

are fundamental principles for the work of the organisation. Particular importance must be attached to reaching the most vulnerable groups and protecting their rights.

UNAIDS carries out analyses and provides guidance and technical support to assist countries in developing and implementing knowledge-based national AIDS plans. Great emphasis is

placed on developing methodology tools and using research-based results to strengthen national capacities for effective coordination, management and assessment of responses. It is emphasised that national ownership is crucial to ensuring sustainability. UNAIDS also coordinates the UN system's efforts at country level and helps to maximise the effectiveness and relevance of support for national responses.

### 3. Norway's policy towards UNAIDS

Norway's support for UNAIDS is an important element of the effort to achieve the health-related Millennium Development Goals (MDGs), with focus on MDG 6 on combating HIV/AIDS, tuberculosis and malaria. There is emphasis on ensuring that the efforts of UNAIDS and the cosponsors to combat HIV/AIDS are closely linked to other efforts to attain the health-related MDGs.

Norway wishes to strengthen UNAIDS as the main body for developing standards and monitoring the AIDS epidemic. Furthermore, Norway wishes to develop the role of UNAIDS as an adviser to countries regarding prevention that is optimal given the technology and knowledge available at the relevant time and adapted to the epidemic's profile in each country.

Norway supports the efforts of UNAIDS to focus attention on weak health systems and the critical lack of personnel to ensure integrated, robust services for AIDS treatment. This includes thinking in terms of alternative service models and further involvement of civil society.

Norway emphasises the importance of UNAIDS incorporating a human rights and gender equality perspective into its activities, and supports the prioritisation of efforts to promote legislation that protects the right of women and girls and vulnerable groups, such as injecting drug users and sexual minorities, and efforts to reduce legislation that criminalises HIV transmission.

# UNAIDS

The Joint United Nations Program on HIV/ AIDS

## 1. Facts and figures

**Type of organisation:** Joint UN programme established in 1996. Consists of a secretariat and 10 cosponsoring organisations: UNICEF, UNDP, UNFPA, UNESCO, UNHCR, WHO, UNODC, ILO, WFP and the World Bank

**Established in:** 1996

**Headquarters:** Geneva

**Number of country offices:** Over 80 country offices

**Head of organisation:** Executive Director Michel Sidibé (Mali)

**Dates of Programme Coordinating Board meetings in 2011:** 21–23 June, 13–15 December

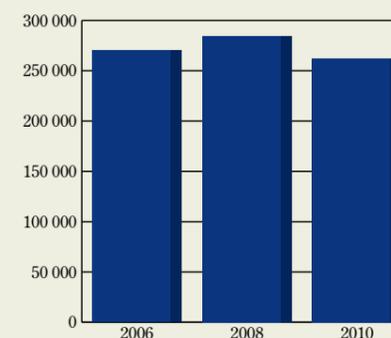
**Norway's representation on Board:** Norway shares a seat on the Board with Denmark and Finland, and is scheduled to take the seat over from Finland in 2012

**Number of Norwegian staff:** 5

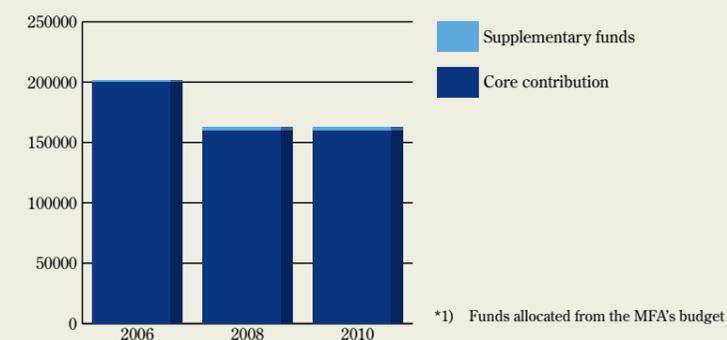
**Responsible Ministry:** Norwegian Ministry of Foreign Affairs (MFA)

**Website:** [www.unaids.org](http://www.unaids.org)

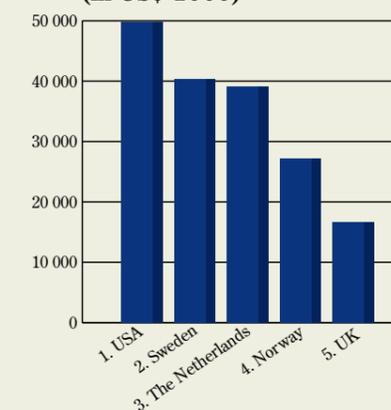
Total revenues (in US\$ 1000)



Norway's contribution\*<sup>1)</sup> (in NOK 1 000)



The five largest donors, including Norway, in 2010 (in US\$ 1000)



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<http://www.regjeringen.no/en/dep/ud/selected-topics/un>.

### Mandate and areas of activity

The Joint United Nations Program on HIV/AIDS (UNAIDS) was established in 1996 with a mandate to ensure an integrated, coherent approach to preventing HIV/AIDS within the UN family, including by improving the coordination of the activities of UN organisations at country level. The programme is a partnership of 10 multilateral organisations and the UNAIDS Secretariat. The programme mandate is defined through the following six objectives:

- Provide global leadership in response to HIV/AIDS
- Achieve and promote global consensus on policy and programmatic approaches
- Strengthen the capacity of the UN system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at country level
- Strengthen the capacity of national Governments to develop comprehensive national strategies, and implement effective HIV/AIDS activities at country level
- Promote broad-based political and social mobilisation to prevent and respond to HIV/AIDS within countries
- Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilisation and allocation of adequate resources for HIV/AIDS related activities

UNAIDS' goals are defined in the Strategy for 2011–2015, "Getting to Zero":

- Sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work
- Vertical transmission of HIV eliminated, and AIDS-related maternal mortality reduced by half
- All new HIV infections prevented among people who use drugs
- Universal access to antiretroviral therapy for people living with HIV who are eligible for treatment
- TB deaths among people living with HIV reduced by half
- People living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support
- Countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half
- HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions
- HIV-specific needs of women and girls are addressed in at least half of all national HIV responses
- Zero tolerance for gender-based violence

### Results achieved in 2010

In 2010, UNAIDS continued its efforts to ensure universal access to prevention, treatment, care and support for persons living with HIV/AIDS.

According to UNAIDS, some 6.5 million people around the world receive HIV antiretroviral therapy, i.e. treatment to slow down the spread of the HIV virus in the blood. The number of persons receiving such treatment increased by approximately 25 per cent in 2010. UNAIDS and its cosponsors helped to prepare new treatment guidelines, build expertise and provide technical advisory services to national AIDS authorities. Support was provided for national systems for the procurement and distribution of medicines in more than 60 countries. However, major challenges still remain as regards achieving universal access to treatment and ensuring continuity in the supply of medicines for persons undergoing treatment.

Targeted efforts by the UN system, global funding programmes and national authorities to reduce mother-to-child transmission of HIV have produced very good results. The number of newborn infants infected with HIV was reduced by 24 per cent in the period 2004–2009. The new guidelines in this field issued by WHO in 2010 emphasise the importance of early antiretroviral therapy for pregnant women, as well as better integration of care during pregnancy and HIV treatment.

In 2010, 15 countries received support for the preparation of five-year national strategic AIDS plans. A total of 130 countries reported that they had drawn up an intersectoral national action plan. Some 118 countries reported that they also had a monitoring and evaluation framework in place. These national frameworks offered access to uniform data on global, regional and national development trends. The data provide a basis for targeted strategic planning and resource mobilisation at both national and global level.

Information and capacity-building programmes have targeted national authorities, voluntary organisations and vulnerable groups, and have been instrumental in improving national planning.

UNAIDS provided support in 2010 for a review of legislation in a number of countries, and contributed to reforms relating to entry restrictions for persons infected with HIV in countries such as China, Ukraine and USA. Through cosponsors like UNDP, UNODC and UNESCO, the UNAIDS family has helped to develop national strategies and guidelines in more than 50 countries with a view to increasing access to HIV prevention, treatment and care services for vulnerable groups such as sex workers and prison inmates. However, a great deal of work remains to be done in this area. Less than 60 per cent of the countries with protective legislation have mechanisms to document the effect of efforts to prevent discrimination and stigmatisation, and only a few countries have allocated resources for this purpose.

In 2010, socio-economic analyses of the situation of persons infected with HIV/AIDS and closely-related affected persons were carried out in 28 countries. The analyses show that a

growing number of African countries have introduced cash transfer programmes and other social protection programmes in response to the socio-economic impacts of the HIV epidemic, although many households affected by AIDS still do not receive any form of social assistance.

To focus attention on the growing number of women and young girls infected with HIV, UNAIDS has developed a framework for the efforts of UNAIDS and its cosponsors to ensure that the interests of both sexes are effectively

safeguarded in all AIDS-related work. In 2010, the special needs of women and girls were included in 80 per cent of the national HIV strategies, but less than half of the countries have earmarked special resources for this purpose. UNAIDS and its cosponsors helped to promote and protect the human rights of and ensure treatment for vulnerable groups. This activity included support for efforts targeting men who have sex with men in 31 countries, sex workers in 45 countries, and injecting drug users, prison inmates and victims of human trafficking in 49 countries.

By effectively treating mothers, it is possible to minimise the risk of newborn babies being infected with HIV. UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) have jointly selected 20 countries in which they give priority to increasing funding to prevent mother-to-child transmission of HIV. One of these countries is Swaziland, which has reallocated the funding it receives from GFATM to reach the goal of eliminating infection in newborn babies. Technical assistance provided by UNAIDS plays a crucial role in ensuring the country's successful achievement of this goal. In close cooperation with local communities and voluntary organisations, efforts are made to ensure that HIV-positive pregnant women know where they can go for assistance, what they must do and when they must begin their treatment.

## 2. Assessments: Results, effectiveness and monitoring

UNAIDS is headed by a Programme Coordinating Board comprising representatives from 22 member states from every geographical region, UNAIDS cosponsors and four representatives of non-governmental organisations, including organisations that represents persons living with HIV.

An independent external evaluation of UNAIDS was carried out in 2009. The evaluation concluded, among other things, that UNAIDS had to continue its efforts to develop its results-based framework for goal achievement. The organisation should also become more flexible, and should increase the effectiveness of its secretariat. On the basis of the evaluation recommendations, UNAIDS has drawn up a new strategy for 2011–2015, setting out visions for zero new HIV infections, zero AIDS-related deaths and zero discrimination. These visions are concretised in the strategy objectives, and a Unified Budget, Results and Accountability Framework (UBRAF) has been prepared for all the cosponsoring organisations. This framework will help to target and coordinate efforts more effectively, mobilise resources for implementing the strategy and ensure improved documentation of results. Guidelines have also been prepared for the division of labour between the UNAIDS Secretariat and the cosponsoring organisations, based on the mandates and comparative advantages of the respective organisations.

The key components of the framework are:

- A business plan that provides a framework to capture the contributions of the Joint Programme for the Secretariat and the cosponsors to support the operationalisation of UNAIDS' 2011–2015 Strategy

- A results and accountability framework that will measure the achievements of the Joint Programme and provide a clear link between investments and results
- A budget to fund the core contributions of the cosponsors and Secretariat in 2012–2015 to translate the goals of UNAIDS' Strategy into action

A great deal of work is devoted to identifying relevant indicators for measuring the achievement of results. Data will mainly be obtained from existing sources, so as to avoid duplication of effort.

UBRAF is an instrument for targeting the global efforts to prevent HIV/AIDS that are being made by UNAIDS, and for targeting the efforts of its cosponsors and their dialogue with the competent national authorities and civil society. A UBRAF overview shows that by intensifying efforts in 20 identified countries, it will be possible to reach almost 75 per cent of all persons newly infected with HIV, bridge more than 75 per cent of the gap between the need for and actual coverage of antiretroviral treatment, cover more than 75 per cent of the gap in prevention of mother-to-child transmission, and reach 95 per cent of persons with HIV-associated tuberculosis. These goals can be achieved by means of a greater commitment by all involved parties, the mobilisation of national resources, external financing and more effective utilisation of resources.

UNAIDS emphasises the importance of adopting a rights-based approach to implementing the new strategy. Protecting human rights and meeting the special needs of women and girls