UNAIDS

The Joint United Nations Program on HIV/AIDS

1. Facts and figures

Type of organisation: Joint UN programme. Consists of a secretariat and 11 cosponsoring organisations: WHO, UNICEF, UNFPA, UNDP, UNESCO, WFP, UNODC, ILO, UNHCR, the World Bank, UNWomen

Established in: 1996

Headquarters: Geneva

Number of country offices: 86

Head of organisation: Executive Director Michel Sidibé (Mali)

Dates of Programme Coordinating Board meetings in 2013: 25–27 June and 17–19 December

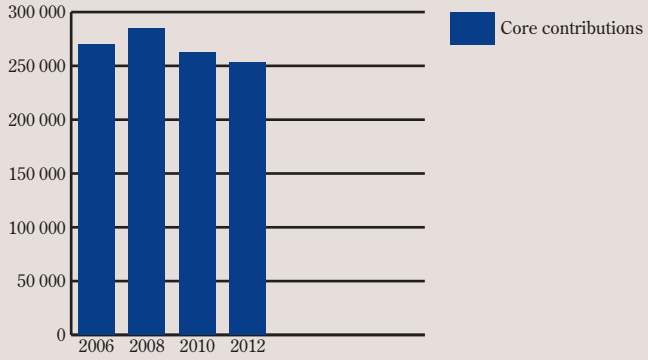
Norway's representation on Board: Norway sits on the Board in 2012 and 2013. Norway shares a seat on the Board with Denmark and Finland

Number of Norwegian staff: 2

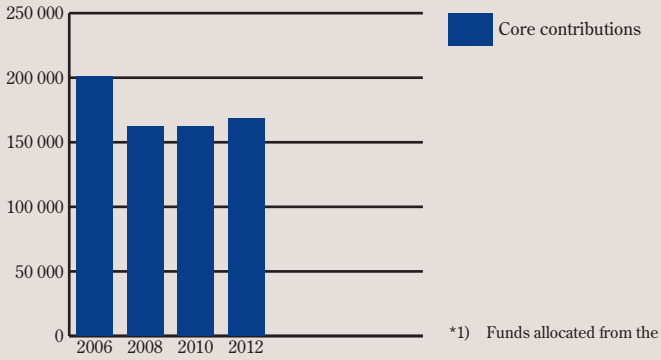
Competent ministry: Norwegian Ministry of Foreign Affairs

Website: www.unaids.org

Total revenues (1000 USD)

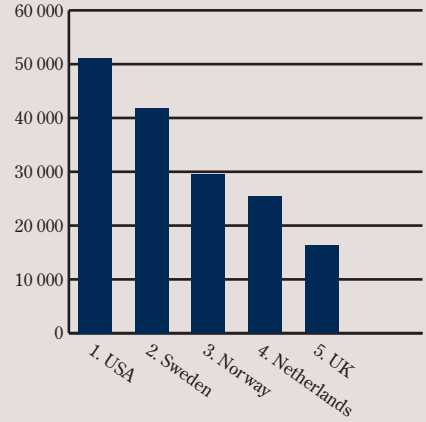


Norway's contributions*1) (1000 NOK)



*1) Funds allocated from the MFA's budget

The five largest donors in 2012 (1000 USD)



NORWEGIAN MINISTRY OF FOREIGN AFFAIRS

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 11 UN organisations and the UNAIDS Secretariat and has the following 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 as well as 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 at global and country level, including the mobilisation of resources

The UNAIDS Strategy 2011–2015 *Getting to Zero* describes UNAIDS' long-term vision of *Three Zeros* (zero new HIV infections, zero discrimination and zero AIDS-related deaths) and the following strategy targets:

- Prevent the sexual transmission of HIV, including among young people, men who have sex with men and sex workers
- Prevent AIDS-related maternal mortality and mother-to-child transmission of HIV
- Ensure universal access to antiretroviral therapy, i.e. treatment to slow the damage that HIV causes to the immune system
- Protect persons who inject drugs from becoming infected with HIV
- Prevent deaths caused by tuberculosis among people living with HIV
- Increase social protection mechanisms and ensure that persons living with HIV have access to treatment
- Abolish laws, policies and discriminatory practices that block effective responses to HIV/AIDS
- Abolish laws that impose restrictions on entry, stay and residence for persons infected with HIV
- Ensure that the needs of women and girls are addressed in national HIV responses
- Stop violence against women and girls

Results achieved in 2012

In 2011, there were around 34 million people living with HIV in the world. In the same year, 1.7 million people died of AIDS-related causes. This was a decline of 24 per cent from 2005 (approx. 2.3 million deaths).

By the end of 2012, some 9.7 million people were receiving antiretroviral treatment (ART) in low- and middle-income countries.

This is 20 times the number in 2003. The year 2011 was the first in which more than half (54 per cent) of those in need of treatment actually received it, compared with only 6 per cent in 2004. The corresponding figure for children was only 28 per cent in 2011.

Reduction in HIV infections: In 2011 2.5 million persons were infected with HIV. This was a reduction of 20 per cent from 2001 (3.2 million). The decline has been greatest in the Caribbean (42 per cent) and sub-Saharan Africa (25 per cent). In other parts of the world, however, there is cause for concern. In the Middle East and North Africa, as well as in Central and Eastern Europe, the number of new cases of HIV infection increases.

Measures to reduce mother-to-child transmission are reaching more women: In the period 2001–2011, the number of HIV-infected children was reduced by 40 per cent (from 550,000 to 330,000). This was a reduction of as much as 24 per cent from 2009 to 2011. The number of countries that have implemented a plan to strengthen the integration of sexual and reproductive health care services with HIV-related health services rose from 32 per cent to 43 per cent between 2011 and 2012. Of 22 focus countries in UNAIDS' Global Plan towards the Elimination of New HIV Infections among Children by 2015, 17 countries have finalised nationally funded plans to prevent mother-to-child transmission with UNAIDS expert guidance. The number of HIV-positive women receiving ART rose from 48 per cent in 2010 to 64 per cent in 2012.

Reduction in discriminatory legislation: In 2012, UNAIDS reviewed draft HIV-related legislation to ensure that it effectively supports the national HIV response in a number of countries (including Norway). In 2012, the number of countries, territories and areas with HIV-related restrictions on entry, stay and residence fell from 47 to 44.

Young people: The percentage of young people (aged 15–24) infected with HIV was reduced by 27 per cent from 2001 to 2011. Progress has been greatest in South and South-East Asia (50 per cent decline). In sub-Saharan Africa, the infection rate declined by 35 per cent. Nevertheless, in 2011 young people still accounted for 40 per cent of all new adult infections. In 2012, UNAIDS strengthened its youth-related work to counteract this trend. For example, efforts to increase national capacity for comprehensive sexual education were intensified, and special WHO guidelines were drawn up on HIV testing and treatment for teenagers. In 2012 UNAIDS presented its own youth strategy.

Increased HIV in risk groups: UNAIDS continues to work with risk groups (such as men who have sex with men, sex workers and transsexual persons). The use of condoms in risk groups is increasing, but the number of infected persons is also increasing.

Small reduction of HIV among people who inject drugs: The proportion of infected persons in this group has fallen, from 8 per cent in 2010 to 7 per cent in 2012. The number of countries with programmes addressing this issue has increased, from 51 per cent in 2011 to 57 per cent in 2012. There has also been a small increase in the number of countries with legislation and regulations that prevent an adequate response to this problem.

In 2012 UNAIDS coordinated a joint statement against the internment of persons who inject drugs and of sex workers. Action to prevent infections among prisoners and persons in closed institutions increased in several countries, including Egypt, Iran, Libya and Morocco.

Shared responsibility: The year 2011 was the first in which national responses to HIV surpassed international finance

Several factors, including sexual violence, put women at greater risk of HIV infection than men. Twice as many young women as men aged 15–24 are infected with HIV. In 2010, UNAIDS therefore launched the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (Operational Plan), which has now been endorsed by 90 countries.

A 2012 mid-term review of the operational plan shows that it has already brought results at country level. More countries are including HIV-related gender and women's issues in their national strategies and strategic plans. The fact that political commitments are not translated into practical action has posed a challenge. The review found that this has improved in 60 per cent of the countries. In 10 per cent of the countries, no progress has been made, while the situation has deteriorated in the remaining 30 per cent. The greatest progress was found in countries that have been hardest hit by HIV, while there was less impact in countries where gender equality is already well established.

Stakeholders at country level have indentified a lack of funding as the main impediment to implementing the operational plan. The review also points to the need for better coordination and greater participation by various women's organisations as important for improving gender balance and gender equality in the HIV response.

initiatives in low- and middle-income countries for the African Union (AU) to make a resolution on a Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Responses in Africa in July 2012. A supervising mechanism has also been established.

Strengthened integration: UNAIDS continues its efforts to strengthen integration of the HIV response into overall global health and development work. In 2012, more than 20 countries drew up new or revised HIV strategies based on the global HIV goals, and such strategies are being prepared in a further 36 countries.

2. Assessments: Results, effectiveness and monitoring

The organisation's results-related work

An independent external evaluation of UNAIDS was carried out in 2009. The evaluation concluded, among other things, that UNAIDS had to further develop its results-oriented framework, and to become more flexible and effective. In response to the evaluation recommendations, UNAIDS drew up a new strategy for 2011–2015 and adopted a unified Budget, Results and Accountability Framework (UBRAF) for all its cosponsors. The key components of the framework are a division of tasks between the Secretariat and UNAIDS cosponsors, a results and accountability framework that measures performance and draws a clear link between investments and results, and a unified budget for the cosponsors and the Secretariat for the period 2012–2015.

The monitoring and evaluation functions were also strengthened by the introduction of UBRAF, through the reorganisation of the independent Monitoring and Evaluation Reference Group (MERG). MERG reports to the Executive Director, who reports to the Programme Coordinating Board.

The latter is a challenge due to UNAIDS' special structure, whereby its cosponsors are responsible for implementing activities. Whether or not the cosponsors' evaluations are published depends on the policy of the individual organisation in this area. A Cosponsor Evaluation Working Group has been established and the reorganisation of MERG was also aimed at improving coordination of the different evaluation functions.

Planning and budgeting systems

As a result of the introduction of a common budget, results and accountability framework for all the cosponsors, UNAIDS now has a solid planning and budgeting system. The results and accountability framework is a good tool for planning and targeting the global HIV response through the activities of UNAIDS and its cosponsors and their dialogue with competent national authorities and civil society. UNAIDS applies WHO's system of National Health Accounts and has now adopted the International Public Sector Accounting Standards (IPSAS).

Oversight systems and anti-corruption

UNAIDS uses WHO's audit services. Internal audits are conducted by WHO's Office of Internal Oversight Services (IOS). IOS is also responsible for investigating suspected cases of fraud and other irregularities. IOS reports to UNAIDS' Executive Director, with a copy to the Director-General of WHO. UNAIDS follows WHO's practice and does not present audit reports. However, summaries are submitted to UNAIDS' Programme Coordinating Board as an attachment to the annual financial report. The annual financial report is published on the UNAIDS website. Upon request, the reports may be read in their entirety at UNAIDS. The audit reports also state who is responsible for following up on recommendations and IOS reports regularly on follow-up.

UNAIDS' external auditor is chosen from among the supreme audit authorities of WHO member states and in compliance with WHO rules. The external auditor reports to the World Health Assembly and to UNAIDS' Programme Coordinating Board and is also responsible for reporting on the follow-up of recommendations. The external auditor's reports are available on the UNAIDS website. UNAIDS is subject to WHO's rules for combating corruption and fraud. Moreover, UNAIDS has an Office for Ethics and Organizational Performance tasked with preventing conflicts of interest and improving risk management. As far as control procedures and anti-corruption efforts are concerned, the UNAIDS Guide to Ethics is based on the WHO's guidelines in this field. There are procedures

for investigating, reporting and following up on suspected corruption. Cases are reported to the Programme Coordinating Board through the annual financial report.

Institution-building and national ownership

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. In many countries, UNAIDS plays a key role in advancing human rights, particularly for marginalised groups such as injecting drug users, sex workers and men who have sex with men.

Willingness to learn and change

UNAIDS demonstrates a willingness to learn and change. As a rule, Board decisions are followed up and follow-up action is reported to the Programme Coordinating Board. Since the organisation's launch in 1996, UNAIDS has conducted two independent external evaluations, both of which were initiated by the UNAIDS Programme Coordinating Board. The evaluations' recommendations served as the basis for the preparation of UNAIDS' new strategy and also led to a functional review of the Secretariat and activities at country and regional level. Another concrete result of the evaluation was the preparation of a unified budget, results and accountability framework (UBRAF) for all the cosponsors. However, the inadequacies in UNAIDS' ongoing evaluation procedures and thus the opportunities for following up on its evaluation are a weakness in this respect.

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 a focus on MDG 6 on combating HIV/AIDS, tuberculosis and malaria. There is emphasis on ensuring that the efforts of UNAIDS and its cosponsors to combat HIV/AIDS are closely linked to other efforts to attain the health-related MDGs.

UNAIDS also plays an important role in efforts to strengthen human rights, particularly for vulnerable groups such as injecting drug users, sex workers and sexual minorities. Norway will continue to emphasise 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 rights of women and girls and vulnerable groups, and efforts to reduce legislation that criminalises HIV transmission.

Norway wishes to strengthen UNAIDS as the main body for developing standards and monitoring the AIDS epidemic. Furthermore, Norway wishes to develop UNAIDS' role as advisor to countries in promoting optimal prevention, given the technology and knowledge currently available 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 engagement of civil society. Norway also considers it important to work systematically to combat stigma and discrimination, particularly in public health services.

Norway has worked closely with UNAIDS on legislation and regarding the criminalisation of HIV transmission, partly through efforts to abolish HIV-related travel restrictions, and partly to acquire more knowledge of legislation and practice related to the criminalisation of HIV transmission.

Norway is on UNAIDS' Programme Coordinating Board in 2012 and 2013. In its work on the Board, Norway has attached particular importance to achieving the targets for 2015 (15 million accessing treatment, halving sexual transmission, significant reduction of mother-to-child transmission, resource mobilisation, global coordination, focus on rights, youth, focus on exposure to transmission, integration of the AIDS response into ordinary health services and strengthening civil society engagement).

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