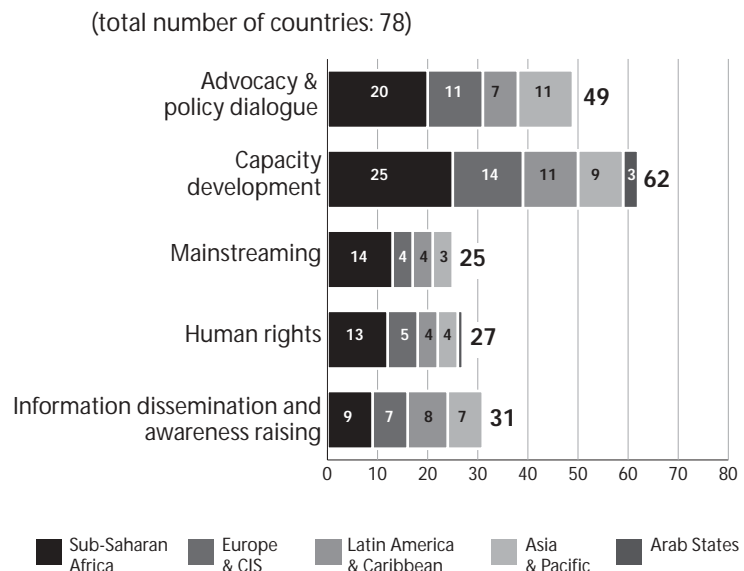


FIGURE 3:
UNDP Country-level HIV/AIDS Activities in 2001 by Sector



COUNTRY EXAMPLES

Below are highlights of a wide range of UNDP actions in countries across the world, organised by 'service area'. Several countries appear under more than one heading.

1 SERVICE 1: ADVOCACY AND POLICY DIALOGUE

Leadership and commitment at the highest political level, across all sectors and levels of society, is a critical component of an effective response to HIV/AIDS. UNDP engages in a variety of advocacy activities to promote society-wide mobilisation and coalition building in response to the epidemic. It supports policy dialogue on specific issues, ranging from gender relations that leave women and girls vulnerable to infection, to the reallocation of public resources towards AIDS prevention.

| Typical interventions | UNDP Country Offices reporting results in 2001/2002 |
|---|--|
| Targeting decision makers and opinion leaders (e.g. heads of state, ministers, parliamentarians, religious figures, CSO leaders, media leaders, etc.) to advocate for change and build results-oriented coalitions. | Angola, Armenia, Aruba, Bangladesh, Belarus, Botswana, Brazil, Burkina Faso, Cambodia, Central African Republic, China, Côte d'Ivoire, Ethiopia, Gambia, Haiti, Honduras, Indonesia, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Lao PDR, Latvia, Lithuania, Malaysia, Mauritania, Mozambique, Myanmar, Nepal, North Korea, Poland, Russian Federation, South Africa, Swaziland, Tanzania, Thailand, Togo, Trinidad and Tobago, Turkey, Ukraine, Viet Nam, Zambia. |
| Developing HIV/AIDS research and advocacy materials, including studies, surveys, National Human Development Reports, etc. | Angola, Aruba, Botswana, Burkina Faso, Cambodia, Colombia, Congo, Ethiopia, Gabon, Kyrgyzstan, Latvia, Madagascar, Malawi, Mozambique, Namibia, Poland, Swaziland, Trinidad and Tobago, Ukraine, Viet Nam, Yugoslavia. |

In **Botswana**, the worst affected country in the world, UNDP has over the past three years actively promoted an informed policy dialogue on the need for total national mobilisation. UNDP has helped engage all sectors of government, civil society and the private sector in setting priorities in critical areas of prevention, HIV treatment, and managing the social and economic impact of the epidemic. UNDP's advocacy efforts have been backed up by rigorous research and analysis of the macro-economic and sector impacts of the epidemic, including through the Botswana Human Development Report 2000. Receiving global attention, this report has now become a model for similar Human Development Reports focusing on HIV/AIDS in, for example, Cambodia, Malawi, Swaziland, Trinidad and Tobago and Ukraine. UNDP's advocacy efforts in Botswana resulted in a discernible change in political commitment and government policy. The national response was transformed from being narrowly health-sector focused with limited impact, to a well-coordinated multi-sector mobilisation of the actors and institutions well beyond the health sector. Together with other partners, UNDP has been instrumental in advising the government on their courageous decision to embark on a full-scale programme to provide antiretroviral treatment for people living with HIV and AIDS. In addition, through advisory support to the ministries of finance and health, UNDP has helped the

government with their decision to allocate 25% of the national budget towards HIV/AIDS prevention and treatment, higher than any other country in the world.

In **Burkina Faso**, UNDP has played an active role in promoting national leadership and high-profile policy dialogue on the need for a multifaceted and cross-sectoral response to the epidemic. In 2001, UNDP launched the National Human Development Report — a powerful and rigorous analysis of the relationship between human development and HIV/AIDS. This report is now the basis for a national debate led by the President, and is mobilising the country behind the national strategic plan, which was agreed upon in 2001 and is supported financially by a wide range of donors and international agencies.

In the **Gambia**, UNDP has supported advocacy campaigns to sensitise policy makers, politicians and members of the armed forces to the impact of the epidemic on national development. These campaigns have successfully raised awareness of HIV and AIDS, as evidenced by the regular statements addressing the issue made by both government and members of the opposition. UNDP has also supported the Gambian Association of persons living with HIV/AIDS, resulting in increased awareness and openness by the Gambian population. This association is now firmly established, and is active in the national fight against the epidemic.

In **Honduras**, after an initial phase of dialogue with government officials, UNDP involved the UN System, civil society groups, people living with HIV/AIDS, and the donor community in the process of identifying common priorities and strategies in confronting HIV and AIDS. The National Forum on HIV/AIDS was launched in 2002, with the principal objective of strengthening coordination, communication and technical collaboration among the many actors working in this field. The Forum has enabled multiple stakeholders to share information on ongoing activities, and to organise joint action. In addition, UNDP helped in the establishment of a National HIV/AIDS Trust Fund to mobilise and channel resources to priority areas.

In **India**, UNDP has played an active role in transforming the response to the epidemic from a narrowly health-sector focused to a truly multi-sectoral undertaking. Through persistent policy dialogue and advocacy with the National Government, the World Bank and other stakeholders, UNDP has been effective in bringing about an approach that acknowledged HIV/AIDS as a development issue deserving top-level political attention, adequate resources, and multi-sector mobilisation. UNDP's advocacy initiatives with the media also helped give high visibility to the development causes and consequences of the epidemic.

In **Mauritania**, HIV/AIDS was only publicly recognised by the Health Minister in December 1999. One year later, the UN team launched a World AIDS Day campaign to build advocacy and promote dialogue about HIV/AIDS among different groups. As part of the campaign, the Mauritanian Senate devoted an extraordinary session to HIV/AIDS. The full session was broadcast on local television and radio, and included presentations by the UNDP Resident Representative and the UNAIDS National Coordinator. During the awareness campaign, religious leaders for the first time spoke out openly about HIV prevention, and have since played a highly proactive role in sensitising and educating the population. Today Mauritanian newspapers regularly discuss HIV/AIDS.

In **Nepal**, long-term dialogue with policy makers, including the Chairperson of the Planning Commission and the Health Minister, has led to a discernable boost in political commitment to address HIV/AIDS through multi-sector action focusing on preventing the spread of HIV and reducing vulnerability to infection. The new national five-year development plan incorporates HIV/AIDS not only as a health-sector issue, but also as a major development challenge. Nepal's Minister of Health has declared the year 2002 as the year of AIDS prevention. UNDP has also given special attention to the issue of HIV/AIDS and cross-border trafficking of people, with a rights-based approach to addressing the underlying vulnerability of women and children.



2 SERVICE 2: CAPACITY DEVELOPMENT

UNDP helps build the capacity of governments and community organisations to implement national strategic HIV/AIDS plans for a transformed response to HIV/AIDS. The implementation of strategies to combat HIV/AIDS should involve all government sectors and a wide range of non-governmental and private sector stakeholders, placing special emphasis on the decentralisation of national AIDS programmes, and the effective mobilisation of local authorities to work closely with communities through a participatory and gender-sensitive approach.

| Typical interventions | UNDP Country Offices reporting results in 2001/2002 |
|---|---|
| "Leadership Development Programme" for key leaders from government, civil society, and the private sector. | Cambodia, Ethiopia, South Africa, Swaziland and Ukraine. |
| Support for setting up and strengthening national and sub-national multi-sectoral bodies and commissions to plan and co-ordinate HIV/AIDS response. | Armenia, Bangladesh, Belarus, Belize, Botswana, Brazil, Bulgaria, Cambodia, Central African Republic, China, Côte d'Ivoire, Cuba, Ethiopia, Gambia, Ghana, Indonesia, Kenya, Kyrgyzstan, Lao PDR, Latvia, Lithuania, Madagascar, Malawi, Mozambique, Myanmar, Romania, Rwanda, Swaziland, Tanzania, Turkey, Turkmenistan, Ukraine, Venezuela, Viet Nam, Yemen, Yugoslavia, Zambia, Zimbabwe. |
| Support for preparation of national/sub-national HIV/AIDS strategies and plans. | Algeria, Argentina, Armenia, Belarus, Belize, Botswana, Burkina Faso, Burundi, Cambodia, Central African Republic, Colombia, Congo, Côte d'Ivoire, Ethiopia, Fiji, Gabon, Haiti, Kyrgyzstan, Lao PDR, Latvia, Lithuania, Macedonia, Madagascar, Malawi, Morocco, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Togo, Trinidad and Tobago, Turkey, Ukraine, Venezuela, Yemen, Yugoslavia, Zimbabwe. |
| "Community Capacity Enhancement Initiative." | Ethiopia, South Africa, Swaziland. |
| Other capacity development services for both government and CSO partners. | Armenia, Bangladesh, Botswana, Brazil, Bulgaria, Burundi, Cameroon, Chile, Colombia, Congo, Côte d'Ivoire, Cuba, Ethiopia, Haiti, Jamaica, Kenya, Kyrgyzstan, Lao PDR, Latvia, Lesotho, Mongolia, Mozambique, Myanmar, Poland, Romania, Trinidad and Tobago, Ukraine, Uruguay, Uzbekistan, Viet Nam, Zambia. |

In **Armenia**, UNDP has provided support for planning and implementing multi-sectoral strategies to limit the spread of HIV/AIDS. It assisted in the establishment of a National Multi-sectoral Committee on HIV/AIDS, and initiated awareness building meetings and discussions with parliamentarians. Training on multi-sectoral responses to the epidemic was provided for HIV/AIDS focal points from various Ministries and legislative bodies, and seminars on clinical aspects of HIV infections were conducted for health care providers. In 2001, UNDP made recommendations for highlighting the socio-economic impact of the epidemic in the Poverty Reduction Strategy Paper (PRSP).

In **Botswana**, UNDP has played a pivotal role in supporting the intensive multi-sectoral response to the epidemic. UNDP supported the launch of the National AIDS Coordinating Agency (NACA), and helped build its capacity to fulfil its role. UNDP has also helped to develop the capacity of local government to address the epidemic, supporting the establishment of District Multi-sectoral AIDS Committees. United Nations Volunteers specialists have been posted in each of the districts to help out with planning and coordination of activities. UNDP is now supporting the formulation of the National Strategic HIV/AIDS Plan 2003-2008, and helping to integrate HIV priorities into the Ninth National Development Plan and Botswana's Poverty Reduction Strategy.

In **Burkina Faso**, UNDP supported the formulation of the National Strategic Plan 2001-2005, then helped organise a Roundtable Meeting on HIV/AIDS in June 2001, during which donors pledged US\$94 million to finance the implementation of this Plan. UNDP also played a key role in the creation of the new National HIV/AIDS Commission (CNLS) in 2001. The CNLS is attached to the Office of the President, and is charged with coordinating the multi-sectoral response involving all sectors of the government, a wide range of civil society organisations and the private sector. UNDP is now focussing its attention on strengthening the capacity of this commission, while at the same time building managerial and implementation capacity in line ministries, district authorities, and civil society organisations.

In **Cambodia**, UNDP's Leadership Development Programme has brought together key actors — for example Senators, Government Representatives from Ministries of Health, Information, Tourism and Education, leaders in civil society and community organisations, Buddhist monks, and the media — to identify and explore the roles various crosscutting themes (including poverty, governance, gender and power dynamics, decentralisation, and personal/institutional commitment and accountability) play in Cambodia to help or hinder the effective implementation of the national strategic plan. The Programme aims at developing the capacity of key leaders to generate, manage, and coordinate large-scale, multi-sectoral responses.

In **Ethiopia**, UNDP has worked to strengthen the managerial and technical capacity of the National and Regional HIV/AIDS Councils, supporting them in the launch of the National Strategic HIV/AIDS Framework, and in developing and costing federal and regional HIV/AIDS strategies. UNDP is also building the capacity of communities and non-governmental organisations (including Ethiopian faith-based organisations) to break the silence around sensitive issues related to HIV/AIDS such as death, sexuality, and stigma, and to improve results of prevention and impact mitigation activities. The country office has also developed a set of guidelines to help NGOs operate in an accountable and result-oriented manner, and is now working to strengthen capacity in the private sector. Beginning in early 2002, UNDP Ethiopia has hosted a very well-attended series of Leadership Development Programme workshops bringing together over 400 participants including high-level government, civil society, prominent religious leaders, and influential media representatives, in order to enhance leadership qualities and relevant skills, facilitate a paradigm shift from process orientation to results focus, and open up a dialogue on addressing the fundamental causes of the epidemic.

In **Fiji**, UNDP has assisted the government in the development and implementation of national strategies and action plans for multi-sectoral responses to HIV and AIDS. In particular, strategies aim to address factors that increase vulnerability to infection. One noteworthy result was a breakthrough agreement in 2001, when the Fiji Prisons Services decided to support the development of a strategic plan to strengthen capacity and raise awareness and prevention throughout the prison system. The plan is now in place and the Fiji Prison Services have requested that in collaboration with the Solicitor General's office and the Fiji Law Reform Commission, prison legislation also be examined with a view to making it more sensitive to HIV related matters. UNDP Fiji also supported a regional initiative with other donors on the development of Strategic Plans on HIV/AIDS. It has reviewed laws and legislation in Fiji, Tonga and Kiribati to assess how HIV/AIDS sensitive they are and make recommendations.

In **Malawi**, UNDP has helped community organisations and district, town and city governments to implement the National Strategic HIV/AIDS Framework at the grass-roots level. UNDP has supported districts through capacity development workshops and technical assistance in the areas of strategic planning, management and project implementation. UNDP has also supported the implementation of district plans in areas such as training, orphan care, voluntary counselling and testing, and youth activities. Support to community-based organisations, especially groups of people living with HIV/AIDS, has included capacity building workshops and assistance with programme implementation.

In **Nepal**, UNDP is building capacity for country-level implementation of UNGASS goals, linking decentralised governance and the response to HIV/AIDS to create the crucial enabling environment and leadership base to achieve sustainable results in the reversal of the HIV/AIDS epidemic. The HIV/AIDS and Decentralisation Initiative Transformation Leadership Seminar is working to develop the capacity of leaders at the district level, to mobilise social and political forces to create a deep community-led transformation of norms and practices.

In **South Africa**, UNDP's Leadership Development Programme has brought together key actors from civil society, the private sector, government, and local elected representatives to explore the roles certain critical themes (including poverty, gender and power dynamics, culture and sexuality) and approaches (information campaigns, provincial-level work) play in relation to intensifying and scaling-up South Africa's response to HIV/AIDS. Training of Community Capacity Enhancement Initiative facilitators in Kwa Zulu Natal is strengthening the capacity of communities to help initiate and support prevention, care and treatment programmes through forums addressing underlying factors that fuel the epidemic.

In **Swaziland**, UNDP's Leadership Development Programme has brought together stakeholders from all levels — the media, UN agencies, the government, NGOs and the private sector — to develop key capacities. In addition, the Community Capacity Enhancement Initiative in Swaziland has held skills-building sessions to train community leaders in methodologies to create safe, interactive spaces in communities that work to address stigma, gender inequalities, and other underlying socio-cultural factors that fuel the epidemic.

In **Ukraine**, over 300 individuals representing many different sectors have participated in the ongoing Leadership for Results Programme activities, including NGOs, CBOs, women's groups, youth groups, media, national and sub-national Government, National AIDS Commission, UNDP and UN Country Team. The programme focuses on strengthening the different skills, awareness and sensitivities leaders at all levels must develop to generate, manage, and coordinate large-scale, multi-sectoral responses — bringing together key stakeholders to identify and discuss those factors that help or hinder the effective implementation of the national strategic plan.

In **Uzbekistan**, UNDP is helping to strengthen the capacity of the national healthcare system to provide prevention and information services, addressing factors that make people vulnerable to infection. The Ministry of Health, with UNDP's support, has established more than 200 Trust Points to implement needle exchange programmes and provide counselling for injecting drug users, sex workers, and men who have sex with men. About 800-1000 syringes are exchanged daily in Tashkent City alone. This programme has, for the first time in Uzbekistan, given drug users the opportunity to exchange syringes, get counselling and receive informative materials. The Ministry of Interior has ordered policemen not to obstruct the activities of the Trust Points, which have received special legal status. The Ministry of Health has now agreed to open Trust Points throughout Uzbekistan

SERVICE 3: MAINSTREAMING

AIDS priorities and impact analyses need to be fully integrated into overall development plans, medium-term investment frameworks, public investment programmes, annual budgets, poverty reduction strategies, and debt relief processes. UNDP provides crucial support to governments in their efforts to integrate AIDS priorities into the mainstream of development planning. In particular, the formulation of Poverty Reduction Strategy Papers provides an opportunity to ensure that all sectors of government are involved in the response to HIV/AIDS, and allocated budgets to do so. UNDP also supports strategies to alleviate the social and economic impacts of HIV/AIDS.

| Typical interventions | UNDP Country Offices reporting results in 2001/2002 |
|---|--|
| HIV/AIDS issues mainstreamed across ministries/sectors. | Bangladesh, Brazil, Burkina Faso, Burundi, Botswana, Colombia, Gabon, Jamaica, Kyrgyzstan, Lao PDR, Malaysia, Mozambique, Sri Lanka, Tanzania. |
| HIV/AIDS mainstreamed into poverty reduction strategies, national development plans, national budgets, etc. | Armenia, Botswana, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Ethiopia, Gabon, Honduras, Kyrgyzstan, Madagascar, Malawi, South Africa, Rwanda, Tanzania, Ukraine, Yugoslavia. |

In **Burkina Faso**, one of the main thrusts of UNDP's work is mainstreaming HIV/AIDS in the fight against poverty. This work has resulted in the inclusion of HIV/AIDS in the PRSP, and the government decided to allocate HIPC resources to fighting HIV/AIDS.

In **Burundi**, UNDP has supported the integration of HIV/AIDS in the formulation process of the Interim PRSP. Alongside government and key stakeholders, including the private sector and civil society organisations, UNDP worked to mainstream HIV/AIDS issues into all components of the Strategy. Moreover, to raise awareness of the importance of debt relief in relation to the burden of the HIV/AIDS epidemic, a major donor conference was convened in December 2001. UNDP is now working with provincial authorities to integrate HIV/AIDS into sectoral plans and budgets.

In **Cameroon**, with the support of UNDP and other partners, the government integrated a national strategy to combat HIV/AIDS into the PRSP and the Highly Indebted Poor Countries (HIPC) document. As a result, portions of debt relief savings are being allocated to HIV/AIDS prevention and care. One of the conditions (trigger points) for obtaining the next tranche of debt relief is progress in HIV prevention among certain vulnerable groups, to be measured by percentage of condom use among truck drivers. UNDP is now formulating policy measures to address the social and economic impacts of HIV/AIDS.

In **Ethiopia**, UNDP chaired a donor task force on HIV/AIDS and the PRSP, and provided technical support to the Ethiopian government for the integration of HIV/AIDS into the PRSP. As a result of this joint endeavour HIV/AIDS has been included in the PRSP, which UNDP's government partners are currently in the process of finalising.



In **Madagascar**, UNDP has supported the incorporation of HIV/AIDS in the PRSP through a range of advocacy activities. As a result, the national HIV/AIDS programme has been allocated a portion of the resources derived from HIPC debt relief.

In **Malawi**, responding to the debilitating 'capacity erosion' caused by HIV/AIDS mortality among civil servants, UNDP helped the government to undertake an Impact Assessment Study for the Public Service. The assessment covered the Malawi Police, and the Ministries of Health and Population, Agriculture and Irrigation, Education, Science and Technology, and Water Development. Together these institutions account for over 70% of employees in the Malawi Public Service. As a result, the government is considering setting up a system to better track morbidity, mortality and absenteeism in the public service, fast-tracking training and recruitment of replacement staff, adjusting human resource management policies to ensure continued functioning of essential services, and stepping up workplace prevention and care activities.

In **Sri Lanka**, the Bureau for Foreign Employment (SLBFE) is the nodal body for training and facilitating overseas migration. A large majority of these migrants are women. UNDP has worked closely with SLBFE to strengthen the HIV/AIDS component in the training provided to migrants prior to leaving for their destination. As a result of the prolonged association with UNDP and the ongoing advocacy and capacity enhancement, the Bureau has planned initiatives with communities at the source areas of migration thus addressing the larger issue of safe mobility and informed choices for migrants and potential migrants.

In **Tanzania**, UNDP supported the establishment of the Tanzania Commission for HIV/AIDS (TACAIDS), which is responsible for coordinating HIV/AIDS mainstreaming throughout government. UNDP also provided support to both the Tanzanian mainland and Zanzibar for the development of a multi-sectoral response to the epidemic, involving key sectors outside of health. This support has led to the development of a new programme focusing on mainstreaming in local government and in institutions of higher learning. The very process of developing the programme was itself a consensus building exercise bringing on board new partners from civil society and government.

SERVICE 4: HUMAN RIGHTS

Discrimination against people living with HIV/AIDS leads to an atmosphere of stigma, shame and denial that mutes the dialogue necessary for an effective response to the epidemic. UNDP promotes human rights as an essential aspect of responding to HIV/AIDS. It also advocates for a gender-sensitive approach to the epidemic, recognising that gender inequalities help fuel HIV and AIDS. Legal reforms to protect the rights of people living with the virus, and to prevent discrimination and violence against women and girls, are necessary tools in curtailing the spread of the epidemic.

| Typical interventions | UNDP Country Offices reporting results in 2001/2002 |
|--|---|
| Mobilisation of/support to PLWHA and gender-focused interventions. | Armenia, Botswana, Burundi, Chad, Colombia, Ethiopia, Gambia, Haiti, Honduras, Kyrgyzstan, Latvia, Malawi, Malaysia, Pakistan, Poland, South Africa, Tanzania, Togo, Ukraine, Uruguay, Yemen, Zambia. |
| Legal frameworks related to HIV/AIDS. | Bangladesh, Burkina Faso, China, Kyrgyzstan, Madagascar, Turkmenistan, Uruguay. |
| Support for development of legislation and administrative measures to protect PLWHA from discrimination. | Burkina Faso, Burundi, Chad, Côte d'Ivoire, Ethiopia, Niger, People's Republic of Congo, Rwanda, Togo, Zambia. |

In **Bangladesh**, UNDP has launched a powerful campaign to advocate for a rights-based approach to HIV/AIDS. Partnering with the Islamic Foundation of Bangladesh, UNDP trains religious leaders on human rights and HIV/AIDS. UNDP has also undertaken a review of legal and ethical instruments in order to address infringements on the rights of people living with HIV/AIDS. The review examined issues such as confidentiality and equitable access to services, with the aim of recommending reforms where necessary.

In **Botswana**, UNDP works with the United Nations Volunteers to increase empowerment and social cohesion through the creation of a Network for People living with HIV/AIDS. In November 2000, a national coordinator was selected, and in 2001 the first National Workshop for People Living with HIV/AIDS was organised. Mobilisation tours took place in all districts, to increase awareness and participation in the network.

In **Haiti**, two individuals living with HIV/AIDS have been recruited by UNDP as United Nations Volunteers to undertake an innovative public education campaign. They are the first "public" citizens to speak out for the rights of affected people, and are helping to fight stigma and discrimination. UNDP is also providing support to several organisations of persons living with HIV/AIDS.

In **Honduras**, UNDP has worked to increase the visibility and negotiating power of people living with HIV/AIDS. UNDP supported the creation of a major Network of People Living with HIV/AIDS, and a network of Commercial Sex Workers. UNDP's support has enabled these networks, along with organisations representing the gay and lesbian community, to have a greater voice and participation in the national

HIV/AIDS response. Through integration in the National Forum on HIV/AIDS, including representation in the different regional chapters, the groups are able to express their demands in a high level, nation-wide forum, allowing them to communicate more effectively with each other and giving them direct access to the upper echelons of government and the NGO and donor communities.

In **Madagascar**, UNDP has undertaken a review of the existing legal context pertaining to public health and human rights protection. The review is intended to point out the necessary legal reforms to firmly promote a human rights oriented HIV/AIDS response.

In **Pakistan**, UNDP has initiated a programme supporting the 'Greater Involvement of People Living with HIV/AIDS'. Priority is given to strengthening the capacity of community-based groups of People Living With HIV/AIDS (PLWHAs), support for the preparation of advocacy material on human rights, needs assessments of people affected by the epidemic, and building peer group support and referral systems. One crucial outcome has been the formation of two active networks of PLWHAs in Sindh and North West Frontier Provinces. UNDP supports similar programmes in, for example, Colombia, Rwanda, and South Africa.

In **Poland**, UNDP provided financial assistance to help a group of persons living with HIV/AIDS set up a small NGO in Warsaw. Within 2 years they had established a 24-hour AIDS hot line, financed by the National AIDS Centre. And with additional help from UNDP, they organised the first National Meeting of People Living with HIV/AIDS in 1997. The meeting has become an annual event, and the community of people living with HIV/AIDS is now mobilised to work in the areas of care and prevention. Many individuals have become professional AIDS educators, while at the same time providing comprehensive knowledge about HIV/AIDS issues and sharing their personal experiences. Others act as street workers in needle and syringe exchange programmes, organise support groups for those living with HIV/AIDS, or coordinate volunteer programmes for the provision of social and medical services.

SERVICE 5: INFORMATION AND MULTI-MEDIA TECHNOLOGY

The role of government and civil society leadership is critical in raising awareness of the HIV/AIDS epidemic and decreasing the stigma associated with it. Moreover, changing behaviour to decrease the spread of infection requires significant investment in information services. UNDP seeks to deploy well-designed communications strategies, using commercial, traditional and interpersonal channels, to mobilise leadership at different levels, and to address the needs of people. Breaking the silence where countries still deny the problem, and strengthening the accountability of governments and civil society, remain major challenges.

Typical interventions

UNDP Country Offices reporting results in 2001/2002

Information/prevention campaigns targeting vulnerable groups.

Bangladesh, Botswana, Brazil, Congo, Fiji, Gambia, Kyrgyzstan, Latvia, Malaysia, Mongolia, Mozambique, Myanmar, Nigeria, Romania, Swaziland, Togo, Ukraine, Viet Nam.

Mass awareness campaigns and media strategies, including innovative use of ICTs and multi-media tools, to shift national and community perceptions and responses to HIV/AIDS.

Aruba, Bangladesh, Barbados, Belize, Botswana, Brazil, Cambodia, Colombia, Congo DRC, Ethiopia, Guinea, Jamaica, Kyrgyzstan, Lao PDR, Latvia, Madagascar, Mongolia, Mozambique, Peru, Romania, Swaziland, Turkey, Turkmenistan, Ukraine, Venezuela, Yugoslavia.

In **Bangladesh**, a range of media tools was effectively used to increase awareness of the epidemic and advocate for safe sex. For the first time in Bangladesh, information on HIV modes of transmission and means of prevention was disseminated throughout the country — on two television stations, 600 billboards, and the sides of 48 double-decker buses — with a major impact on people's awareness of how to avoid infection. UNDP also helped to produce informational skits for print media, television and radio.

In **Belize**, the National AIDS Council (NAC), with UNDP support, dramatically expanded public education and information on HIV/AIDS. In 2001, the NAC launched several new awareness programmes, making information available in all six districts via national radio, television and newspapers.

In **Botswana**, UNDP works in partnership with Botswana Television (BTV), the Ministry of Education, other partners, and communications experts from Brazil, in an innovative south-south cooperation project, the "Teacher Capacity Building Initiative". This partnership is developing an interactive HIV/AIDS TV series, which will be aired nationally, twice a week over an eight-week period. The aim of the series is to facilitate teachers' comfort level in addressing socially and culturally sensitive issues associated with HIV/AIDS in classroom settings. Teachers from all over the country, including remote and rural areas, will be able to interact via telephone, fax and electronic mail with a panel of experts on a range of HIV/AIDS issues. This initiative will be coordinated with peer education initiatives at the classroom level, and has been integrated in the Ministry of Education's HIV/AIDS Strategic Plan. It is anticipated that a subsequent phase of the programme will involve coordinated teacher and student access to the Internet for further HIV/AIDS learning opportunities.

In **Ethiopia**, UNDP is helping to build and support a powerful network of arts and media leaders who are generating and promoting new metaphors, images, and icons to shift national and community perceptions and responses to HIV/AIDS.

Based in **India** but covering all of Asia, UNDP is using Information and Communication Technologies to create a regional platform for disseminating reliable information, providing resources and services, and promoting knowledge networking across the region. The UNDP-supported portal www.youandaids.org, developed in association with the UNAIDS Secretariat, is a one-stop site for information and services on HIV/AIDS, advocacy and networking, as well as e-workspaces, platforms for connectivity, and innovative multimedia advocacy tools.

In **Madagascar**, HIV/AIDS awareness has been integrated into the "Education for All" campaign, which targets illiterate adults and children who are not in school. UNDP's intensive literacy campaigns in the provinces of Fianarantsoa and Toliara also incorporate HIV/AIDS education.

In **Myanmar**, gender sensitive information and educational materials have been prepared in all local languages for various vulnerable and high-risks groups. And in 2000 and 2001, 1000 volunteers were trained to educate households in townships in high-risk areas. And as a result of UNDP's advocacy efforts, denial of the magnitude of the epidemic by national authorities is beginning to lessen.

In **Peru**, UNDP assisted in the planning of several events to increase HIV/AIDS awareness. On World AIDS Day 2001, UNDP, along with other UN agencies and the Ministries of Health and Education, sponsored a massive concert in the national stadium to mobilise civil society in the prevention of drug use, and to combat HIV/AIDS on a national level. The concert included popular art exhibitions, workshops for journalists, and an information fair. In addition, public service announcements on drug prevention were broadcast on radio and television, and a national marathon organised to advocate against drug use.

In **Romania**, UNDP launched a highly successful service to provide information and confidential advice to young people on HIV/AIDS, STDs and unwanted pregnancies. The service is available online at www.sexdex.ro and is run by the Romanian Society for Education on Contraception and Sexuality. Dr. Cristian Andrei, a specialised youth counsellor, who is also a radio-personality well known to Romanian teenagers, provides online information and confidential advice free of charge. The site has become one of the most popular in Romania, and has surpassed 110,000 visitors. It also has a chat service and a peer education forum, and future plans include a video camera to simulate face-to-face counselling sessions while maintaining confidentiality. The website is becoming the main vehicle for HIV/AIDS-related outreach to youth, not only for UNDP, but for other UN Agencies and a host of NGOs as well. A consultation mechanism comprised of the main NGOs active in this field has already been established around the website.

In **Swaziland**, UNDP's Leadership Development Programme has brought together the media and stakeholders from all levels of the national response — UN agencies, the government, NGOs, CBOs and individuals — to work together towards a national response. The National Emergency Response Committee on HIV/AIDS, which is funded by the Government and by grants to the "HIV/AIDS Emergency Fund" has adopted UNDP's Leadership for Results Communications Strategy as its chapeau, and is working with UNDP on a media-driven prevention campaign focused on developing a more comprehensive and sensitive understanding of the epidemic and its socio-economic context, targeted at creating role models and leaders at all levels of the community.

In **Turkmenistan**, UNDP has developed a partnership with the media to expand AIDS awareness-raising efforts. UNDP helped to plan a comprehensive public awareness campaign involving local authorities, civic organisations and media groups. As a result of the advocacy efforts of UNDP and other UN partners, the need for action is now openly understood. The government has a clear plan for the prevention of HIV/AIDS and other sexually transmitted infections. And a new milestone was reached in 2001 when a law on AIDS prevention was approved by Parliament.

In **Ukraine**, the Leadership Development Programme Media Strategy aims to foster the growth of a nurturing and empowering environment, to enable breakthroughs in the depth and breadth of the response at both the national and community level. UNDP has partnered with media producers to generate conversations on leadership, gender and intergenerational relations, and stigma and discrimination. The strategy enrolls key personalities such as sports stars and singers as well as people living with HIV/AIDS.

GLOBAL AND REGIONAL SUPPORT

The work of UNDP at the country level is supported by the Global Cooperation Framework (GCF) and the five Regional Cooperation Frameworks (RCFs), which support the ability of UNDP to respond to the HIV/AIDS crisis by integrating UNDP global and regional development thinking and advocacy with country-level practices. The global and regional frameworks are key instruments in aligning UNDP's response to the HIV/AIDS crisis at the global, regional and national levels and enable UNDP to provide services to programme countries in the areas of advocacy and analysis, knowledge-networking, and sharing of best practices and policy-support services.

Interventions at the global and regional levels in support of the services provided at the country level include:

- [a] guidelines and tools for HIV/AIDS policy development, strategic planning and response management;
- [b] intra-regional and interregional South-South cooperation;
- [c] knowledge networking and dissemination of best practice experiences;
- [d] technical backstopping and programming services coordinated at the global and regional levels;
- [e] participatory methods and tools for raising awareness and promoting social transformation;
- [f] addressing cross-border issues (migration, transport, refugee movements, etc);
- [g] supporting countries in their access to global public goods relevant to addressing the HIV/AIDS epidemic, including the Global Fund to Fight AIDS, Tuberculosis & Malaria;
- [h] cross-country exchanges on strategies and plans to reduce stigma and change behaviour to minimize the spread of HIV/AIDS;
- [i] development of tools and approaches for multi-sectoral HIV impact analysis;
- [j] policy strategies to mitigate HIV/AIDS vulnerability with respect to mobility, migration and trafficking;
- [k] raising awareness of the gender impact of HIV/AIDS among policy-makers and addressing it in development policy.



UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners.

United Nations Development Programme
Communications Office
Office of the Administrator
One United Nations Plaza
New York, NY 10017

www.undp.org