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14 May 1999

UNAIDS
UNICEF • UNDP • UNFPA
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Joint United Nations Programme on HIV/AIDS

International Partnership Against HIV/AIDS In Africa

Meeting of the UNAIDS Cosponsoring Agencies and Secretariat
Annapolis, Maryland, 19-20 January 1999

Resolution to Create and Support the Partnership

Preamble

The HIV/AIDS situation in Africa has become catastrophic. The epidemic represents an unprecedented crisis for the continent. More than 20 million Africans are infected with HIV today. Over two million died of AIDS in 1998, including nearly half a million children. Four million new HIV infections occurred in Africa last year. In the most severely-affected countries, a quarter of the adult population is infected. Hard-won gains in life expectancy and child survival are being wiped out. The AIDS-related suffering of individuals, families, and societies is enormous. Education and health systems are staggering under the burden as they lose trained professionals and incur higher costs because of the epidemic.

If left unchecked, the AIDS catastrophe in Africa will continue to worsen. The numbers of dead and dying will continue to grow exponentially.

The spectre of such a huge tragedy calls for an emergency-style response from within and outside Africa. If such a response is mounted quickly, tens of millions of deaths can be averted.

Fortunately, a large-scale response is possible, to judge from recent encouraging signs of change. More national leaders are recognizing the seriousness of the situation and are speaking out, making AIDS a central development, social, and national security issue. There is evidence of successful national responses to HIV/AIDS in countries such as Uganda and Senegal, and of positive local responses within other countries. A number of international agencies are ready to increase significantly their commitment to fighting AIDS in Africa.

But current plans and actions are not enough. National awareness, commitment, and mobilization are still inadequate. Successes are too few and on too small a scale to reverse the epidemic. External support remains too small, slow and disjointed to have a critical impact.

In short, a much more substantial response to AIDS in Africa is needed urgently from all actors

governments, NGOs, local communities, the private sector, and international development organizations.

Resolution to create the Partnership

In the light of this tragic situation, with AIDS fast becoming the number-one killer in Africa, wreaking even more havoc than civil strife and other diseases, the UNAIDS Cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank) and the UNAIDS Secretariat, meeting in Annapolis, Maryland, USA, on 19-20 January 1999:

- resolved to work together on an *emergency basis* to develop and put into practice an "International Partnership Against HIV/AIDS in Africa"
- urged all parties involved and especially the primary actors, the African people and their governments to act on an *emergency basis* to drastically slow the spread of HIV in Africa
- committed themselves to building rapidly a coalition of all the key actors: African governments; NGOs and other civil society organizations, including religious groups; bilateral and multilateral agencies; the private sector; and the UN system organizations
- agreed that a sustainable political and social mobilization on an unprecedented scale would be crucial for mounting an effective response to HIV/AIDS on the ground in Africa
- called upon the UNAIDS Secretariat to assume its responsibility to lead the further development and implementation of the Partnership.

Goals of the Partnership

The overarching goal of the Partnership is to urgently mobilize nations and civil societies to redirect and expand national and international political, programme and financial policies and resources to address the HIV/AIDS epidemic and its impact on development in Africa. Only an urgent mobilization of this kind can curtail the spread of HIV, sharply reduce the impact of AIDS on human suffering, and halt any further reversal of human and social capital development in Africa.

The Partnership will pursue three major objectives through a series of actions that will be defined in conjunction with all the partners in the next few months. Each objective will have clear and measurable outcomes. Notionally these include that by 2005, African countries will have:

(a) reduced HIV transmission, as evidenced by
- HIV incidence in 15-24 year olds will be reduced by 25% in the most affected countries
- at least 90% of young men and women aged 15-24 will have access to the information and skills required to reduce their vulnerability to HIV infection
- at least 50% of HIV-positive pregnant women will have access to testing, counselling, treatment and replacement feeding programmes

(b) reduced suffering, as evidenced by
- at least 50% of all HIV-positive persons will have access to drugs for common opportunistic infections
- a major increase in access of HIV-infected persons to an appropriate continuum of care

(c) mitigated impact of AIDS, as evidenced by
- the development and use of social, legal and human rights frameworks which address fear, stigma and discrimination
- 50% of affected families will have access to an essential package of services, including health, education and food,
- implementation of national programmes which effectively address the impact on

development of the AIDS crisis

The Partnership will monitor the scale and speed of the response to the epidemic, including the number of countries implementing intensified AIDS programmes and the level of national and international spending on AIDS activities.

A discussion draft refining the goals and strategies for the Africa Partnership, elaborated by a small team from the UNAIDS Cosponsors, is attached as Annex 3.

Each African country will need to set its own national targets.

Main values and principles of the Partnership

It was agreed that members of the Partnership should embrace a set of common values and principles:

- strong African political leadership and commitment as the basis for effective action
- country focus and orientation to locally-set priorities
- local institutions, including local governments, NGOs and other community-based organizations, to be major actors
- participation of people living with HIV/AIDS
- openness to all persons and institutions prepared to join the Partnership and respect its values
- a sense of shared responsibility among all partners
- **transparency of action and accountability for results**
- respect for human rights and compassion for those suffering from HIV/AIDS
- willingness by UN and other external agencies to act flexibly and to complement one another on the basis of comparative advantage
- maximum reliance on existing organizational entities without the creation of additional bureaucratic structures.

Aims and activities of the Partnership

Experience to date points to a number of "key elements" shared by successful national AIDS programmes and projects. The aim of the Partnership will be to support these elements of success on a large scale, so that successful responses to HIV/AIDS can be multiplied rapidly across all African countries.

The members of the Partnership will work to create a **policy and social environment** conducive to successful action (Annex 1), by:

- developing strong commitment to confronting AIDS at the highest levels of government
- raising national awareness of the status of the epidemic and its devastating impacts
- fighting stigma and discrimination associated with HIV/AIDS
- empowering communities, NGOs, local governments and the private sector
- inserting HIV/AIDS considerations more fully into the national development agenda
- protecting the rights of vulnerable populations

- organizing and implementing a multisectoral response
- harnessing external resources more effectively
- developing policies and plans that mitigate the impact of AIDS on key national sectors, institutions and services, including education, health care and agriculture
- raising the status of women

Within such a conducive policy environment, the members of the Partnerships will also support a series of priority programmatic actions, to be defined with the main partners over the next months. These will include a small sub-set of "core" actions necessary but not sufficient to be implemented in all countries. The core actions include: youth education and mobilization; voluntary counselling and testing; interventions to interrupt mother-to-child transmission; strengthening STD prevention and treatment; condom distribution; special programmes for those most vulnerable to HIV/AIDS; community standards of care, including treatment of common opportunistic infections of people living with HIV/AIDS; and special services for families with orphans. Programmatic actions should cover the reduction of both risk and vulnerability to HIV/AIDS.

While effective prevention activities must remain central to a national response – in both low- and high-prevalence countries – heavily-affected countries today have an urgent need for policies and programmes that can soften the epidemic's *impact* on individuals and their families (especially the poor). They also need to anticipate and alleviate the effects on communities and productive sectors.

Main lines of action for the Partnership during 1999

To achieve its goals, the Cosponsors agreed that the Partnership will focus on the following main lines of action for 1999.

1. Mobilizing high-level African political support by:

- discussing HIV/AIDS with African heads of state and striving to include AIDS in the central agendas of the Organization of African Unity (OAU), Economic Commission for Africa (ECA), Southern Africa Development Community (SADC), Economic Commission of West African States (ECOWAS), etc.
- developing and disseminating widely advocacy materials emphasizing the gravity of the AIDS crisis and its catastrophic demographic, social and economic effects
- supporting the advocacy efforts of respected African figures from the political, cultural, religious, and sports spheres who seek to persuade African heads of state to commit themselves to attacking the AIDS crisis head-on.

2. Widening the partnership to include African governments and other key constituent groups including national and international NGOs, the business community, and bilateral and multilateral development institutions. As part of this effort, a donors' meeting will be held in the first half of 1999, possibly as early as March, and similar meetings will be organized for major NGOs and business partners.

3. Cooperate with and support African governments as they intensify their action, by :

- planning, refining and implementing intensified programmes in at least 10 priority countries,

selected by mutually agreed criteria, over the next 12 months

- mobilizing additional financial resources to support these intensified programmes through consultative group meetings and donor round-tables, incremental government financing (possibly linked to debt relief), and reallocation of existing funds already committed to social funds and ongoing projects in the health, education, transport, labor, justice and other sectors
- promoting active communication and information-sharing among all actors, including African communities and local governments, focusing particularly on examples of successful national and local initiatives.

4. **Overall, mobilizing extra financial resources** for intensified AIDS programmes at both country and regional levels. Current spending on AIDS in Africa, estimated at about $150 million a year, needs to be doubled to more than $300 million by the end of the year 2000.

5. **Strengthening technical resources** to support national and local projects, by:

- reviewing and rationalizing existing technical clusters located in the region, including the UNAIDS intercountry teams
- strengthening these technical groups through the hiring of additional key specialists
- building stronger networks of specialists in key programme fields (e.g., strategic planning, STD treatment, MTCT prevention, community mobilization, etc) within and across countries.

Next steps: follow-on to the Annapolis meeting

There are many actions that the UNAIDS Cosponsors and the Secretariat can take immediately, to drive forward the aims and activities of the Partnership. UNFPA, for example, will use its upcoming training programmes in Africa to expand AIDS activities in countries' reproductive health services. UNESCO will continue to implement its expanded network of community media addressing AIDS and to pursue research on cultural aspects of AIDS. WHO will focus on strengthening health systems to respond to the epidemic to include improved health policy planning and improved health services delivery, such as VCT, MTCT, care from home, communities and hospitals. WHO will drive home the messages of the Partnership with African political leaders and will strengthen its cadre of AIDS specialists in the region. UNDP will conduct a rapid assessment of its pilot projects on AIDS and Development, generate and disseminate best practice on HIV and development, strengthen the use of social capital in responding to the epidemic, organize stakeholder fora, and work with its resident coordinators in Africa on how to implement the goals and activities of the Partnership. UNICEF will step up implementation of its programmes for youth, AIDS orphans and the prevention of mother-to-child transmission. The World Bank will build AIDS into the centre of all its Country Assistance Strategies, integrate AIDS into its agriculture extension projects, and reorient social fund projects to include local AIDS initiatives.

Each Cosponsor will continue to elaborate and implement its own detailed plan of actions to support the overall aims and activities of the Partnership. Brief summaries of individual Cosponsors' contributions to the Partnership are contained in Annex 4 for most but not all of the Cosponsors. The full set of summaries will be further refined and disseminated in the coming months.

In addition, the Partners will pursue a common calendar of actions in the coming months, with all Cosponsors ready to take on extra tasks, many of them carried out jointly by several Cosponsors.

The UNAIDS Secretariat will be responsible for overall monitoring of this plan of action. It will focus on political mobilization and on supporting the design and initiation of greatly intensified AIDS prevention, care and mitigation programmes in at least ten major countries before the end of 1999.

Annapolis, Maryland
20 January 1999 (revised and updated on 08 April 1999)

Annex 1

Policy and Social Environment for an Effective Response to the AIDS Epidemic in Africa

Policy Area #1: government commitment
Objective: to achieve highest-level government commitment to confronting AIDS, as well as commitment in leadership groups at all levels, in order to mobilize for action, and to see this commitment reflected in increased allocation of national resources to HIV/AIDS.

Examples of instruments/actions:

- better advocacy based on reports on the status and impact of the epidemic
- development and use of compelling advocacy materials on best practice
- local advocacy groups, including people living with HIV and AIDS
- counsel from other leaders outside and in Africa
- AIDS on the agenda of regional political fora, such as OAU, ECA, SADC, ECOWAS

Policy Area #2: national awareness
Objective: to raise national awareness of the status of the epidemic and its current and potential socioeconomic impact.

Examples of instruments/actions:

- generating and sharing experiences (good and bad practice)
- enhanced media partnerships, media training and support, community media
- improved surveillance of the epidemic, impact analysis, and dissemination of the findings
- laws on open, independent media.

Policy Area #3: stigma and discrimination
Objective: to fight the stigma and discrimination associated with HIV/AIDS.

Examples of instruments/actions:

- an effective ethical, legal, and human rights framework
- getting leaders, opinion-makers to speak out
- enabling people living with or affected by HIV/AIDS to speak out
- legal reforms and services against discrimination

- compliance with international treaties and statutes.

Policy Area #4: local empowerment

Objective: to empower local governments, the private sector, communities and NGOs to participate actively in designing and implementing parts of the national AIDS programme.

Examples of instruments/actions:

- legal and policy changes that permit easy creation and operation of NGOs and community-based organizations (registration, licensing, tax status, etc.)
- training of local government and NGO staff
- mapping and engagement of local groups
- alliance-building, networks of NGOs and local governments
- financing local groups via social fund mechanisms that encourage competitive, demand-driven design of local initiatives and cost-sharing
- work with local and international business associations.

Policy Area #5: national development agenda

Objective: to insert HIV/AIDS considerations more fully and prominently into the national development agenda, linked to poverty alleviation, better governance, debt reduction, etc.

Examples of instruments/actions:

- socioeconomic impact assessment
- agendas for consultative group meetings, donor round-tables
- debt-forgiveness as an incentive for increased national action, investment in HIV/AIDS.

Policy Area #6: protection of vulnerable populations

Objective: to protect the rights of vulnerable populations, including children affected by HIV/AIDS (orphans, child-headed households, infected children).

Examples of instruments/actions:

- an effective ethical, legal, and human rights framework
- support (e.g., food and educational assistance) for families and communities fostering AIDS-affected children
- legal reforms and services against discrimination
- compliance with international treaties and statutes.

Policy Area #7: multisectoral response

Objective: to implement a multisectoral response to the epidemic that includes centrally the health sector and institutions, but that goes well beyond health.

Examples of instruments/actions:

- creation of national AIDS commission
- multisectoral planning
- budgeting for multiple government agencies for HIV/AIDS
- Strengthening health systems.

Policy Area #8: external resources

Objective: to harness external resources better and to increase the efficiency of planning for and implementation of externally-financed HIV/AIDS activities.

Examples of instruments/actions:

- stronger UN Theme Groups on HIV/AIDS
- donor consortia using sector-wide approaches
- joint planning for national programmes.

Policy Area #9: impact mitigation
Objective: to support policies and programmes that reduce the negative socioeconomic impact of HIV/AIDS on production systems, public services, and households.

Examples of instruments/actions:

- programme development that anticipates and responds to losses of human resources in education and health systems
- programme design to meet the complex needs of children in AIDS-affected households
- teacher training and employment policies (e.g., use of paraprofessionals to supplement teachers) that take into account higher teacher morbidity/mortality from AIDS
- policies and projects for food security and rural development (e.g., pricing schemes and promotion of agricultural technologies better adapted to the needs of surviving spouses and elderly household heads)
- programmes to support the maintenance of capacity in key areas of public administration, including public utilities such as water and communications.

Policy Area #10: status of women
Objective: to strengthen the status of women in order to reduce their vulnerability to HIV and AIDS.

Examples of instruments/actions:

- legal reforms, legal services and counseling
- support to women's organizations
- support for changes in male sexual behaviour
- leadership development
- information and examples for informed debate
- girls' education.

14 May 1999

Annex 2

International Partnership Against AIDS in Africa
Action Plan for 1999

1. Refine, finalize partnership concept and roadmap for action
   - revise and issue meeting statement — early February
   - develop and disseminate common "script" and description of Partnership — end February
   - intensify internal UN advocacy at senior level — February-April
   - discuss with Cosponsor country representatives — February-March
   - Partnership meeting to discuss framework agreement — April/May
   - public launch of the Partnership — September?

2. Mobilize political support
   - continue to seek input and endorsement of African leaders — February-April
   - support the efforts of the African leadership group — from March
   - develop advocacy plan and materials — February-March
   - introduce into agendas of finance ministers (ECA) — April
     African health ministers (OAU) — May
     heads of state (OAU summit) — June/July

3. Engage donors, NGOs and private sector
   - bilateral donors meeting — March
   - Partnership forum — April

4. Country-based programme intensification
   - UNAIDS Country Programme Advisors (CPA) retreat — January
   - UN Theme Group on HIV/AIDS (TG) to engage national political leadership and senior government counterparts — from February
   - country-focused impact/advocacy work — February-May
   - initial TG/national readiness assessments — February-March
   - intensified programmes under way in >10 countries — December

14 May 1999

Annex 3

Africa Partnership Goals

I. Overall Goal for Combating the Epidemic in Africa

To curtail the spread of HIV and to sharply reduce the impact of AIDS on human suffering and on the development of human and social capital in Africa.

II. Goal for the International Partnership for HIV/AIDS in Africa

The goal of the Partneship is to mobilize nations and civil societies to redirect and expand national and international political, programme and financial commitment and action to address the HIV/AIDS epidemic and its impact on life and development inAfrica.

III. Major Objectives

1. To reduce the transmission of HIV through a continuum of political processes, policy advocacy and programme development -- focussed primarily on young people and vulnerable populations -- which address

- individual, institutional and community behaviours or situations which contribute most significantly to HIV transmission and can be modified through targeted programmes.

- the most significant social and economic factors contributing to individual and community vulnerability to HIV infection, and

1. To enhance the coping capacities of individuals, families, communities and of the health and social sectors to address the impact of the HIV/AIDS epidemic on

- morbidity and mortality attributable to HIV/AIDS -- and in particular that due to tuberculosis, and on

- the social and economic impact on individuals, families, and communities affected by HIV/AIDS, through intensified community organisation and capacity building.

IV. Key Strategies

A strategic balance of immediate political, policy, and programme interventions are required

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Draft ICPD-5 Goal for HIV/AIDS. Countries, with the assistance from the United Nations system and donors, should by the year 2005, ensure that at least 90 % of young men and women aged 15 - 24 have access to the information and the skills required to reduce their vulnerability to HIV infection.

Countries should use as a benchmark indicator HIV infection rates in 15 - 24 year olds, with the goal of ensuring that by the year 2005, transmission of HIV in this age group is reduced (a) globally; and (b) byt least 25per cent in the 25 most affected countries.

to address the HIV/AIDS epidemic in Africa in adequate scope and depth. These key strategies can be elaborated along several distinct axis or "dimensions" including; the political and policy environment, thematic strategies, geographic strategies and institutional strengthening strategies. Within each area, the members of the International Partnership will need to:

1. Increase their action on and resource allocation to elements of the response to HIV/AIDS which fall under their respective mission and mandate and in which they hold a comparative advantage in relation to the other Partners;

2. Seek, apply and evaluate effective ways to collaborate and co-operate with other Cosponsors towards a united UN response to HIV/AIDS.

3. Uphold the ultimate aim of the UN System which, in particular in the context of HIV/AIDS, is to promote human development and national self-reliance.

A. Policy Environment

A supportive political and policy environment is critical to the development of an effective national response. This includes:

1. Promoting national self-reliance to cope with the HIV/AIDS pandemic in a context of international solidarity;

2. Increasing the realisation of the magnitude of the HIV/AIDS epidemic in countries and communities while simultaneously working to reducing the stigma associated with HIV/AIDS.

3. Directly addressing vulnerability to HIV/AIDS through short and medium term social and economic reforms, and

4. Reforming and strengthening those sectors most relevant to the national response to the epidemic, with particular attention to the Health and Education Sectors.

B. Thematic Strategies

The thematic priorities that require further strategy development and vigorous programming support include:

1. Working with and for youth to slow HIV transmission and mitigate its impact;

2. Interrupting Mother to Child Transmission through a combination of efforts including primary prevention, voluntary counselling and testing, informed reproductive choice, anti-retroviral therapy, and providing safe alternatives to breastfeeding for HIV positive women;

3. Integrating prevention and care approaches , with particular attention to supporting the development of Community-Based Standards for Care;

4. Reaching out to, and involving. highly vulnerable populations in targeted programmes;

5. Cross-cutting issues of human rights, gender and the greater participation of People Living with HIV/AIDS,

6. Assuring the supply of safe blood and essential drugs required to prevent and treat opportunistic infections, in particular, tuberculosis.

C. Institutional Strengthening Strategies

1. Strengthening the capacities of governments at national, regional and local levels to lead and co-ordinate HIV/AIDS action, to mobilise partners within civil society, and to execute their responsibilities to assure for the care of the poorest and other highly vulnerable groups;

2. Supporting major NGOs, NGO networks and other key stakeholders in civil society to strengthen their leadership, technical and programming capacities to address the epidemic.

3. Strengthening advocacy and programme efforts within the international partners focussed on HIV/AIDS in Africa seeking a strategic mix of functional approaches, including:

- Strengthened programme planning, monitoring and evaluation in countries, including support to national governmental and non-governmental strategic planning;

- Improved political, policy and strategy analysis and development;

- Improved advocacy and partnership building;

- Strengthened mobilisation of sustainable resources;

- Improved identification, documentation, and dissemination of "best practices" in addressing the epidemic;

- Improved development of and relevant information and databases and strengthening of the national capacity to make strategic use of them;

- Improved dissemination and access to information;

- Strengthened development of technical resource networks;

- Direct technical and implementation support to countries and partners.

14 May 1999

Annex 4-A

UNDP Africa

Intensified action against HIV/AIDS in Africa
Renewed commitment and intensified action of the UNDP Africa Bureau

UNDP Africa upholds the overarching goal of the UNAIDS Partnership, which underpins the need to urgently mobilize nations and civil societies to redirect national and international policies and resources so as to address the evolving HIV/AIDS epidemic and its many compelling implications. Only an urgent mobilisation of this kind can curtail the spread of HIV, sharply reduce the impact of AIDS on human suffering, and halt any further reversal of human and social capital development in Africa. In line with this lofty goal UNDP Africa has also committed itself to aggressively pursue the three major objectives reduced HIV transmission, reduced suffering, and mitigate impact of AIDS.

1. ***Develop, refine and maintain participatory methods, tools and techniques*** that enable stakeholders at all levels, particularly the beneficiaries themselves to actively participate in assessment, planning, implementation, monitoring and evaluation of activities that will promote and operationalise the objectives of the partnership. This has been communicated to the Resident Co-ordinators in Cotonou, Benin on the Feb. 1, 1999 to Feb 6, 1999 meeting.
2. Promote and support the use of *Participatory Assessment, Planning, Programme Implementation and Monitoring and Evaluation for HIV/AIDS* at national, district and community levels.
3. Identify and establish a Multi-Track Communication system that is responsive to stakeholder needs and promotes communication between different stakeholder groups and develop capacity for effective and efficient operation and use of the HIV/AIDS MTC network. The last two are being considered for implementation taking opportunities of reviews at the country level.

While these will systematically built into the regional programme and national programmes, more specific actions have been elaborated within the bureau as an immediate follow up to the Intensified Action against HIV AIDS

1. Action at the regional level. UNDP Africa has initiated dialogue with the OAU and ECA. The dialogue has focussed on the implementation of the OAU resolutions, the role of ECA in developing regional strategies for the implementation of the these resolutions and the interface that needs to built between the regional level actions and country level work by Resident Co-ordinators. A UNDP Africa/ECA team will work out detailed plans of action.
2. The regional HIV/AIDS Programme has been reviewed and new strategic directions have been recommended in line with the Intensified Action. This will be available in the next week
3. The recent UNDP/ECA WSSD follow-up of African Ministers of Economic Development in Nairobi has also recommended new strategic directions in line with the Intensified Action.
4. A decision has also been taken to deploy HIV/AIDS officers in each country boasting the eleven positions that exist now. Financial implications are being worked out.

5. A human development report for Sub-Saharan Africa focussed on HIV/AIDS is under discussion in the UNDP Africa Bureau
6. In the most vulnerable countries such as the SADC, dialogue is going on to provide more core resources to the Intensified Action, apportioning new resources and siphoning funds from other less immediate development priorities.
7. A pilot programme to use the UNDP SURF structure just set up in Addis Abeba is underway to concentrate its work on HIV AIDS.

Overall UNDP Africa approach to mainstreaming HIV AIDS work in national TRAC facilities

General		Specific	
	Policy		
♦ Declaration of an emergency would be a principal tool	♦		National Human Developm
♦ 20/20 initiative		import	
♦ Advocacy	♦		CCF – defines relation with
♦ Human rights policy statement		of TRAC I, II, III resources, regional programmes	
♦ Personnel guidelines for emergency – STAR	♦		Gender – 20 %
♦ Resource allocation - 80% to communities	♦		RC-NADAF, STAR (Specia
	Strategy		
♦ Integration of HIV/AIDS into mainstream programme	♦		Res. Co-ordinators
Sustainable livelihoods (local governance, civil	♦		Mitigation and response, P
service reform, food security, nutrition, PAPs,	♦		Define national benchmark
♦ Resource mobilisation, reallocation	♦		Case studies on HIV/AIDS
		(Modelled on the farmers filed school concept)	
	♦		Private sector developmen
	Process		
♦ Social mobilisation (80% UNDP Resources should be	♦		Development and tools an
spent at community level.	♦		Hold stakeholder forums
♦ Pilot – TRAC	♦		Networking – people living
♦ Reinforcing community adaptive strategies		networks	
♦ Local resource mobilisation	♦		Civil society empowermen
	♦		Small grants, Micro-start, J
	Structure		
♦ UNAIDS	♦		UNDP – UNDG
♦ UNDP-RCS	♦		UNDP-Specialised agency
♦ Admin. and financial services	♦		Networks – UNDP , NGOs
	♦		Theme groups/UNDP - UN
	♦		Government – UNDP

14 May 1999

Annex 4-B

UNICEF contribution to the International Partnership on HIV/AIDS in Africa

Prepared by UNICEF Regional Office for Eastern and Southern Africa, Nairobi (J Csete) with inputs and endorsement from Programme Division, UNICEF Headquarters, New York (D Alnwick), 2nd April 1999.

UNICEF's contribution to the International Partnership will be largely through its **country programmes of cooperation**, which are found with significant staff presence in every country in sub-Saharan Africa. Most UNICEF-supported programmes in Eastern and Southern Africa already have HIV/AIDS components, but these will be greatly strengthened.

UNICEF's work at the country level will be focused in **five areas**:

Advocacy for an expanded response to HIV/AIDS: UNICEF representatives and their teams have regular access to high-level policy makers as well as to a wide range of other partners, including community representatives and district-level officials. HIV/AIDS remains the object of a conspiracy of silence at all levels in too many countries. In addition, even where the problem is openly discussed, the solutions proposed are inadequate and timid. UNICEF will use its extensive advocacy resources and experience to break the silence on HIV/AIDS with powerful messages on its implications and possible approaches to solutions.

Prevention among young people: UNICEF looks forward to a continuing partnership with the other co-sponsors in (1) defining IEC campaigns for youth with measurable objectives, focusing on key messages that every young person should be exposed to, (2) strengthening lifeskills education in schools and out-of-school programmes, and (3) ensuring the definition and implementation of a standard package of youth-friendly services both in and beyond the health system.

Prevention of mother-to-child transmission: In 1999, UNICEF offices in at least 10 countries in Africa will support the introduction and launching of a package of services for pregnant women, including access to voluntary counseling and testing, antiretroviral drugs, improved antenatal care and nutrition services, and improved childbirth practices. UNICEF's role \in monitoring these experiences will be especially important. This support will be closely coordinated with UNAIDS, WHO Geneva, WHO AFRO and UNFPA and a coordinating mechanism has already been established. UNICEF, with help and support of UNAIDS, has already been successful in negotiating an initial supply of antiretroviral drugs for this programme, and UNICEF intends to continue to negotiate with suppliers of such drugs for additional free or very low cost supplies as the potential coverage of programmes increases. UNICEF will also assist in the supply of appropriately labeled breastmilk substitutes for mothers in the 'start-up' projects.

Care of orphans and other children in AIDS-affected families: UNICEF will continue its support to needs assessments related to AIDS orphans, to working to help ensure access of affected children to basic services, and to strengthening the capacity of families and communities to protect and care for these children. This area is a major challenge that will demand broad partnerships and high levels of donor support.

Support for UNICEF staff affected by AIDS: UNICEF is working to ensure a minimum package of services for staff members affected by the epidemic.

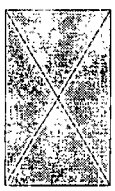
In virtually all this work, the overall strategy will be a **combination** of support for participatory community assessment and analysis of the problem and advocacy/communication at all levels. UNICEF's work will be based on the premise that HIV/AIDS will not be conquered until programme design and implementation are

based on the problem analysis of people affected by the problem. UNICEF's long history of support to community-based programmes in Africa will provide a base on which to build this experience.

UNICEF will continue its active involvement in **sector-wide approaches** and sectoral reform efforts in health and education, emphasizing HIV/AIDS-related measures to the greatest degree possible. Nonetheless, UNICEF will continue to work with donors and other partners to ensure that HIV/AIDS is understood as an intersectoral problem whose resolution transcends work in any one sector.

14 May 1999

Annex 4-C



The World Bank

Intensifying Action against HIV/AIDS in Africa
Responding to a Development Crisis:

The mandate of the World Bank is to alleviate poverty and improve quality of life. HIV/AIDS impedes attaining these objectives, not least because it entails an enormous loss of human and economic resources. By mainly affecting people in the most economically and socially productive age groups, HIV/AIDS poses an unprecedented threat to all that we do in development. This calls for an emergency response to mobilize national and international leaders to intensify action, increase resources and build capacity to sustain the effort long enough to slow this epidemic.

To address the devastating consequences of HIV/AIDS in Africa, the Bank is undertaking a new response to this disease. The strategic plan for the "Intensifying Action against HIV/AIDS in Africa" builds upon the Bank's existing HIV/AIDS-related work and focuses on its comparative advantage to rapidly increase the level of action and available resources and to bring to scale effective interventions. Working in partnership with UNAIDS, donor agencies and governments will provide the synergism that is needed to reduce HIV transmission and mitigate the devastating impact of the epidemic.

This strategic plan aims to place countries in the driver's seat to set the course of the intensified response and focuses on the critical role government leadership plays in developing, implementing and sustaining multisectoral HIV/AIDS programs, while also emphasizing the importance of partnerships. The strategy focuses on protecting the next generation, while caring for those already infected and affected by HIV/AIDS.

The Intensifying Action against HIV/AIDS strategic plan presents this epidemic as a priority development issue that impacts on all sectors and can be addressed through the Bank's Comprehensive Development Framework. It takes an holistic approach, focusing on integrating HIV/AIDS-related activities in a multisectoral and sustainable manner, and presents the following key actions:

- *Increase demand to intensify HIV/AIDS-related action*: Mobilize leaders and build capacity within national and local government, civil society and the private sector to intensify action against HIV/AIDS.
- *Strengthen the Bank's own capacity to respond to increased demand for HIV/AIDS-related projects*: Place HIV/AIDS at the center of the Bank's development agenda for Africa and build capacity within the Bank to intensify action against HIV/AIDS.
- *Expand available resources from the international community*: Increase funding for Bank HIV/AIDS projects in Africa; use Bank projects and policy dialogue to mobilize the international community and leverage increased resources for HIV/AIDS prevention and care.
- *Expand available knowledge and develop additional prevention tools*: Identify innovative means of financing the development of HIV/AIDS vaccines and other prevention options such as female condoms and microbicides; support research efforts to provide decision makers with the needed data and tools to intensify efforts.

The Intensifying Action against HIV/AIDS in Africa strategic plan will be presented to the World Bank's Regional Leadership Team for Africa on April 28, 1999. A Board date of late fiscal year 1999 is envisioned.

14 May 1999

Annex 4-D

Update on the Africa Partnership on HIV/AIDS

Prepared by UNFPA

Please find below highlights of some of the activities undertaken on the Africa Partnership on HIV/AIDS in UNFPA since the Annapolis meeting

1) At the ICPD+5 meeting in early February, HIV/AIDS was emphasized as a major part of UNFPA supported reproductive health programmes and HIV/AIDS indicators were incorporated among the key targets in the report of the Hague meeting. Examples of the targets include:

- Countries, with the assistance of UN system and other donors, should, by year 2005, ensure that at least 90 percent of young men and women have access to information and skills required to reduce their vulnerability to HIV infection.
- Countries should also use as a benchmark indicator HIV infection rates in 15 - 24 year olds, with a goal of ensuring that, by the year 2005, transmission of HIV in this age group is reduced (a) globally; and by 25% in the 25 most affected countries.

2) Also at the Hague, UNFPA briefed all its Representatives and CST Directors in sub-Saharan Africa on the partnership and the need to renew their commitments to prevention and control of HIV/AIDS in collaboration with other partners, especially the HIV/AIDS Theme Groups at the country level. Copies of the Annapolis partnership meeting report was also distributed to all UNFPA Country Representatives.

3) In the briefing organized by UNFPA for representatives of African missions to the UN, in preparation for the Commission on Population and Development and the Preparatory Committee for the Special Session of the General Assembly on the ICPD + 5, recommendations of the Africa Partnership on HIV/AIDS was emphasized. African governments were called upon to take leadership and increase their commitment and resources for prevention of HIV/AIDS. Copies of the Annapolis meeting report were also distributed to African delegates to the March 1999 Commission on the Status of Women.

4) UNFPA had a discussion with Sida on recruitment of a CST Adviser on Sexual and Reproductive Health who would also cover HIV/AIDS and Youth issues. The Adviser will be supported by Sida and will be part of the UNFPA CST for Southern Africa based in Harare.

5) UNFPA has also prepared a concept paper for a regional project on Advocacy for HIV/AIDS in sub-Sahara Africa. The advocacy project will target regional, sub-regional and national policy makers, opinion, community and religious leaders. The project will use audiovisual/graphic presentation to demonstrate the magnitude and impact of HIV/AIDS in the region. The regional project is planned to be implement by UNFPA and UNAIDS Secretariat in collaboration with other co-sponsors of UNAIDS, other donors, ECA and the OAU. The details of the project will be developed by technical experts from the co-sponsors.

6) UNFPA will organize a Workshop on HIV/AIDS for all its CST advisers in sub-Sahara Africa region in July 1999. The workshop will be on how to further incorporate HIV/AIDS into Reproductive Health and other Population programmes based on the needs and experiences in the

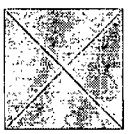
region. The training will focus on windows of opportunity to address HIV/AIDS in the Regional Advisers respective areas of expertise.

7) In Tanzania, the UNAIDS Theme Group chaired by the UNFP A representative Mr Teferi Seyoum, who attended the Annapolis meeting, has mobilized the government to provide leadership and to coordinate combined efforts to prevent and control HIV/AIDS. This culminated in the launching of a Medium Term Plan (MTP III 1999 - 2002) for combating the spread of HIV/AIDS in the country on 26 March 1999. During the launching, presided over by the Prime Minister of Tanzania H. E Mr Fredrick Sumaye, the government constituted an Advisory Board to the government, under the chairmanship of the former president of Tanzania Mr. Ali Hassan Mwinyi. Mr. Teferi Seyoum is also a member of the eleven-man Advisory Board.

8) In South Africa, UNFPA, USAID, Population Refrence Bureau, The Freedom Forum and the National Population Unit jointly sponsored a regional seminar on "International Conference on Population and Development" for print and electronic media representatives. The devastating impact of HIV/AIDS and the urgency to deal with Adolescent Reproductive Health was emphasized at this seminar. It is expected that this would improve the quality of their reporting on Reproductive health and HIV/AIDS. The seminar was attended by media representatives from South Africa, United Republic of Tanzania, Uganda, Ghana, Zambia and Cameroon.

9) HIV/AIDS is of high priority within UNFPA-supported programmes, and attempts are being made to mobilize additional resources (multi-bi and private foundations) to support programmes on HIV/AIDS.

14 May 1999



Date: 15 April 1999
Topic: WHO support to the International Partnership Against HIV/AIDS/STI in Africa

Background

More than 20 million people in the African continent are infected with HIV today. Four million new HIV infections occurred in Africa last year and over two million people died from AIDS related illnesses, including nearly half a million children. In the most severely affected countries in southern Africa, a quarter of the adult population is infected. Hard-won gains in life expectancy and child survival are being wiped out. There has been a dramatic increase in the number of orphans. The effect of AIDS on families, community and societies is heavy and hinders development. Education and health systems are threatened by the loss of trained professionals.

The dynamics of the epidemic differ strongly between countries due to virological, epidemiological and sociocultural factors, with continuing low prevalence in some of the northern and western countries, stabilising epidemics in others and staggering increases in many countries in the south. In some countries in southern Africa, between 20% and 45% of pregnant women are HIV positive with mother-to-child transmission of the virus during the pre- and post-natal periods reaching 30%. TB notifications have increased and even tripled in certain areas over the past decade. It is estimated that in some countries, one third or more of HIV-infected people may develop TB.

HIV/AIDS is overwhelming the health services of many member states. The quality of life of People Living with HIV/AIDS is often very poor as quality care and support to patients and their families is inadequate and the productive and coping capacity of families and communities has been strained to the limits.

In response to these unprecedented challenges, UNAIDS and its cosponsors initiated a Partnership Programme for Intensified Action against HIV/AIDS in Africa in January 1999.

Goal of the UN Partnership:

The goal of the Partnership is to urgently mobilise nations, civil societies and international agencies in a concerted effort to curtail the spread of HIV infection, to sharply reduce the impact of HIV/AIDS in terms of human suffering, and to halt any further reversal of human and social capital development in Africa.

Consultations

WHO's support to the Partnership is part of the HIV/AIDS and Sexually Transmitted Infections Initiative (HSI) strategy and has been jointly developed with AFRO and the Coordination team. HIV focal points in relevant clusters and the technical HIV focal points in WHO have been consulted. The UNAIDS team on

Partnerships has been involved in this process.

Recommendations

That WHO adopts the following strategy to support the Partnership:

- WHO as a cosponsor of UNAIDS contributes by providing expertise and technical support to the health sector of member states with the following **objectives** (details of activities under each of these objectives are provided in Annex 2a).

  - Strengthen health systems through development of appropriate policies and strategies for the provision of prevention and care services.

  - Improve prevention through evidence-based interventions.

  - Improve care through evidence-based interventions.

  - Increase the amount and quality of information to meet requirements for monitoring and evaluation of the HIV/AIDS/STI epidemics.

    - WHO expands its activities in Africa through taking the following steps (details are provided in Annex 2b).

  - Strengthening the WHO Africa Regional Office to enable it to respond promptly and effectively to country demands relating to HIV prevention and care.

  - Identification of priorities at country level through assessment and appraisal of national and district needs within the broad spectrum of HIV/AIDS prevention, care and impact.

14 May 1999

ANNEX 2a

WHO Strategy to support the Partnership

Activities under each objective

- **Strengthen health systems through development of appropriate policies and strategies for the provision of prevention and care services**

  Development of enabling conditions for health reforms to deal effectively with HIV/AIDS: the strengthening of institutional human resources and managerial structures to cope with the impact of HIV/AIDS; the support of implementation of relevant integrated approaches of HIV prevention, STI management, HIV care and TB control.

  - **Improve prevention through evidence-based interventions.**

  Expansion of quality STI prevention and care with a particular focus on young and vulnerable groups; training and management to ensure safe blood supplies; training of care providers in the appropriate use of blood and blood products; strengthening of male and female condom programming; promotion of quality assurance of diagnostic technologies including simple and rapid assays; assessment of interventions to reduce mother to child transmission of HIV and development of relevant training programmes.

- **Improve care through evidence-based interventions**

  Development of feasible standards for the medical and psychosocial interventions to manage STI, HIV and TB care at all levels of the health system; promotion at district level of Voluntary Testing and Counselling sites for prevention and care; assessment and promotion of feasible community based care interventions as part of a continuum of care from home to hospital.

- **Increase the amount and quality of information to meet requirements for monitoring and evaluation of the HIV/AIDS/STI epidemics**

  Strengthening of HIV surveillance systems using the 2nd generation HIV surveillance packages, AIDS reporting systems, STI surveillance and feed back mechanisms for local planning and management.

14 May 1999

ANNEX 2b

WHO Strategy to support the Partnership

WHO activities in Africa to support the Partnership

1. Strengthening the WHO Africa regional office:

- The WHO/AFRO existing strategy adopted during the 1996 Regional Committee will be strengthened through implementation of proposed interventions commencing in the current year. As an initial contribution, WHO will strengthen its activities in the Africa region to be able to respond promptly and effectively to the demands of countries in HIV/AIDS prevention and care interventions.

- The Region will also be strengthened by the recruitment of additional staff to support the Commitment

- The World Bank has been approached to support a post of one specialist on health care financing based in AFRO.

2. Prioritization at country level

- WHO's activities will have a strong country focus aimed at filling the gaps in prevention, care, applied research and societal support. Initial activities will focus on assessing and appraising national and district based needs within the broad spectrum of HIV/AIDS prevention, care and alleviation of impact.

- WHO will address these priorities areas, integrate appropriate responses within existing health and social service structures and foster equal and sustainable partnerships between stakeholders in the public, private and NGO sectors. It is expected that many of the identified gaps will occur in the area of care, as already expressed by many Ministries of Health. WHO's technical role will be to respond to these requests as a matter of priority.

Fourteenth Meeting of the Committee of Cosponsoring Organizations (CCO)

New York, 6 October 1999
Hank Shannon Conference Room, DC-1, 21st floor, UNDP

Provisional Agenda item 6

Update on the International Partnership against AIDS in Africa

eral months to give shape and content to
rica. It also outlines future events,
ened by the Secretary General. The

Introduction

This brief report summarizes recent developments under the International Partnership against HIV/AIDS in Africa, while outlining some of the next steps in further building the Partnership as a key instrument helping in the fight against the HIV epidemic in Africa.

This document builds on the earlier reports on the Partnership that were presented to the Cosponsors and bilateral agencies in April 1999 and to the UNAIDS Programme Coordinating Board on 29 June 1999. These reports already explain the rationale for the International Partnership against HIV/AIDS in Africa, the vision of a successful partnership, broad goals and targets, and the main modalities for action. The earlier reports also summarize the steps taken during the first half of this year to put the International Partnership into motion.

Main results during June-August and prospects for the near future

Overall, there has been considerable progress during the past three months in implementing the main agreed areas of the Partnership.

In the area of **advocacy and political mobilization,** the concept of the International Partnership against AIDS in Africa has been endorsed by the Heads of State at their meeting of the Organization of African Unity, by the United Nations Economic and Social Council, and by African NGOs at meetings in Dakar and Lusaka. African Ministers of Health present at the WHO Regional Committee for Africa in Windhoek in August focussed on intensifying national and regional actions against HIV/AIDS. The Executive Director of UNAIDS signed an official Cooperation Agreement with the Organization for African Unity to foster collaboration and partnership in the fight against AIDS in Africa

Contact groups for the five main pillars (Cosponsors, bilateral partners, African governments, non-governmental organizations, and the private sector) of the Partnership are being formed. These contact groups will be convened by the Secretary General within this year to finalize the design and implementation plan for the Partnership in advance of its public launch early in the year 2000.

Representatives of the main non-governmental organizations operating in Africa pledged to intensify their collaboration with the UN system, local and national governments and among themselves when they met in Dakar, Senegal at the end of August to discuss the International Partnership, the concept of local partnerships, and their role in building such partnerships. The NGO Community Forum in Lusaka devoted a half-day to the Partnership, and the Secretariat held discussions on local partnerships with representatives of African organizations. A consultation with the main churches in Southern and Eastern Africa took place in Gaborone in September. The Bishops, priests pastors and lay-people present made concrete plans for inter-church collaboration and for

collaboration with church-based development organizations. The Secretariat will support the resource group appointed by participants.

The "HIV/AIDS Leadership Meeting" hosted by Hillary Rodham Clinton at the White House on September 7 provided an opportunity to discuss AIDS issues, including in Africa, with US-based foundations and private sector. Another meeting is being planned by the Secretariat to continue to build support in these important areas.

In the area of **support to national AIDS programmes,** members of the Partnership in June 1999 began a series of country-level missions. The first countries visited were Namibia (31 May-4 June) and Burkina Faso (7-11 June). During these visits, discussions with high level government officials, representatives of Cosponsors, bilateral agencies, and national and international NGOs revealed growing commitment to intensify current AIDS control efforts. Agreement was reached on additional actions that need to be taken to finalize national plans; to engage religious leaders, chiefs, and local government officials; to address the persisting problem of stigma; and forge stronger and more cohesive donor support. Additional funds from the UNAIDS Secretariat will be provided to Namibia and Burkina Faso for national capacity building and catalytic programme activities.

Two more country missions are scheduled for October and November, including one to Ghana, which will be led by UNFPA and one to Tanzania. These missions will provide the international partners with the opportunity to work with our African partners and with our personnel in the field to support their efforts to scale-up and intensify not only national but also district and local responses to the AIDS epidemic. In addition, the Secretariat staff will review programme development in all priority one countries during the coming months. Joint missions to Malawi and Mozambique will be planned, if necessary, for this year with other missions to be scheduled next year. A notional schedule of future country missions was shared with Cosponsor and bilateral representatives in Lusaka.

In the area of **resource mobilization,** among the most significant developments in the last few months has been the decision of the US to request from the Congress an additional $100 million a year for HIV/AIDS in developing countries, mainly in Africa. The United Kingdom has committed an additional 25 million pounds for Africa.

A preliminary meeting on regional resource mobilization was held in New York namong the UNAIDS Cosponsors as a first-step in harmonizing approaches. A resource mobilization strategy is under development to be finalized by the resource mobilization directors of the Cosponsors later this year.

In the area of **regional technical capacity** on HIV/AIDS, efforts are intensifying to support African governments and other partners to access appropriate assistance in a timely fashion. Cosponsors and bilaterals have taken steps to expand their AIDS technical support. These include the decision of the World Bank to establish in June

1999 a six-person AIDS Campaign Team (ACT-Africa), and moves by the Cosponsors to add important regional technical posts or reconfigure existing regional AIDS projects to integrate them with broader regional technical cooperation efforts. In a similar vein, bilaterals are enhancing their technical support in the region by designing initiatives such as the Southern Africa AIDS projects of Sweden and Germany. As such activities increase, the need for information sharing and coordination will become even more important, to ensure that country needs are met.

The contact group of the major donor governments formed at the London consultation will meet in Washington in November, at the World Bank, to discuss an intensification of their AIDS technical services in Africa.

Among the **Cosponsors,** the **World Bank** launched in September its new strategy to combat the AIDS epidemic in Africa, in partnership with African governments and within the International Partnership against AIDS in Africa. HIV/AIDS will now be at the center of the Bank's development agenda in Africa. The multisectoral AIDS Campaign Team for Africa will serve as the region's focal point on AIDS and provide a variety of services.

UNICEF has identified HIV/AIDS as a top priority in Eastern and Southern Africa and has prepared a detailed regional plan as their contribution to the Partnership. The five priorities in the region are to mobilize commitment and capacity; prevent HIV infection of young people; reduce mother-to-child transmission of HIV; care for orphans and children affected by HIV and AIDS; and to support their own staff affected by HIV and AIDS.

As indicated at the Programme Coordinating Board meeting in Geneva in June 1999, the **UNAIDS Secretariat** has continued to broaden and reinforce its own capacity to support the International Partnership. The working groups on specific lines of action (advocacy, resource mobilization, country programming and support, technical capacities, and goals and targets) that emerged at the London meeting of bilaterals have now been formalized. These groups are now endeavoring to reach out to a wide range of other organizations and, in particular, need especially strong participation from the UNAIDS Cosponsors and bilateral agencies.

Also to strengthen its internal capacity, the UNAIDS Secretariat in July 1999 appointed a new Associate Director in the Department of Country Planning and Programme Development (CPP) to manage the International Partnership efforts of the Secretariat.

Conclusion and next steps

The International Partnership against HIV/AIDS in Africa is rapidly gaining momentum. At the Annapolis consultation of Cosponsors the WHO/AFRO Regional Director offered to host the next consultation of Cosponsors on the International

Partnership against AIDS in Africa, which will be held in Harare in February 2000. The ECA is considering an African Development Forum, tentatively foreseen for September 2000, which would provide a major political opportunity for the Partnership. Our agenda in the months to come includes:

- Strengthening our capacity at country level to support governments at all levels, non-governmental and community-based organizations, and the private sector as they build local partnerships able to assess and respond to HIV and AIDS;
- Reaching consensus among ourselves and with bilateral donors on coordination of regional technical capacities, to serve the emerging needs at country and regional level; and mobilize substantial incremental funds behind these regional activities;
- Enhancing further the role of NGOs, community organizations, and other local initiatives in the struggle against AIDS, including facilitating their involvement in partnerships with governments and assisting in channeling more resources through these kinds of local initiatives;
- Engaging across a broad front the business sector within Africa and internationally, plus major philanthropic organizations, as full and active members of the Partnership;
- Working with governments to mobilize resources for country and local programmes and mobilizing resources for effective and coordinated regional technical capacity to support country programmes;
- Continuing our political mobilization efforts, with the specific aim of reducing the stigma and discrimination that surround AIDS and make action more difficult.

The UNAIDS Secretariat will strengthen efforts to reach out to a broader cross section of members of the Partnership, through stronger communications and encouraging greater participation in working groups dealing with the various lines of action for the Partnership, including goal and target-setting, advocacy, country support, technical capacity building, and resource mobilization.

30 Sept 1999

MEETING STATEMENT ON
THE AFRICA PARTNERSHIP AGAINST HIV/AIDS
23/24th April 1999

1. Preamble

On the basis of new evidence it is now apparent that the impact of the HIV/AIDS epidemic has reached far beyond that initially recognised. The response of the past decade has not been commensurate with the scale of the problem and falls far short of current needs. Transmission of HIV and its devastating personal and social consequences, are preventable with tools available today. HIV/AIDS can no longer be seen as a health issue alone, but must be recognised as a critical development problem threatening the economic and social development of African nations and communities.

For many countries in Africa HIV/AIDS become a complex epidemic, building on and exacerbating the severe poverty crisis that grips most of the continent, and reversing decades of progress in social and economic development. More than 23 million people are currently living with HIV and AIDS and UNAIDS estimates that 150 million Africans are directly or indirectly affected by the epidemic. AIDS has now become the number one killer in Africa with 2 million deaths in 1998. Four million new HIV infections occurred in Africa last year. In the most severely affected countries, a quarter of the adult population is infected.

By killing large numbers of productive and reproductive adults AIDS:

erodes human, social, economic and infrastructure development
increases health and welfare demands, adding to the cost of providing services
increases the total number of children orphaned or living in families profoundly disrupted by AIDS
reduces formal and informal sector productivity
increases labour costs due to staff turnover, absenteeism, loss of skills, and increased recruitment and training costs

As the epidemic unfolds, it places new burdens on countries, peoples and their development partners. The consequences of these burdens are felt today and will be present for years to come. Yet the ultimate human, societal, and economic toll of this epidemic depends on actions taken or not taken over the next two to five years. In order to meet this challenge, there is a need for an improved, broader, intensified and more substantial response from all actors and at all levels.

In response, UNAIDS, donors, and governments have acknowledged the need for means to unite all parties' efforts to scale up responses to the AIDS epidemic in Africa. To accomplish this goal, UNAIDS has begun the development of an African Partnership Against HIV/AIDS. Consultations have begun with African governments, international development organizations and NGOs to shape this partnership and these will continue.

At a meeting held in Annapolis in January 1999, the UNAIDS Cosponsoring agencies

and Secretariat resolved to marshal local and international resources to develop an Africa Partnership Against HIV/AIDS. As the next step eleven donor countries, UNAIDS and six cosponsors met informally in London, from 23rd-24th April 1999 and expressed a commitment to actively participate in the further development of the Africa Partnership. Subject to endorsement by all actors involved, the Partnership will endeavour to pursue the vision, principles and next steps described in this document.

2. Partnership Vision and Goal

The overarching goal of the Partnership is to save the lives of millions by halting the spread of HIV/AIDS and sharply reducing its devastating impact on human suffering and social and economic development. The vision of the Partnership is that within the next decade African nations will be implementing larger and more effective national responses to HIV and AIDS that will: substantially reduce new HIV infections; provide a continuum of care and support to people living with and affected by HIV and AIDS; counteract the negative effects of HIV/AIDS on individuals, communities and societies; and support the human rights of all those affected.

The Partnership will enable national governments, international development agencies, civil society, and the private sector to work together effectively, within common strategic frameworks to support sustained national responses.

At the international and regional level the Partnership will work together to create a policy and social environment conducive to successful action with national and regional leadership, and to mobilise the additional human and financial resources necessary for impact on a bigger scale and in a more strategic and focused manner. The Partnership will provide relevant, accessible and high quality technical and logistical support to national level responses. It will also support networking, joint advocacy and sharing of lessons learned.

3. Principles

The following core principles of the Partnership were identified:

placing HIV/AIDS high on the political agenda

recognising that HIV/AIDS is a development problem not just a health issue

national commitment and ownership

implementation plans based on local contexts and priorities

supporting the development and implementation of joint national strategic action plans involving all relevant sectors

intensifying and expanding efforts and improving quality and effectiveness of responses while not creating new structures

improving co-ordination among all partners

building on the comparative advantages of actors in the Partnership

utilising and reinforcing existing mechanisms and structures

UNAIDS (secretariat and co-sponsors) taking the leading role in moving the Partnership forward in collaboration with international development agencies, NGOs, private sector and national government partners

4. What's different about the Partnership?

In responding to HIV/AIDS in Africa the Partnership:

provides a common framework for re-vitalised action by all partners at national, regional and global levels

validates the need for an expanded, multi-sectoral and multi-partner effort in order to make significant gains

galvanises the political support required to commit increased resources

sets common targets for which partners at all levels are accountable, and establishes monitoring systems to measure progress and resources

facilitates new partnerships such as with religious leaders, military and the private sector

offers each partner feasible opportunities for concrete actions to advance toward the goals

enables better and more timely exchange of information among and between partners

links regional resources and networks to national efforts in a more concerted manner

develops the Partnership in an interactive manner consulting all partners

5. Mechanisms for sustaining partnership

We agree:

That the Africa Partnership will be sustained over five to ten years through both short-term and long term actions which will be developed over the course of 1999 and beyond, and will be characterised by:

At the international/regional level:

An international coalition which sets out our intentions to achieve the goal and vision of the Partnership including:

More effective use of existing co-ordination mechanisms and initiatives to act as a platform for advocacy and improved co-ordination for national programmes. These include mechanisms such as the EU; G8; OECD; UNAIDS and its co-sponsors; UNDAF; UNDG, the Pan African org, OUA and ECA. Existing sub-regional mechanisms should also be explored such as SADC and ECSA.

A consultative mechanism for UNAIDS to draw on and interact with in the evolution of the Partnership, through an informal and inclusive contact group of partners.

Mechanisms to maximise the existing technical resource platform (the totality of technical resources available in Africa) coupled with improved systems and to build additional technical and institutional capacity to make this expertise available to national programmes.

Mechanisms to co-ordinate, and build upon existing regional initiatives and fora to act as platforms for advocacy, and improved co-ordination for country programmes.

At country level:

A partnership between external stakeholders and national governments and key national stakeholders (including people living with HIV/AIDS, civil society, private sector, military, religious groups) characterised by

statement of intent
shared analysis, including priorities for action
nationally negotiated, costed, joint action plans
agreed milestones and indicators of achievement
agreed working arrangements and responsibilities such as national co-ordination mechanisms; common design and appraisal; implementation; monitoring and evaluation; use of technical collaboration; and mechanisms for resource transfer; communications
mechanisms for expanding the Partnership to include diverse and non-traditional partners
commitment to additional resources from host country governments

At all levels:

Secretariat functions, performed by UNAIDS, to ensure maximum communication, co-ordination, facilitation, standard setting and impartial information and advice to all actors with the Africa Partnership.

Mechanisms for channelling resources at regional and country level

6. Targets and resources

Targets:

Meeting participants agreed on the need for measurable targets/indicators for the Africa Partnership. It was recognised that measurable targets will need to be defined and agreed in the process of consultation with all actors in the Partnership. However some initial targets for participating countries were suggested, including:

the incidence of HIV among those 15-24 years old should be reduced by 25% by 2005

at least 75% of all HIV-positive persons will have access to basic care at home and community levels and drugs for common opportunistic infections (TB, pneumonia, diarrhoea etc.)

orphans will have access to education and food on a equal basis with their non-orphan peers

by 2002 domestic and external resources available for HIV/AIDS responses in Africa will have increased significantly

existing initiatives, (such as the 20/20 initiative) be used as opportunities to include HIV/AIDS and to involve donors and countries to commit themselves to the Partnership

Resources

Current spending on AIDS in Africa, estimated at about $150 million a year, needs to be increased substantially. Reliable estimates of the funding requirements for an intensified effort need to be developed as soon as possible. Current estimates range from between $500 to $800 million, into the billions of dollars.

To meet the current challenges in Africa, the meeting recognises the need to

(i) identify and use existing resources more effectively; including such resources not primarily earmarked for specific HIV and AIDS activities but which contribute to achieving the goals of the Partnership
(ii) identify and implement processes to strategically allocate and prioritise available resources reflecting national and community needs
(iii) eliminate duplication
(iv) increase synergy
(v) aim for consistent funding over a long period of time
(vi) increase the volume of aid, inter alia by non-traditional partners such as the business community, foundations and local communities
(vii) increase the predictability of aid and flexibility in the allocation of aid

7. Next Steps

1. The meeting participants agreed that the issue of HIV/AIDS should be recognised as having catastrophic social and economic implications for Africa, and as a human rights issue requiring a complex strategic response. HIV/AIDS in Africa should therefore be made one of the highest priorities of the UN and all governments of the members of the General Assembly.

2. The meeting agreed that all participants (bilaterals, multilaterals and UNAIDS) would pursue contact with national governments committed to placing HIV/AIDS high on the development agenda, and to communicate the outcomes of the meeting to country governments, and to donor headquarters and regional and country offices by the June PCB meeting.

3. UNAIDS will consult with African governments and NGOs to discuss the role and evolution of the Partnership.

4. UNAIDS is tasked to share the outcome of the meeting with other bilateral partners, the EU, and other interested partners to enlist their participation in the Africa Partnership Against HIV/AIDS.

5. UNAIDS is tasked to facilitate a further series of consultations to broaden commitment to and participation in the Partnership by African governments, bilateral donors, other regional and multilateral partners (e.g. FAO, ILO, ADB, UNHCR), civil society and the private sector.

   In co-ordination with UNAIDS, international development agencies should actively take opportunities to discuss with government representatives, civil society, regional project teams, private sector and other representatives how to rapidly expand the response to AIDS at country or sub-regional level. The Africa Partnership will continue to be developed through such initiatives.

6. During the meeting each participant was asked to consider a matrix of specific actionable items to which they will contribute in furthering the Partnership's development. The following categories requiring partners' inputs were identified: partnership design; regional technical platform; advocacy strategy; resource mobilisation; and technical gaps. These items will follow from the definition of the tasks as identified below.

   In the evolution of the Partnership UNAIDS will have the following tasks, and in the process of developing the Partnership will draw upon an informal and inclusive consultative group of partners who wish to contribute to:

Drawing up clear and transparent Terms of Reference for, and setting up the consultation mechanisms

Developing a draft concept paper elaborating on the design of the partnership to be used in up-coming consultations

Elaboration of regional technical platform

Advocacy strategy

Resource mobilisation (and streamline procurement procedures)

Identify and develop strategy for addressing gaps (costing, cost- effectiveness, national programme management, training and basic care).

Social and economic analyses

6) The UN Theme Group on HIV/AIDS should be expanded immediately to include broader participation at the country level, including people living with HIV and AIDS; NGOs, host country governments, and bilateral donors. In addition, participants agreed that in some countries, bilateral donors could take the lead vis a vis donor coordination.

June 7, 1999

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
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US Media Office (212) 584-5024

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** MEDIA ADVISORY **

UNAIDS AND UNICEF TO RELEASE COMPREHENSIVE REPORT ON GLOBAL ORPHAN CRISIS FOR WORLD AIDS DAY

-- Kofi Annan, Peter Piot, Hillary Rodham Clinton, Queen Noor al Hussein of Jordan, and Others Join for UN Program on Orphans--

9:30 a.m. **Press Briefing** to release comprehensive new UNAIDS/UNICEF report on AIDS orphan crisis, including latest statistics and impact on families, economies, and social structures (United Nations Press Room 226).

Press Briefing speakers include:
- Peter Piot, Executive Director, UNAIDS
- Urban Johnsson, UNICEF Regional Rep. East and Southern Africa
- Harry Belafonte, UNICEF Goodwill Ambassador

The Orphans Report is embargoed until December 1, 1999 at 9 a.m. EST.

10 a.m - 6 p.m. ***The Children Left Behind***, a day-long program on the dynamics of the international orphan crisis, child care and welfare issues, and the funding of efforts to address global AIDS and the resulting orphan crisis.

Speakers include Secretary General Kofi Annan, UNAIDS Executive Director Peter Piot, and U.S. First Lady Hillary Rodham Clinton.
(See attached program schedule)

WHEN: **WEDNESDAY, DECEMBER 1, 1999 (World AIDS Day)**

Press Briefing: **9:30 a.m. EST**
Symposium: **10 a.m. - 6:00 p.m. EST**

WHERE: United Nations Headquarters, First Avenue & 44th Street, New York City

B-ROLL: UNAIDS footage of AIDS orphans in Africa available

U.N ACCESS: **UN accreditation required.** Please note that journalists seeking accreditation must be photographed in advance at UNITAR Building, Pass & Identification Unit, 45th Street and First Avenue. Fax requests for accreditation to UN Accreditation Office, fax: (212) 963-4642. Confirm receipt by calling (212) 963-6934/7164.

Joint United Nations Programme on HIV/AIDS

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fde UNAIDS

Sub-Regional Meeting of Theme Group Chairs, CPA and National AIDS Programme Managers,

Executive Summary, Group Work reports, Final Statements

Organized by the UNAIDS Secretariat in Geneva and the UN Theme Group of Mozambique

Maputo, 14-16 June 1999

October 1999

CONTENTS

SECTION ONE:
EXECUTIVE SUMMARY OF THE SUB-REGIONAL MEETING OF THEME GROUP, CPA AND NATIONAL AIDS MANAGERS

SECTION TWO:
ANNEXES

Meeting of the UNAIDS Theme Group and National AIDS Programmes of the Southern Africa Region

Maputo, Mozambique, 14-16 June 1999

EXECUTIVE SUMMARY

1 Introduction: Background, purpose, and expected outcomes

1.1 Background

The AIDS epidemic has become a modern cataclysm in Africa where recent gains in life expectancy and reductions in child mortality have been wiped out by the increase in the rate of infections among the African population. In the face of such a grave danger to Africa's development, an emergency response is needed in order to mitigate the multi-dimensional burden of the epidemic on national resources. Past approaches have not been successful for several reasons: lack of political commitment, focus on the health sector, limited involvement of communities, lack of sustainable policies, lack of co-ordination.

However, the past decade has generated sufficient experiences and new opportunities that can used in the development of an intensified response against this tragedy. In keeping with its mandate, the UNAIDS Secretariat and Cosponsors will undertake consultations on the concept, vision, criteria and implementation of the Africa Partnership with various stakeholders, including donors and nationals at the country level.

The main structure and mechanism for implementing UN strategies on HIV/AIDS at the country level are the UN Theme Groups. These are expected to play a key role in the implementation of the African Partnership strategy. However, the call for the AfP brings a renewed emphasis on the performance of Theme Groups with regard to key outputs.

Regional meetings with the participation of the UNAIDS Secretariat, Theme Groups and national representatives will play a critical role in defining appropriate policies and strategies for the development and implementation of the Africa Partnership.

This the first of a series of four Sub-regional meeting Meetings to be organised in Africa in order to address regional concerns and issues.

1.2 Purpose

The purpose for this meeting was twofold:

- to coordinate actions on the Africa Partnership among key constituents at the national level, including government representatives, UN Theme Groups and UNAIDS Secretariat;
- to share and gain a better understanding of Theme Group operations issues and useful approaches to effective working arrangements

1.3 Expected Outcomes

The expected outcomes of the meeting were initially defined as follows:

- Refine the goals and objectives for the Africa Partnership and adapt these to the context of the region and its countries;

- Work with the UNAIDS Secretariat in framing a strategy for the Africa Partnership with a view to scaling up and accelerating the response at the country and sub-regional levels;
- Strengthen their collaboration and activities to support countries' participation in and implementation of the Partnership (scaling up and accelerating their responses)

2 Methodology and content

In order to produce the intended results, the meeting fostered an interactive and collaborative approach among all participants. A variety of methods was used by facilitators, giving opportunities to participants to work together, confront experiences and discuss solutions.

- Brief presentations followed by plenary discussions
- Group work related to the specific issues
- Presentations and discussions of group work in plenary sessions
- Evaluations

A detailed agenda is annexed(annex1). In summary, the meeting included the following sessions:

- Opening and Presentation of the Meeting
- Framing strategies for the Partnership
  - Identification of goals, objectives and targets
  - Strategies
  - Management Issues
- Expanding the response on HIV/AIDS at the country level
  - Theme Group Operations: strengths & weaknesses
  - Collaboration between the UN & nationals
- Expanding the response on HIV/AIDS - Inter-country work
- Follow-up / Action Planning

3 Meeting participants

The participants list is given in annex (2)
The meeting brought together 50 participants from nine southern countries of the SADC, two members of the UN Theme Group (current and future, representatives of Cosponsors at regional level, Country Programme Advisers, Focal Points, National AIDS Programme managers and senior officials from leading government institutions.

4 Summary of the Proceedings

4.1 Opening and Presentation of the Meeting

The meeting was opened by the Co-host, UNICEF Representative and Chair of the Theme Group on HIV/AIDS, Mozambique, Mr Mark Stirling. The Chair introduced the other members of the opening panel, Honourable Vice-Minister of Health, Dr Abdul Razak Noormahomed, Dr A. Manguele, National Director of Health, Mozambique, and Dr Peter Piot, Executive Director, UNAIDS.

In his address, Dr Noormahomed emphasised the need to reverse the upward trends of HIV transmission through learning from each other in order to make a difference. The Vice-Minister expressed the need to involve traditional leaders and draw upon traditional and cultural resources.

He also shared the concern that efforts to sensitize youth have not yet resulted in significant changes in sexual behaviour.

Dr Peter Piot, in his opening address, reiterated the importance of learning from each other, and viewed the participants as 'Peer Educators' with one another. He emphasised the sense of urgency and importance of selling the message, thus, how we 'market' our message. HIV/AIDS in Africa is killing more people than the wars combined, but this is not visible in the media. If there is war, and peace is not attained, development efforts are undermined. If HIV/AIDS is not addressed, development efforts and gains in African countries will be undermined. However, we must at the same time balance the message of crisis with optimism, especially with regard to Africa. We need to convey the vision that we are not powerless. Africa is at a turning point and political leaders and institutions are increasingly getting involved.

4.2 Expectations and Partnership Update

Participants were given the opportunity to write down their main expectations of the meeting, which can be summarised into five points as follows: (see Annex 3).

1) Definition of high-impact strategies and actions with renewed focus on local and regional levels
2) Clarification of the International Partnership against HIV/AIDS in Africa, especially its added value, its relationship with strategic planning and its operationalization
3) Sharing experience and learning from each other, approaches for successful responses and effective team building in order to enhance collective action and co-ordination within the UN system
4) Improve a co-ordinated response and synergy between Government and UNAIDS

Representatives from five of the UNAIDS Cosponsors, UNDP, UNFPA, UNICEF, the World Bank and WHO, gave brief updates on progress made within their respective agencies (see Annex 9).

Later in the day, Dr Piot summarised and clarified issues relating to the Africa Partnership, describing it as a broad coalition responding in each country, as well as globally. The role of the UN in the 21st century will be to build capacity in countries and regions to intensify their response. Some of the important challenges of the Partnership to be addressed at the meeting include:

1. The Partnership must be built on a National Framework for Action
2. There is a need to scale up interventions
3. New partners should be brought in and stronger political leadership promoted
4. Regional support mechanisms should be strengthened

4.3 Framing Sub-Regional Strategies for the Africa Partnership

At the start of the second day, Dr Piot emphasised in his statement the importance of bringing the countries present together, as they have much in common. Based on a common understanding of the role and importance of the Partnership, there is a need to plan for the future, set goals and targets, agree on priorities for the region, and come up with mechanisms of support and communication at regional level.

The participants were divided into five groups to address questions on goals and targets. Plenary presentations highlighted the following:

- There was a general consensus on the overall goals and the three major objectives outlined in the Annapolis resolution: reduced transmission among youth and pregnant women; reduced

suffering through increased access to drugs for opportunistic infections and access to care; and mitigated impact through development of frameworks that address fear, stigma and discrimination, access to essential services for affected families, and implementation of programmes to address impact on development.

- While the importance of setting specific quantitative targets for all of these objectives was acknowledged, this would best be done at country level.
- Additional targets or rephrasing of existing targets under the three major objectives were suggested by various groups. For the full group work reports, see Annex 4.
- It was also recommended that specific targets should be set for the overall goal of mobilising resources. Targets could also be set with regard to the process of strengthening the multisectoral response, including national multisectoral coordination mechanisms.
- All countries have formulated goals, and most countries have set targets. These correspond generally with the major objectives of the Partnership. Examples of specific objectives and corresponding targets were shared.
- Some countries are in the process of developing their strategic plans but have not yet articulated objectives and targets. They should be informed of the Annapolis goals to see how they relate to country-specific goals.

With regard to the process for setting goals and targets in the SADC region, it was recommended that more advocacy be done towards regional institutions so as to create a more conducive environment, including the establishment of regional policies, and the mobilisation of resources. It is also necessary to take into consideration existing goals and strategies of regional organisations and try to harmonise with the Partnership. Both countries, regional offices and headquarters can play a role in this process.

Common issues at regional level included bulk purchasing (condoms, drugs), communication, training and technical assistance, and broad resource mobilisation.

4.4 Expanding the Country Response to HIV/AIDS

- Presentations of Theme Group Country Experiences

In this session, countries shared their experiences of working with the Theme Groups. The questionnaires on the functioning of the Theme Groups, which were discussed and completed at country level before this meeting, are attached in Annex 5.

However, it was agreed that the plenary presentations should address the following issues: The role and functioning of the Theme Groups; Lessons learned; and Challenges ahead. These presentations are attached in Annex 6.

The presentations showed that while countries are at different stages and struggling with their particular issues, they have been through similar processes. National representatives were encouraged to contribute with their own experiences of working with the Theme Group in their country. The presentations and the discussions that followed showed that Theme Groups were composed differently. Some Theme Groups had expanded to include combinations of other UN family members apart from the Cosponsors, a Government counterpart, and bilateral donors. Several countries had interesting experiences with the UNAIDS Theme Group in light of field reform processes, whether within the UNDAF framework or general inter-agency collaboration, with the two reinforcing each other.

The importance of Cosponsor participation and commitment at country level was stressed. This should be institutionalised in the organisations and should not be dependent on personal initiative and dedication. Clearer guidance and instructions from individual Cosponsor headquarters could facilitate this recommitment. The functioning of the Theme Groups is essential to the success of the wider Partnership, as we need to get our own house in order. However, the meeting reiterated the pivotal role of national leadership and the role of the UN as one of strengthening capacity in the countries.

Key areas of support to the national programme were and should continue to be the strengthening of broad, consultative and multisectoral national strategic planning processes, strengthening of national institutional capacity to respond to the epidemic, and support to the development and implementation of national strategies.

4.5 Expanding the Response on HIV/AIDS, including through Inter-Country Work

Brief presentations were made by representatives from the UNAIDS Inter-Country Team in Pretoria, the WHO Regional Office in Harare (AFRO) and the UNICEF Eastern and Southern Africa Regional Office, on the roles of the respective offices. The meeting regretted the absence of a representative from the UNFPA Technical Support Team in Harare.

Priority issues and needs to be addressed with other neighbouring countries, bilaterally and/or multilaterally, were discussed in group work and plenary:

- What can be specifically communicated to regional and global management particularly, how to eliminate conflicting instructions
- What specific improvements can organisations make to improve response?
- How can the UN at country level change? (How is the UN system functioning, nationally, regionally and globally – what are the mechanisms to mobilise and what are felt to be some of the obstacles?)
- How can the Partnership encourage more technical and other resources from Cosponsors and the UNAIDS Secretariat?
- What are the Best Practices from the region?
- What kind of dramatically new actions are needed?

See Annex 7 for the deliberations of the group work.

4.6 Action Planning for Africa Partnership – Next Steps

The conclusions and recommendations reached at the plenary consultations during the final session are expressed in the statement of the meeting (see annex 8).
This final statement highlights the major issues and concerns identified and discussed by the participants during the meeting with appropriate recommendations to address these issues at national, regional and global levels. based on the recommendations, participants also agreed on next steps to be taken at each level of responsibility. the major steps to be taken were defined as follows:

1. Country level: follow-up actions by un theme group and nationals
2. Regional level: increasing and strengthening technical support to countries. the necessity for inventories of resources existing within each agency was suggested as a matter of urgency

3. Global level: development by the executive heads of agencies of strategies for mobilising additional resources. an assessment of the real cost for responding adequately to the epidemic and the setting of targets was strongly suggested.

5. Closing session of the meeting

Because of the interest and commitment of the participants and the subsequent lengthened plenary deliberation for the adoption of the final statement, the meeting was closed later than foreseen in the initial agenda. as for the opening, the closing session was chaired by Mr Mark Stirling, UNICEF Representative and Theme Group Chair in Mozambique.

The first remark was made by Dr Olavi Elo, Director of the Department of Country Planning and Programme Development, who thanked all the participants and the Chair and co-hosts of the meeting, as well as all members of the secretariat for their hard work. He reiterated the fact the Africa Partnership is not in competition with the effort to expand the national response at country level. On the contrary , it seeks to complete and strengthen the processes at country level. He also declared that the Maputo meeting was an opportunity for a reality check of the concept of the Africa
Partnership as developed at the Anapolis and the final remark was made by Mr Mark Stirling, who declared that despite a difficult start and as the first exercise of this kind the meeting had proved very useful. He had found the exchanges to be extremely valuable and productive, and the meeting had provided participants with opportunities to be updated on several important issues: what had been happening in the un system, from anapolis to london; changes occurring in the sub region; experiences connected with un reform. The meeting achieved more than others before it, in that it focused on the issue of national responsibilities, clarified and dissipated the tensions raised by the advent of the africa partnership at national level, and enabled participants to send clear signals to colleagues at global level, particularly the need for significantly increased resources. he ended his address by expressing special thanks to those who played a key role in designing, preparing and facilitating the meeting, with a special mention to maurice apted, lead facilitator, the unaids secretariat staff, Dr Maria Tallarico, Country Programme Adviser in Mozambique, Attieno Odenyo, JPO, Regina ...secretary to the UNAIDS office. He finally thanked and congratulated all the participants for their patience, perseverance and solidarity expressed throughout the meeting.

6. Evaluation of the meeting based on Individual appraisal/feedback

In their overall assessment, the majority of participants (78%) qualified the meeting as good, while a small proportion (20%) rated it as average. the theme group presentations and country experiences were indicated as the most useful aspect of the meeting's agenda. However, the agenda was found to be inflexible, and not to permit sufficient sharing. Suggestions made to improve future meetings include more sharing, participation of more theme group members, improved facilitation, and communication of background documentation to participants prior to the meeting.

Annex 1

Agenda

Day 1: 14 June 1999

Session 1: Opening Remarks

Chair:

Sub-topics:

- Opening of the Meeting:
  - Mozambique Government
  - UNAIDS Executive Director
- Coffee Break

Time Period: Day 1 (09:00 - 10:30)

Session 2: Overview of the Partnership

Chair:

Expected outcome:

Through this session, participants will be able to update their knowledge about the goals and objectives of the International Partnership against HIV/AIDS in Africa and share their expectations about the meeting and expected outcomes.
Partnership's status from different perspectives: UNAIDS Secretariat, UN Theme Groups and Country Nationals.

Sub-topics:

- The International Partnership: Presentation of the overall Goal and Objectives and status update from different perspectives:
  - UNAIDS Secretariat
  - UN Theme Groups
  - Country Nationals
- The Meeting on the Africa Partnership & UN Theme Groups:
  - Expectations by all participants to the meeting;
  - Brief overview of the Meeting's Programme

Time Period: Day 1 (11:00 - 12:30)

Session 3: Framing strategies for the Africa Partnership

Chair:

Expected outcome:

Through this session, participants would be able to:

- Identify goals and objectives for the Africa Partnership responding to the needs of the sub-region and the countries and set realistic targets accordingly;
- Propose a set of strategies, addressing the HIV/AIDS epidemic and its impact within the sub-regional and country contexts.

Annex 1

Sub-topics:

- Developing Goals and Objectives for the Partnership at the sub-regional and country levels;
- Developing Strategies: Political aspects, Institutional aspects, Programmatic activities, etc.

Time Period: Day 1 (14:(11:00 - 12:30
14:00 - 16:00
Day2: 15 June

Session 4: Expanding the Response on HIV/AIDS at the country level

Activity A: Theme Group Operations

Chair:

At the end of this session, participants would be able to:

- Assess the overall strengths and weaknesses of the UN system in its response to the HIV/AIDS epidemic looking at past co-ordination of HIV/AIDS activities through an analysis of the factors that facilitated and obstacles that hindered the effective work of Theme Groups
- Identify opportunity areas and outline the key steps to be taken for strengthening Theme Group operations at the country level;
- Translate opportunity areas and key steps into an Action Plan to be implemented upon return to country

Potential Issues:

- *Support to National Strategic Planning*
- *UN Integrated Workplans:* Features, Process, Monitoring and Evaluation
- *Advocacy*
- *Theme Group Management*
  - TG and the UN Resident Co-ordinator system
  - Expanded Theme Groups
  - Capacity-building of Theme Groups and for Focal Points
- *Resource Mobilization*
  - UN Resources for technical assistance and local capacity building
  - Common financial mechanisms

Time Period: Day 2 (09:00 – 15:30)

Activity B: Collaboration between the UN & Nationals

Chair:

Expected outcome:

At the end of this session, participants would be able to identify issues and mechanisms to adopt in order to enhance the collaboration between Theme Groups and Nationals.

Sub-topics:

- *Collaboration with Theme Groups*

- *Collaboration with other UN Co-ordinating Mechanisms*

Time Period: Day 2 (16:00 – 18:00)

Day3: 16 June 1999

Session 5: Expanding the Response on HIV/AIDS: Inter-country Work

Chair:

Expected outcome:

At the end of this session, participants would be able to:

- Define the priority issues & needs that can be addressed through working with other neighboring countries;
- Strengthen sub-regional networks and exchange of experiences between UN Theme Groups in the region in order to implement the Partnership;
- Identify 2 -3 inter-country activities that can be realistically addressed upon the closing the meeting

Sub-topics:

- *UN Technical Resources in the region:*
  - Priorities to consider
  - Inventory of resources available
  - Mechanisms - existing and to be developed

Time Period: Day 3 (09:00 – 10:30)

Session 6: Follow-up / Action Planning

Chair:

Expected outcome:

Through this session, participants would be able:

- Develop an early road-map to plan and implement the next phases of the Africa Partnership at the regional and at the country level;
- Determine areas of support to the Partnership from UNAIDS and Theme Groups

Sub-topics:

- Implementation areas: initial action planning -- within the sub-region and at the country level
- Monitoring of the Partnership: development of quantifiable indicators to monitor implementation of the Partnership and evaluate its impact
- Final Plenary reports on Action Plans & Implementation Procedures

Time Period: Day 3 (11:00 - 12:30 & 14:00 - 15:00)

Annex 1

Session 7: Synthesis & Closing

Chair:

Expected outcome:

Through this session, participants would be able to evaluate the meeting and offer recommendations for improving future meetings

Sub-topics:

- Analysis of the Meeting
- Final Statement from the Participants on the consensus reached as a result of the meeting

Time Period: Day 3 (15:00 - 16:00)

Annex 2

Sub-Regional Meeting for Chairs of UN Theme Groups on HIV/AIDS in Sub-Saharan Africa in Maputo, Mozambique – 14-16 June 1999

List of Participants

Country	Name/Title	Tel/Fax
Botswana (Gaborone)	Dr Teguest Guerma, Chair, UN Theme Group on HIV/AIDS (WHO Representative) Mrs Sinah Ghaba, National Aids Control Programme Mr Nileema Noble, UNAIDS Focal Point Dr Peer Sieben, UNFPA Representative	267 37 15 05/ 267 359483
Lesotho (Maseru)	Dr J.A. Kalilani, Chair, UN Theme Group on HIV/AIDS (WHO Representative) Dr G.K. Ateka, Theme Group Member (UNDP) Dr P. Nts'ekhe, Director, Disease Control, Minister of Health and Social Welfare Mr Solonea Shale, Senator, National Assembly	266 31 21 22/:266 31 02 13
Malawi (Lilongwe)	Dr Nerayo Teklemichael, Chair, UN Theme Group on HIV/AIDS (WHO Representative) Dr Willred Nkhoma, Programme Manager, National AIDS Control Programme Dr Owen Kaluwa, Coordinator, National AIDS Control Programme Mrs Angela Trenton-Mbonde, UNAIDS CPA	265 78 27 55/ 265 78 23 50
Mozambique (Maputo)	Mr Mark Stirling, Chair, UN Theme Group on HIV/AIDS Ms Maria Tallarico, UNAIDS CPA Mr Georges Georgi, UN Theme Group Vice-Chair Mr Atieno Odenyo, UNAIDS JPO Mr Ricardo Barradas, Monaco Representative Mr Kees Kostermans, World Bank Ms Rosa Marlene Manjate, NACP Focal Point	258 1 490045/259 1 491 679
Namibia (Windhoek)	Dr P. Rojas, Chair, UN Theme Group on HIV/AIDS (WHO Representative) Mr Kemal Mustafa, UNFPA Representative Mrs Mary-Guinn Delaney, UNAIDS CPA Mr Hanno Rumpf, Permanent Secretary, National Planning Commission	26461 22 92 20/ 26461 22 90 84
South Africa (Pretoria)	Dr Welile Shasha, Chair, UN Theme Group on HIV/AIDS (WHO Representative) Mr Dan Odallo, Communication and Community Mobilization Adviser, UNAIDS ICT Dr Nono Simelala, Director, HIV/AIDS & STDs, Department of Health	2712 338 52 04/ 2712 330 15 03
Swaziland (Mbabane)	Dr Arabang Maruping, Chair, UN Theme Group on HIV/AIDS Ms Christabel Motsa, Chairperson, National HIV/AIDS Crisis-Committee Ms Ntombifuthi Msibi, WHO Health and Promotions Officer/UNCT – National Ms Beatrice Dlamini, National AIDS Control Programme Manager Mr Alfred Mindzebele, UNAIDS Focal Point	268 40 44 268/268 40 44 566

Annex 2

List of Participants

Country	Name/Title	Tel/Fax
Zambia (Lusaka)	Mr Peter McDermott, Chair, UN Theme Group on HIV/AIDS (UNICEF Representative) Mr Gideon Lintini, Chief Economist, Min. of Finance & Economic Development Mr Clement Mwale, Liaison Officer, National AIDS Programme, Ministry of Health Mr Oywind Thills, UNAIDS Junior Professional Officer	:260 1 25 20 55/260 1 25 33 89
Zimbabwe	Mr Deo Barakamfitye, Chair, UN Theme Group on HIV/AIDS (WHO Representative)	263 4 728 991/263 4 728 998
(Harare)	Mr Carlos Lopes, Theme Group on HIV/AIDS, UNDP RR Mrs Asha Manvanya, Principal Economist, National Economic Planning Commission Dr Evaristo Marowa, National AIDS Control Programme Manager Mr George Thembo, UNAIDS CPA	
Facilitators	Mr Maurice Apted, UNICEF Laos	
UNAIDS Secretariat Geneva	Dr Peter Piot, Executive Director Dr Olavi Elo, Director CPP Mr Philippe Gasquet, Training Officer Mr Rob Hecht, Manager Africa Partnership Dr Roger Salla Ntounga, Programme Development Officer Dr Pierre Somse, Programme Development Officer	41 22 791 4510/4722//791 41 79 41 22 791 4446-4483/ + 791 41 62
Cosponsor Representatives At regional level	Dr Peter Fasan, Regional Director, AFRO	00263 407 6951/0063 479 0146

Annex 3

Sub regional meeting of Theme Group Chairs
Maputo 14-16 June 1999

Participant Expectations

I - Renewed Momentum

1. To make sure local rather than Global Resources are respected.
2. That we can come out as a "Force for Change" for getting the message of urgency across.
3. Definition of 2 high-impact actions for the region.
4. Enhanced determination for collective action.
5. Come up with a viable strategy to combat the disease.
6. Better coordination of the UN.

II - International Partnership

7. Clarity and added value of the Africa Partnership.
8. Africa Partnership Initiative what is new? And how do we operationalize it?
9. CLEARLY - 1. Define Partnership.
   2. Prioritize.
10. Inter-relationship between S/Plans and Africa Partnership.
11. How will the International Partnership improve resources availability at Country Level.
12. Transform rhetoric of Partnership into Country Level Resources/Action.

III - Coordination Cluster/Regional Action

13. Regional Networking and Plan of Action.
14. Establishment of Inter Country Networks.
15. Plan of Action for collaboration across countries.
16. Improved UN coordination and collaboration.

17. Coordinated response to the Epidemic and more synergy between Government and UNAIDS.

18. A platform for immediate coordinated action.

19. To build and/or strengthen partnership between Theme Group and NACPs to spear head the Partnership.

IV - SHARING AND LEARNING

20. Sharing with other people my experience with a view to equity myself with more techniques of effective HIV/ADS ed.

21. To get experience on how to mobilize Resources for the National Response to HIV/AIDS /STDs.

22. Sharing experience.

23. Sharing ideas with Theme Groups on HIV crisis management.

24. Clarify the elements for a successful response to the AIDS/HIV pandemic.

25. To learn about other UNAIDS-TG experience in team-building and being effective.

26. Learn about interventions which really work and expand them.

27. Understand how UNAIDS plans to influence the HIV/AIDS epidemic - world and region.

Annex 4

GROUP WORK PROCEEDINGS ON GOALS AND TARGETS FOR THE INTERNATIONAL PARTNERSHIP

1. REFERENCES

- Annapolis document "Goals of the Partnership" - Page 2
- Goals and Targets group-work Questions handout.

2. GENERAL CONCLUSIONS OF THE GROUP WORK

All the goals targets as described during the Annapolis Meeting were adopted. However, the following observations and suggestions were made:

Observations

- Fundamental assumption for setting the goals and targets is that actual coordination, collaboration and communication exists among Theme Group Agencies and with government partners within countries. Otherwise this meeting and these statements have no additional value to the status quo.
- A lot is already under way at country level. Group wishes to know the basis for the targets that were set at Annapolis as it is clear that countries are at different levels of programme implementation. Furthermore, the hierarchy goals, objectives, strategies, etc as set out, in the Annapolis documents is confusing and does not follow logic
- Target and goals should be feasible and realistic. therefore this meeting should identify areas for setting goals and targets and leave the actual setting of targets for countries which will take into consideration local circumstances including availability of resources.
- Good programme should have a mix of prevention care and impact mitigation Issues related to care and support should include the following: a) Confidentiality as care and support can only be provided to those who are known; b) Home base care and hospices care require more experience sharing. (Need for inter country study tours, internet should be used to share knowledge and experience)
- Countries are in the process of developing their strategic plans but have not yet articulated goals and targets. However, they should be informed of the Annapolis goals to see how they relate to country specific goals
- The theme groups should support:

  i) Advocacy for high levels of political commitment

  ii) The pressing needs/concerns of countries in the areas of care and support of the HIV infected individuals.

  iii) Community based grassroots initiatives for prevention and care of the infected, affected and their families

- Various regional groups such as SADC, OAU, ECOWAS, the Commonwealth have some goals for HIV/AIDS. We should try to harmonize what the partnership has set out with the regional group goals.

- SADC Health desk still has not stated policies on HIV/AIDS.

3. SUGGESTIONS

3.1 Suggested additional Goals

Coordination mechanisms.

(i) Development of sectoral programmes on HIV/AIDS.
(ii) Policy development on HIV/AIDS.
(iv) Increasing resource base available at country level for national responses.
(v) Promote AIDS at the workplace Programmes
(vi) Prevent from infection those who are uninfected
(vii) Behavioral change for youth and adult

3.2 Suggested additional Targets areas

(i) STI prevention and treatment
(ii) Condom access and use
(iii) Main-streaming HIV/AIDS in sectoral plans/operations
(iv) Provision of safe blood.
(v) Youth friendly facilities
(vi) Recreational facilities
(vii) Life skill development
(viii) Mental health(is neglected)
(ix) Voluntary and testing sites
(x) Cultural and social issues: Women empowerment, involvement religious bodies
(xi) Care and support: Confidentiality, Home based care, Sharing of best practices
(xii) Economic impact: economic impact is not underestimated due to poor data base ; The AP should assist the countries in data collection to insure reliable basis for projections; Discussion on impact should be multi sectoral because thee issue is not yet understood by non health sectors. Provision of employment incentives for PLWA.

3.3 Suggestions of targets by Goals

GOAL I. Reduce HIV transmission

Targets

- Increase availability of education materials relating to prevention and impact mitigation

- All women of reproductive age should have access to information, counseling and testing in order to make informed decisions

- At least 50% of pregnant women should have access to testing, counseling and if found positive should have access to treatment and appropriate feeding for their infants

- Preventing uninfected from being infected

- Promoting user friendly adolescent centres

- Identifying allies in the fights e.g.: Religious bodies to be used in their area of comparative advantage, care and support, education Migrant labor systems, social mobilization system to be sensitized to cultural differences

- Greater involvement of male in the Campaign
- Promotion of area of mental health in relation to inter personal relationships-
- Providing recreational facilities and guidance to youth

GOAL II: Reduced suffering

Targets:

- All HIV+ persons will have access to drugs for common opportunistic infections
- A major increase in access of HIV infected persons to an appropriate continuum of care.

GOAL III: Mitigating the impact of AIDS

Targets:

- The development and use of social, legal and human rights frameworks which create for the acceptance of people living with HIV/AIDS.

- Strategy to involve all sectors in budgeting and help them with costing of the impact

- All affected families will have access to an essential package of services including health, education and nutrition
- Develop employment incentive for positive people

4. PROCESS FOR SETTING GOALS & TARGETS FOR SADC

- National consultation with all stake holders to decide on protocols that can be presented to the SADC Ministries.

- Latest SADC priorities to be looked at so that whatever priorities are identified are not contradictory to SADC
- SADC member countries to set goals and targets at country level.

- UNAIDS to assist put the HIV/AIDS agenda on the priorities of Regional and Sub-regional grouping such as SADC.

Annex 4

- SADC needs to articulate its policies on HIV/AIDS and set up coordination mechanisms for member countries.
- Countries and UNAIDS should identify the common issues e.g.
  i) Advocacy for
     a) Conducive environment: Policies at SADC level
     b) Resource mobilization
  ii) Community mobilization
  iii) Bulk purchasing for AIDS e.g.: Drug for AIDS, STDs
  iv) Communication

Training & technical assistance at sub regional level

Annex 5A

INTEGRATED WORK PLAN		
Country	Strengths	Weaknesses and challenges
Botswana	• Development of a UN framework on HIV/AIDS • Work plan developed for a joint UN programme on adolescent friendly sexual and reproductive health	• There is neither a strong record or a track record of developing and implementing joint UN work plan • No defined association with UNAIDS
Lesotho	• Common premises • Integration of HIV/AIDS activities in various existing programmes • Local mobilisation of funds attempted with measures of success • Sensitized Theme Group • Available secretariat with basic office equipment • Commitment of all agencies • Regular meetings	• No full time staff • No staff to run the Secretariat • No operational budget • Not easy to monitor activities
Malawi	• Annual work plan • Regular reviews • Division of labour effective • Wider stakeholder participation • Areas of intervention : Advocacy, behaviour change (youth, women, military) strengthening community capacity, institutional strengthening of national AIDS priority services : -Blood safety, Reproductive health, MTCT.	• Disagreement of technical aspects of MTCT • Weak linkages in some areas • Delivery in youth reproductive health versus UNICEF educational effort • Putting into practice agreement made in the Theme Group in their programming.
Mozambique	• Consistency in membership and Regular meetings • HIV/AIDS is UNDAF priority • Establishment of donor group and task team • Strategic planning process • Sharing of information and update, minutes	• Theme Group workplan not incorporated into TG members' own agency workplan • Need more contact with other Theme Groups
South Africa	• Involve all agencies with aims to mainstream HIV/AIDS • Division of labour on comparative advantage • Existing GIPA project preceeded the work plan	• Workplan still has limited mainstreaming into regular programme
Swaziland	Work plans are done jointly . UN working (Technical) group in place . Govt. is part of the Theme Group NB. Private sector invited to join but not yet on board	No joint funding (budget) to execute plan . Programming cycles differ . No motoring mechanism
Tanzania	• Inventory of HIV/AIDS activities updated • Integrated UNTG support to the national response on advocacy developed	• Lack of proper guidance from headquarters • Existence of already agreed plan with Government • Inconsistent TWG participation

Annex 5A

NATIONAL STRATEGIC PLANNING AGAINST HIV/AIDS		
Country	Strengths	Weaknesses and challenges
Botswana	• The group members assisted in the formulation of MTPII and its related plan of operations • Theme Group members are assisting the Government of Botswana to implement key elements of MTPII • National response analysis • Operation plan	• The Theme Group has had limited access in strengthening the capacity of the AIDS/STD Unit in strategic planning and in the management of the National AIDS Programme • Lack of coordination role by the programme • Not able to speed up the process to the required pace.
Lesotho	• Consensus workshop being organised for the Ministry of Health as lead ministry • National consensus workshop being planned with one of the expected outcomes being establishment of multisectoral national structures and strategic plans •	• Inadequate staff at the national HIV/AIDS prevention and control programme • Multisectoral structures not in place • No national policy on HIV/AIDS • National consensus workshop has been postponed on several occasions
Malawi	• Advocacy for the strategic planning approach • Joint programme review in 1996, joint assessment in 1997, • Strategic planning exercises • Agreement on contribution, Good monitoring of process • Consensus building	• Little progress on capacity building of the secretariat although there is some advocacy now
Mozambique	• National process, involvement of wide sector of society	• Other urgent issues requiring time away from strategic planning exercise • Not enough dissemination of strategic planning exercise to wider audience • Bureaucratic administration of fund for SPE
South Africa	• Planning spearheaded by Government structures with assistance of UNAIDS(ICT)	• Theme Group has not been part of planning • Confusion between ICT/UNTG
Swaziland	Govt/NGO/Ministry of Health Strategic Plan . Supported technically by inter-country team . Surveillance on an annual basis	Strategic plan has not been multi-sectoral (health focused) - Strategic plan under-funded A. Research /Situation analysis components missing
Tanzania	• Theme Group support to the strategic plan, both technical and financial • Government leaders started to speak out • Multisectoral MTPII in place and launched by the Prime Minister • Sectors, districts, parastatal given directives to develop HIV/AIDS plan	• Sectoral and district plans not yet in place • Capacity of sectors and districts to develop plans needs to be strengthened • Multisectoral commitment in resource allocation

Annex 5A

ADVOCACY ON AFRICA PARTNERSHIP		
Country	Strengths	Weaknesses and challenges
Botswana	With leaders • Individual Theme Group members injoys good access to national, political and traditional leadership • Commitment from government (financial and infrastructure) • Willingness of Government to cooperate With NGOs • Individual TG members cooperate with a wide range of local NGOs/partners in various sectoral activities • Government is providing conducive environment for NGO collaboration With Donors • The Theme Group members have eatablished good working relationship with donors on both individual and collective basis through quarterly donors meetings	With leaders • The Theme Group has yet to approach national leadership collectively • Document received very recently and no advocacy strategy developed • No initiative in place With NGOs • The Theme Group has yet to interact with local NGOs collectively • Limited financial resources by NGOs • Dependence on government support With donors • Most donors have terminated their bilateral grant-in-aid with the government of Botswana.
Lesotho	With leaders • Some leaders are more actively involved in anti HIV/AIDS campaign and can therefore serve as Resource persons for their counterparts. Some Lesotho leaders are now talking about HIV/AIDS in various fora which was not the case before. With NGOs • Many NGOs are already involved in HIV/AIDS activities • NGOs are better placed to reach the grassroots level in comparison with individual agencies • International NGOs can network With donors • An attempt to mobilise funds locally towards HIV/AIDS drama received support from a few donors	With leaders • Limitation of funds for organising workshop at which such active leaders can motivate their counterparts With NGOs • Limited co-ordination • Duplication of effort as a result of limited co-ordination • Lack of monitoring of successes and/ or failures With donors • Majority of bilateral donors and the business sector are reluctant to contribute • Bilateral and businesses not fully sensitized

Annex 5A

ADVOCACY ON AFRICA PARTNERSHIP		
Country	Strengths	Weaknesses and challenges
Malawi	WITH LEADERS • Meeting held with principal secretaries, Ministry of Health, Education and Ministry of Women, youth and Community services. • TG built on consultative meeting (CG) effort in which HIV/AIDS was made a priority issue on the agenda • Follow-up meeting held with the President and members of the TG in which issues realted to HIV/AIDS were discussed With NGO • The expanded working group provided a forum to discuss the Partnership • An NGO forum planned for (8) July which could be another opportunity for advocacy With Donors • The TWG provided a forum for discussion • Advocacy at the CG harmonisation with other intensification efforts of donors e.g : USAI D, White House initiative, EU, SADC :	With leaders • Clearer definition of value-added of International Partnership
Mozambique	With National Leaders • The UNTG decided to incorporate the South Africa Partnership Initiative (PAI) into the Strategic Planning process, as actions taking place in Mozambique respond to the priorities and advocacy issues of the PAI . These included the mobilisation of political leadership in order to build political commitment, involving government , NGO and PLWA, as well as strengthening data and information on AIDS by improving surveillance system and involving media to report responsibly on HIV/AIDS. Encouraging wide multisectoral response to the epidemic	
Swaziland	With National leaders Carried out by agency heads and UNAIDS Theme Group With non Governmental Organisation : Existence of National AIDS Consortium Direct contact and collaboration with donors Various donors have expressed interest in collaborating with UN Theme Group and in supporting the national response	With national Leader Not yet adequately understood Responsibilities of coordinating donors not clear.

Annex 5A

ADVOCACY ON AFRICA PARTNERSHIP (CONTINUED)		
Country	Strengths	Weaknesses and challenges
South Africa	National leaders: non applicable With NGO • Presentations by NGOs • Involvement of UNAIDS/HQ, Government, BMS (Pharmaceutical and businesses With Donors : non applicable	With leaders : non applicable With NGO : non applicable No clear date of collaboration With Donors : non applicable
Tanzania	With leaders • National leaders are committed to the fight against HIV/AIDS • Existing environment is favourable With NGO • Non Governmental Organisation support to the national response is an asset • Arusha Declaration on AIDS With Donors • Donors are willing to support the national response • Three (3) and EU head of delegation spoke during MTPIII launching • MOH took the lead in donor coordination	With national Leaders • Not enough sharing With NGO • Lack of proper coordination mechanism • Lack of capacity • Lack of sustained focused response • Limited coverage • Limited resources With Donors • More consultation between donors and TG need to be worked out. • Technical Working Group expansion- to include donors need to be sustained

Annex 5A

THEME GROUP COMMUNICATION		
Country	Strengths	Weaknesses and challenges
Botswana	1) Orientation of new Theme Group members • Minutes are kept of all Theme Group meetings 2) communication with Cosponsors regional offices • good communication is maintained by Theme Group members on individual basis 3) communication with UNAIDS Secretariat • Communication is maintained through UNAIDS focal person	1)Orientation of new Theme Group members • There is no structured orientation of new Theme Group members • No full time secretariat 2)Communication with Cosponsors' Regional offices • There is limited and unsystematic sharing of information related to country/regional office communications • Issues/projects initiated from the regional offices with minimum input from country offices at the planning stage 4) Communication with the UNAIDS Secretariat • Communication tend to be unidirectional from the secretariat • Responses to the secretariat have sometimes been delayed owing to the focal person's other responsibilities (a situation which should be resolved with the deployment of Country Programme Adviser) • Frequent short notices • Frequent change of responsibilities in UNAIDS/HQ • Limited communication with Pretoria Intercountry Team.

Annex 5A

THEME GROUP COMMUNICATION		
Country	Strengths	Weaknesses and challenges
Lesotho	1) Orientation of new Theme Group members • The new Theme Group members have already been introduced to the magnitude of the HIV/AIDS problem in Lesotho. • Plan to hold a sensitisation workshop similar to one undergone by staff members in 1998 are underway. 2) Communication with Cosponsors at Regional Offices • WHO office was requested to speak to parliamentarians /senators on HIV/AIDS, which was done. • WHO has offered to support the country with surveillance but the country has not responded • WHO contributed office space for UN HIV/AIDS Secretariat • WHO has a budget line on HIV/AIDS first time this year. • UNFPA contributed all the stationery for UN HIV/AIDS Secretariat • UNICEF contributed a computer to the Secretariat UNDP supports HIV/AIDS activties by providing staff, particularly for logistic purposes 3) Communication with UNAIDS Secretariat • Regular updates	• Under utilisation of the regional offices since the national HIV/AIDS Prevention and Control Programme is not operating at full capacity. • Lack of follow-up of issues owing to unavailability of full time staff for HIV/AIDS activities within the UN system 4) Communication with UNAIDS Secretariat • No time to share all the updates with potential beneficiaries due to lack of full time staff • Lack of personal interaction between UNAIDS Secretariat staff and the Theme Group.
Malawi	1) Orientation of new Theme Group members • Communication with UNAIDS Secretariat 2) Communication with Cosponsors regional Offices • Communication of agencies with their respective Regional Offices 3) Communication with the UNAIDS Secretariat • Mostly through CPA and generally good	1) Orientations of new Theme Group members Not all members received specific Orientation 2) No direct Theme Group communication with Cosponsors' Regional offices
Mozambique	1) Orientation of new Theme Group members • Was done through the Theme Group retreat 2) Communication with Cosponsors' Regional offices • Done through the agencies 4) Through regular meeting and daily contacts (phone, email)	

Annex 5A

THEME GROUP COMMUNICATION		
Country	Strengths	Weaknesses and challenges
South Africa	1) Orientation of new Theme Group members • Strong move for UN agencies to move together and high motivation of the Resident Coordinator (For UNDAF) • The UN Theme Group meetings are regular - every two months. • E-mail facility 2) Communication with Cosponsors' regional offfices • WHO Regional Director AFRO very keen to meet with Theme Group members when he passes through country 3) Communication with the UNAIDS Secretariat • Secretariat very keen to move things (SPDF facility) • ICT in same building and also keen to assist	1) Orientation of new TG members • Lack of CPA/NPO to drive the process • Lack of solid work plan • Poor linkage with Government structures 2) communication with Cosponsors regional offices • No real access by the Theme Group to other agencies' regional offices 3) Communication with the Secretariat • Theme group has been weak till recently
Swaziland	1) Orientation of new members No new members 2) COMMUNICATION WITH COSPONSORS' REGIONAL OFFICE SUPPORT IN DISTRIBUTION OF PUBLICATION 2) Communication with the UN Secretariat Good system of contact and interaction	1) NA 2) Communication with regional offices Regional offices on HIV/AIDS not known to each agency 3) Communication with UNAIDS - Slow response
Tanzania	1) Orientation of New Theme Group members • New members oriented 2) Communication with Cosponsors' regional offices Regional offices have potential to provide assistance 4) Communication with UNAIDS Secretariat • Good information sharing on pertinent publications • Communications copied to Theme Group and Technical Working Group as appropriate on major issues raised in TG meetings	3) Orientation of new Theme Group NA 4) Communication with Cosponsors' regional offices • Opportunity need to be utilized • Not clear in what areas support can be provided by the regional offices 3) Information limited to Theme Group and technical working level

Annex 5B

Country Readiness to scale-up the National Response

Country	Strengths	Weaknesses	How to overcome Weaknesses
Botswana	-Implementation of a scale-up programme in process by the government with significant resource allocation for MTCT, orphans, Home Based Care and Hospices. Readiness and capacity to allocate required financial resources -Mechanisms for coordination and management in place at central and district levels -Demonstrated readiness of government to work with NGO, CBO, donors, UN agencies and the private commercial sector -Presence of a clear policy on HIV/AIDS -The existence of a strategic Plan -The development of an operational plan -The presence of a Parliamentary Select Group on HIV/AIDS -Establishment of the National AIDS Coordinating Agency.	Structures for management and coordination are ineffectual owing to weak leadership, lack of vision and deficiencies in managerial competence -Overall coordination is under the flawed leadership of the Ministry of Health -The rhetorical acknowledgement of HIV/AIDS as a national emergency is not reflected in the manner in which it is publicly portrayed or in the establishment of emergency powers and structures, which transcend usual bureaucratic approaches -The political and traditional leadership have yet to publicly personalize AIDS -Scarcity of adolescent-friendly sexual and reproductive health services	-Persistent and forceful advocacy -To put in place more effective leadership at national level and competent management within the AIDS/STD Unit. -Political and traditional leadership to personalize AIDS publicly -To establish emergency structures with emergency power and mandates to circumvent existing bureaucratic procedures and inertia and impose intersectoral coordination -develop cost effective, and affordable, models for adolescent friendly sexual and reproductive health services.

Annex 5B

Country	Strengths	Weaknesess	How to overcome Weaknesses
Lesotho	• Political Commitment up to the Highest Office in the Land • Two Task Forces in Existence: one Ministerial and the other comprising of Principal Secretaries • All Government Ministries, NGO and private sector (particularly banks & hotels) are committed and active • Wide coverage of communities has already been achieved • There are numerous active Youth Groups	• Lack of established National Multisectoral Structures • Low production of IEC Material • No monitoring and evaluation systems • No supervisory and support systems at any level • Incoming staff not conversant with IEC or health promotion activities No clear referral system for both the infected and the affected	Supporting the organization of Consensus Workshops, both National and for the Ministry of Health (Lead Ministry); -Continued Advocacy with National leaders; -Facilitating Production of Information, Education & Communication (IEC) Material, and -Training of new staff
Malawi	• HIV/AIDS Strategic Framework almost completed • Strategic Health Plan finalized	Unclear institutional framework for implementation High staff turnover within AIDS Secretariat Inadequate financial resources for operating cost of the Secretariat	-Facilitating the clarification of institutional mechanisms -Building national capacity for implementation -Mobilizing additional funding

Annex 5B

Country	Strengths	Weaknesses	Ways to overcome the weaknesses
Mozambique	• Political commitment • Improved capacity through the process of strategic planning	• Other priorities (elections) • Lack Human, technical, financial resources • Lack of information about epidemic and its impact • Limited and over stretched planning and management capacity of the NACP • Limited communication with regional countries	Support building of technical capacity (training etc.) -Assist in mobilization of funds -Consistent involvement with all relevant ministries and civil society representatives
South Africa	Government spearheads response -International NGO keen to assist with resources	Care and support at level of Health Institutions & Communities -Government structures	• Explore options for care and support, through best experiences, GIPA, etc; • Best practices for GDV
Swaziland	Head of State commitment. .Cabinet Committee in place .Multisectoral crisis committee on HIV in place .Active NGO community	Poor coordination .Large funding gap	Support on technical aspects -Resource mobilization -Monitoring and evaluation
Tanzania	MTP III in place. . High level government commitment . National Advisory Body established, headed by former President . Arusha - Multi-sectoral Conference Declaration.	Capacity at Sectoral and District level is weak . Shortage of funding	-Assist in developing/strengthening capacity at all levels - NACP, sectors, NGO, etc. -Continue its advocacy, facilitation role.

Annex 5C

Readiness for implementation of the International Partnership

Country	Proposed Strategies by TG	Theme Group Planned Actions	Support expected by TG
Botswana	a) Country level -Advocacy at the top level of political and traditional leadership -Institutional strengthening b) Subregional level -Documentation and sharing of lessons learned/best practices -Regular exchanges of best practices -Use of existing subregional mechanism for coordination	-Expand the Theme Group to NGOs, donors, private sector -Use of comparative advantage of TG members and coordinated initiative	a) From the UNAIDS Secretariat -Update on latest information best practices/ lessons learned b) From Regional Cosponsors -Technical advice -Regional best practices/lessons learned -Intercountry exchanges -Advocacy
Lesotho	a) Country level Interagency collaboration Multisectoral approach Expanding the TG with technical arms Sensitization of member state b) Subregional level Networking Sharing experiences	• Establishing UN HIV/AIDS Secretariat to deal with the problem on a full time basis	a) UNAIDS Secretariat? -Staff for the Secretariat; -Recruit Full Time Focal Point; -Operational Budget; and -Updates on the Epidemic, which the UNAIDS Secretariat is currently doing quite well. b) Cosponsors' Regional Headquarters? -Contribution to operational budget/ Regional collaboration: periodic workshops, seminars etc

Annex 5C

Country	Country strategies	Theme Group actions	Support expected by the Theme Group
Malawi	a) Country level -Mobilize civil society support for implementation of the Strategic Plan -Sharing best practices. b) At the sub-regional level/in collaboration with other Theme Groups? -Advocacy through leadership -Share lessons learned	Advocacy -Intensify action already started	a) From the UNAIDS Secretariat -Technical innovations -Updates on best practices b) Cosponsors' Regional Headquarters? -Increased technical support for programme design, monitoring and evaluation -Integrated work plan at the regional and sub-regional level linked to UNDGO
Mozambique	a) Country level? -Through the SPE b) Sub-regional level/in collaboration with other TG? -Create forum for regional communication, dissemination of information, sharing of experiences and technical assistance between regions	NA	NA

Annex 5C

Country	Country strategies	Theme group actions	Support expected by TG
South Africa	a) Country level? -Focus on Youth, work place, with respect to care, support, and prevention (e.g. GIPA, life skills) b) Sub-regional level/in collaboration with other TG? -Sharing of country experiences, e.g. Youth Programmes -Identify best practices.	Identification of critical areas for intervention, and development of proposals with GDV structures	a) From the UNAIDS Secretariat Increased regional support, e.g. (i) Regional Coordinator, and (ii) regional programming meetings once a year (for Theme Groups and GDV teams) b) Cosponsors' Regional Headquarters? -Strengthening, where appropriate.
Swaziland	a) Country level -Advocacy for shift and redeployment of resources b) Sub-regional level/in collaboration with other TG? -Joint inter-country interventions	Provide platform for discussing partnership with different partners Govt, NGO, Donors	a) From UNAIDS Secretariat? -Availability of Femidon -Drugs for treatment and prevention of MTCT -Resources b) Cosponsors' Regional Headquarters? Resources (Technical , Financial)

Annex 5C

Country	Country strategies	Theme Group Actions	Support expected by the TG
Tanzania	a) Country level? -Expand TG and TWG? -Use the media, National Advisory Body, in advocating for the involvement of all levels of society -NGO, Religious groups, Youth, Private sector, PLWA b) Sub-regional level/in collaboration with other TG? -Enhance GLIA -Facilitate initiative information sharing with TG in the sub-region	Expand TG and TWG -Facilitate implementation of integrated support on advocacy -Assist NACP in the new role as specified in MTP III	a) From UNAIDS Secretariat? -Financial and technical support – briefing kit for use in advocacy campaign -Information sharing on best practice b) Cosponsors' Regional Headquarters? -Technical support -Use of regional groupings -Information sharing

Annex 6

UN THEME GROUP AND COUNTRY EXPERIENCES

BOTSWANA

What we are:

- 4 UN Agencies
- No CPA/Focal Point
- Nationals not part of TG
- Technical Working Group
- Monthly meeting

What we are doing: support to Nationals:

- Strategic plan
- National response analysis
- Operational plan: select areas for UN intervention: Adolescent reproductive health (HIV mother to child transmission, Home-based care, STI, Advocacy)

Lessons learned/problems

- Limited capacity of the TG
- Limited success in strengthening the capacity of the National Programme
- Involvement of Nationals in the TG
- Absence of CPA
- Integrated work plan
  →Few areas of joint planning
  →Matrix
- Problems of coordination among the UN: Lack of institutionalized mechanism
- Limited support from the UNAIDS secretariat/regional Cosponsors to TG:

Lack of regular communications/visits, Exchange of experience, Limited evaluation of the TG

Challenges

- Strengthen our own capacity
- Better coordination among ourselves
- Develop a joint workplan
- Work more closely with both National and International partners
- Mobilize more resources (Technical/financial)
- Continue advocacy
- Behaviour/attitude change
- Difference in priorities at country and HQ level

Annex 6

NAMIBIA

Role of the Theme Group

Support to articulation of expanded national response

- Formulation of conceptual and operational frameworks
- Integration of other sectors, stakeholders

Advocacy

- Mobilisation of high level support (Government, UN, bilaterals, civil society)
- Technical advocacy: NHDR, Namibians Speak Out, other products, briefings, activities

Technical support

- MOHSS/UNAIDS Accelerated Programme (strategic planning, other core funds 1996-98)
- SPDF (support to regions, NGOs, national structures 1999)
- Partnership funds (?): completion of regional and sectoral plans: NDP2; technical support
- Development of integrated UN workplan (based on MTP2)
- Support to management of "balancing act" (absorptive capacity v. available funds)
- Support to maintain balance of MOHSS technical and leadership/coordinating roles
- Financial support (activities, commodities, consultants)

National Strategic Planning

Strengths

- National ownership (esp within MOHSS)
- "Homegrown" process
- Multisectoral
- Decentralised
- Launched together with new national
- Structures (March 1999)

Weaknesses

- Long process
- MOHSS dominated
- Dilution of contribution by other sectors; need to restore ownership
- Relative weakness of regions to conclude regional plans

Theme Group/Technical Working Groups

Strengths

- Solid leadership and high level participation
- Activities based on collective reflection and analysis within a rapidly changing environment
- "Product-oriented analysis": NHDR, Namibians Speak Out, and other documents
- 3 TWGs in action (Communications/Youth, Health, Mitigation/Social Services)
- Integrated work plan

Weaknesses

- Exclusively UN to date
- Planned expansion needed without depriving UN of forum for dialogue

Challenges Ahead

- Support completion of MTPII
- Support preparation of NDP2 with HIV/AIDS as a central issue
- Support to coordination role of MOHSS while maintaining their technical role
- Facilitate policy/strategy review in connection with key issues: confidentiality, VCT, communications, surveillance, mitigation

Annex 6

MOZAMBIQUE

UN Role and Response
Strengthen Mozambican capacities to Prevent HIV and provide appropriate care and support for those infected or affected by HIV and AIDS.

- Intensified actions on HIV/AIDS
- Expanded partnership & participation

Major issues of action for UN support

- Advocacy (political & civil society leaders, donors within UN)
- Strategic planning
- Impact assessment
- Donor/partner coordination (support for)
- Implementation support in areas of UN comparative advantage

1999 HIV/AIDS Work plan
Joint activities (ALL UN agencies)

- Strategic Planning Exercise
- Revision of UN assistance to support SPE
- Impact assessments
- HIV/AIDS in the workplace

Collaborative actions (2 or more)
- Support selected provinces to develop and implement HIV/AIDS action plans (UNDP, UNICEF, UNFPA, WHO)
- Strengthen HIV/AIDS surveillance (WHO, UNAIDS)
- Develop MoU to coordinate UN support for MONASO (UNFPA, UNICEF, UNDP, UNAIDS)
- Develop common approaches for the development and monitoring of youth friendly health services (UNFPA, UNICEF)

Lessons learned
- HIV/AIDS is a UN priority: Positive
- Explicit priority within UNDAF & RC work plan
- RC and HoA statements and speeches
- TG expanded to include all agencies & MoH
- Agreed HIV/AIDS TG work plan (retreat)
- HIV/AIDS actions ALL TG work plans
- CPA has been key
- Rotating Chair-WB, WHO, UNICEF, UNFPA
- Increasing awareness and involvement of agency heads and staff

Annex 6

MOZAMBIQUE (continued)

Challenge-moving words to action

- Adjusting country programmes to reflect HIV/AIDS priority: more $, time, decisions? – not yet
  ..set influence on UNDAF & agency programmers
  ..use programme preparations & review processes more deliberately

  ..perhaps set targets for funding support of HIV/AIDS
- Staff time – TG work often seen as 2nd priority
- Differing programming and budget/financial management procedures (makes joint/collaborative programming problematic)
- Accessing technical and programming support
  Incomplete knowledge
  Not tapping technical resource of UN agencies within region (UNAIDS-ICST, UNFPA, WHO, UNESCO, UNICEF
- Partner coordination (need to strengthen Government's capacity to do)
- Resource mobilisation
  .Increase level of access of UN agencies dedicated to HIV/AIDS
  .Position HIV/AIDS within SWAPS and other teams
  .National resource mobilisation: public and private

Annex 6

TANZANIA

Theme Groups and Technical Working group Composition

- Has six Cosponsors
- Government Representatives from Mainland and Zanzibar
- Programme Managers both from Mainland and Zanzibar set in the Theme Groups Included: FAO, ILO, UNHCR, WFP –

Technical Working Group:

- Technical people from the six Cosponsor agencies
- PM – Mainland and Zanzibar
- Technical people from: FAO, UNHCR, ILO
- One member from the Prime Minister's Office
- One member from PLWA

Focus of Theme Group so far

- Provide support in developing a National Strategic Plan for both Mainland and Zanzibar
- Mainland: it is finalized, launched by the Prime Minister
- Zanzibar: it is finalized. Ready for launching
- Focus on advocating for the involvement of the highest-level Government commitment
- Had four meetings with the Prime Minister starting from last half of 1998
- Launched by the Prime Minister
- Headed by the former President of the Country
- Finalized an inventory of HIV/AIDS activities in the Cosponsoring organizations
- Identified integrated work plan on advocacy in support of the national response
- Has managed to develop partnership with the media: TV – Start with interview of PS and sectors that have participated in MTP III
- Print media: 3 news progress to cover HI/AIDS issues three times a week
- HIV/AIDS is being integrated into CCA-UNDAF. Indicators being identified
- Assisted technically and financially the Multisectoral National AIDS Conference – that has been instrumental in steering political commitment.

Future Plans

- Work on the advocacy role to intensify action
- Support in resource mobilization for MTP III
- Work on an integrated work plan in support of MTP III
- Finalize the Prime Minister's visit to Uganda, experience sharing
- Organize a retreat for the TG and TWG
- Expand the TWG to include Donors, NGOs, Religious Groups, Media and the Armed Forces
- Support sectors and districts in strengthening their capacity to implement HIV/AIDS activities of MTP III
- Facilitate advocate the reconstitution of the NAC
- Facilitate the formulation of a Tanzania business evaluation on HIV/AIDS – to be part of the Global Business Evaluation
- Reactivate pre-education training
- Capacity of sectors and districts to implement MTP III
- Capacity of NACP in MTP III new resource

To keep the momentum: Make it an election issue.

Annex 6

SWAZILAND

Background

1995: preparation phase
1996: establishment of the TG (includes Nationals) and UNAIDS Working Group

Role and Major actions

- Advocacy
- Resource mobilization
- Technical support
- Financial support

Lessons learned

- Coordination essential but takes time to develop
- Joint planning, budgeting
- Confidence in UNTG (other agencies channel resources through TG)
- National Commitment
- Number of PLWA going public membership

Challenges

- Consistent UNTG support to National Coordinating technical structures: intensify advocacy
  - Private sector
  - Others: Parliamentarians, Traditional leaders
- Expansion of UNTG
- Tap resources of Africa Partnership
- Resource mobilization
- Facilitate
- Capacity in UN Offices for HIV/AIDS, support to propose

Annex 6

SOUTH AFRICA

UN Theme Group and Theme Working Group

Background: First 2 years

- UN TG Meetings
- TG "doing all"
- HQ support – not easy
- Political commitment law

Lessons learned

- Separate meetings and GIPA
- Law absorptive capacity
- Need for work plan
- Unity and Agency Identity
- HIV/AIDS as catalyst (for UNDAF)
- Community and Policy (i.e. treatment)

Partnership Linkages

- Government (NACP)
- UNAIDS –Maputo, Mozambique TG
- Bilaterals
- PLWA
- Youth
- Business
- Women
- Church, etc...

Challenges and issues

- Synchronizing work plan
- Communication with Government
- Access to care (discrimination)
- Restructuring at Government level
- What resources do we need to develop?
- Which Institutions do we need to work with?
- How can we better respond to country and cosponsor needs?

Annex 6

ZAMBIA

UN Theme Group and Theme Working Group

Background and composition

- From the beginning, all UN agencies and Government
  From September 1998 bilateral donors
- Coherence in UN support

Role of the Theme Group

- Coherence in UN support
- Establish priorities
- Agree on complementarity & division of labour
- Allocate tasks and resources
- Disseminate information
- Support development of national plans and institutions
- Advise Government and partners on technical input
- Move towards joint/common/integrated work plan
- Strengthened UN partnership in country
- Inter-Agency Working Group on HIV/AIDS
- Create a forum for discussion and action
- Support national/leadership advocacy efforts

Lessons learned

- Absence of functioning National AIDS Programme, and awaiting establishment of new National AIDS Council and Secretariat, the TG had to assume a number of ad hoc responsibilities: donor coordination and supporting national working groups
- To establish clear division of labour between National AIDS Manager (Programme) and role and responsibility of Theme Group
- Need to do more to engage full support and participation of multinational financial institutions (IMF/WB)
- Need to move incrementally from information sharing to substantive thematic discussion, agree on a number of priorities, division of labour towards joint programming
- Donors welcomed the opportunity and forum, and are willing to allocate resources, and to assist Government in compiling who is doing what and financing what
- Important to ensure each UN agency has substantive role and is engaged

Challenges

- How wide should the Theme Group and its technical working Group become (role of NGOs and other partners)
- Ensure that Theme Group does not (de)generate into purely information sharing
- Need reduce information and reporting obligations to Geneva
- Move Theme Group activities towards a "truly" joint work plan that directly supports the National Strategic Plan

Annex 6

ZIMBABWE

UN Theme Group and Theme Working Group

Composition

- 6 technical/international staff
- 4 support staff

Achievements

- Political commitment
- Strategic Planning Process
- Coordination
- UN Strategic Framework
- Joint action
- Institutional streamlining

Challenges and issues

- Resource: What resources do we need to develop?
- Multi-Sectoral commitment: Which Institutions do we need to work with?
- Expansion of Theme Group
- How can we better respond to country and Cosponsor needs?
- Decentralization
- Expansion of Theme Group

Annex 7

EXPANDING THE RESPONSE ON HIV/AIDS INCLUDING THE ROLE OF INTERCOUNTRY TEAM

A. QUESTIONS PROPOSED AND RESPONSES

1. What can we specifically communicate to our Regional and Global Management. How to eliminate conflicting instructions from HQs?

- *Conflicting instruction not much the problem rather competition between agents*
- *The regional and global Managememt should:*
- *recognize national needs and work at their comparative advantage.*
- *Enhance the "we" feeling (culture and behavior change).*
- *Respond to national support.*
- *Harmonize working relationship between UN and UNAIDS Secretariat.*
- *Institutionalize the agents support/work.*

- *The coordination seen at country level should also be seen both at regional and global level, this will in a way reduce conflicting instructions from regional or global management.*

- *At the global level, there should be invested commitments, e.g. financial, human resources, commitments clearly speak out.*

- *Summarized reports (quarterly?). These should be jointly reports between TG and the nationals highlighting the country needs whilst exercising flexibility by the Agencies (Progress reports, statistics, constraints, etc).*

2. What are specific improvements can our organisation make to improve response?

- *Review how response meets the needs instruction plan.*

- *Where no Strategic Plan in place, this should be priority.*

- *HIV prevalence to be used as indicator for development and therefore allocation of resources.*

- *UNAIDS to lobby SADC to declare a state of emergency given the prevalence.*
- *Hold round table discussions and raising awareness, creating need for a national response*

- *Inter countries visit.*

- *Learning from best practices from other programmes.*

- *Mobilizing resources. Both financial, human.*

- *Utilizing the regional technical team.*

- *Need for nationals to tap up other resources other than just depending on UNAIDS. However all these efforts should be well coordinated with the TG.*

- *Common understanding among stakeholders/sectors and sharing responsibilities.*

(Leadership, Plan, coordination mechanism, monitoring and evaluation, resource mobilization, advocacy/supporting political policy. Definition of mandates and responsibilities. Accountability)

3. How UN at country level can change.

3.1 Staff management.

- *Each agenda allocate and train focal point person at national level.*
- *Remuneration of the nationals to retain capacity.*

The UN should assist in reducing brain drain in the national prorgammes through:
(1) Salary top up 5 - this will strengthen the programmes and ensure smooth continuing of activities.
UN staff - to stay for longer period.

- *Each agenda allocate and train focal point person at national level.*
- *Remuneration of the nationals to retain capacity.*

3.2 Allocation of resources

- *Prioritizing the objectives in a consultative manner and allocating funds according:*
  - *Reducing the bureaucracy of accessing funds.*
  - *Nationals to be given mandate of authorization of funds.*

- *Set specific budget allocation e.g. 25%.*
- *Have HIV/AIDS in Job Descriptions.*
- *Flexibility of agencies to allocate resources on HIV/AIDS.*
- *Mobilize as well as increase resources.*
- *Allocate resources to follow national identified priorities.*
- *Decentralize agencies programme to strengthen the national programme.*
- *Theme Groups to have mandate to be flexible and not to simply implement the specific agency mandate*
- *Countries to be facilitated to use the power they have to decide their priorities and influence the way cosponsoring agencies allocate resources.*
- *UNAIDS should get commitment from Government and Cosponsors to implement recommendations of this meeting*
- *Support for local key personnel in the NACP by TG should be included as a way to build and sustain capacity*
- *TG membership and label should be reviewed to include Government and other partner membership (i.e. umbrella bodies)*

- *HQ of UN should clarify roles of in country agencies and responsibilities (cosponsoring agencies, CPT, RCT, etc...)*
- *Agency mid term reviews to be used as opportunities to reallocate additional resources for HIV/AIDS programme.*

4. How to bring greater needed technical and other resources from co-sponsors and Secretariat to strengthen country response?

   RCT - CPAs - Technical Team?
   Reduced paper work.

5. How to request/compel Resident Coordinator to identify, expand UN resources technical, human, financial, etc. to HIV/AIDS?
   (What mechanism?)

Recommendation to CCO Meeting next month to review the response to HIV/AIDS.

Through UNAIDS Secretariat to lobby SG to activate RC systems to respond accordingly.

6. What dramatically new actions can *we c*reate, identify and or establish?
   e.g. Allocate 20-30% of National Budget.

B. EXPANDING THE RESPONSE ON HIV/AIDS: INTER-COUNTRY WORK: PRIORITIES ISSUES

- *Migration and HIV/AIDS to discuss issues of programmatic arrangements impact assessment/coordination and collaboration, and organization dealing with migration;*
- *Inter-country and inter-region teams can facilitate this exchange.*
- *Bulk purchasing to benefit from economies of scale of prices/quality (example of SATC).*
- *MTCT: share experiences for regional or sub-regional harmonization.*
- *Policy Development: avoids re-inventing the wheel when other countries have already undertaken similar exercises within country.*
- *Inter country coordination/collaboration in resource mobilization.*
- HARMONIZATION OF SUB-REGIONAL GROUPINGS MANDATED TO FACILITATE HIV/AIDS PROGRAMMES.

Annex 8

Meeting of the UN theme Groups and National AIDS Programmes of the Southern Africa Region
Maputo, Mozambique, 14-16 June 1999

1. Preamble

UN theme group chairpersons and other representatives, national AIDS programme managers, UNAIDS country programme advisors, and senior government officials involved in the fight against AIDS in the Southern Africa sub-region met in Maputo Mozambique from 14th to 16th June 1999 to deliberate on how to best operationalize the International Partnership Against AIDS in Africa (Africa Partnership, or AP) and how to improve the functioning of UN theme groups to support intensified national AIDS control programmes. The list of participants and the meeting agenda are attached.

The following areas were covered during the deliberations:

- Update on the evolution and current status of the AP, including recent discussions with a number of African heads of state, the meeting of African finance and planning ministers and the Annapolis and London meetings on the partnership
- Member countries' efforts towards formulating and implementing strategic plans for HIV/AIDS prevention
- UN co-sponsors and African governments' commitment to marshal local and international resources – political, technical, and financial -- for the response to HIV/AIDS
- Theme group experiences, lessons and challenges in programming for AIDS at country level
- Collaboration within and across theme groups and with sub regional, regional, and global structures for providing policy and programme technical support to national AIDS control programmes.

Presentations by individual country delegations on their experiences with UN theme groups and the findings of the smaller groups that examined issues of goals and target setting and regional support to AIDS programmes, are also attached to this statement.

2. Highlights of Consensus and Recommendations

At the conclusion of the meeting, the participants:

- reaffirmed that HIV/AIDS has become a severe crisis and a fundamental threat to future development for the Southern Africa countries. Participants characterized the HIV/AIDS situation as a disaster necessitating an emergency response;
- reiterated that massive, urgent, and sustained action is now required by a wide range of national actors, with support from international institutions, if HIV/AIDS is to successfully overcome in the sub region;

- took hope in the fact that a small number of countries have mounted national AIDS programmes that are slowing the rate of new infection and assisting those ill, and these examples provide valuable lessons for other countries; and
- endorsed the International Partnership Against HIV/AIDS in Africa as an instrument to intensify national responses to HIV/AIDS through a broad mobilization of political, technical, and financial resources at the national and international levels.

To achieve the objectives of the AP – reducing new HIV infections, helping those already suffering from HIV-related illnesses, mitigating the negative impacts of HIV/AIDS on society, and mobilizing sufficient resources to contain the epidemic – the participants agreed on the following recommendations:

Centrality of national strategic plans

- National Strategic Plans for HIV/AIDS are the central mechanism for operationalizing the AP at country level.
- UN theme groups on HIV/AIDS must do more to support to national strategic planning process and its implementation through financial, technical, and human resources.
- The UN should take special action to ensure that national programmes have sufficient human capacity to guide and implement the national response

Need to strengthen government's capacity to lead the response

- The government assumes the central leadership role in each country for organizing and managing the response to the HIV/AIDS epidemic. The UN system should work to build that capacity, through its policies on support for national human resources in each African country.

Importance of clear national goal and target-setting

- Each country, in its national strategic plan, must set realistic goals and monitorable targets to prioritize actions and put in place systems for monitoring and evaluation of results. The examples of certain countries in the SADC region presented during the meeting demonstrate that a selected number of key or "sentinel" targets can be set through a highly consultative process that also enlists stronger commitment from the various leaders and institutions that must implement the national AIDS programme.
- Key national targets should include a combination of outcome and process indicators tailored to the circumstances of each country, but in the spirit of the broad goals and targets of the Africa Partnership (e.g., reducing the number of new infections in young people aged 15-25 by at least 25% over the next five years). The targets should also include specific levels of financial expenditure by government departments and overall national programmes, as well as the levels of financial resources mobilized through international sources for specific African countries.

Need to mobilize more resources

- A significant and sustained increase in resources to national responses to HIV/AIDS in Africa is required to respond to HIV/AIDS in Africa. The estimates of the needed financial resources

given in the London statement of the bilateral agencies ($500-800 million a year) is, if anything, conservative. The real financial needs of Africa are greater.

- These additional financial resources must come from a combination of (a) increased budget allocations by national governments (b) redirecting funds already available through existing projects (social funds, education and health projects, etc), (c) increased allocations from United Nations and development agencies, and (d) mobilizing resources from "non-traditional" sources such as the corporate sector, private foundations, etc.
- United Nations agencies must translate rhetorical expressions of commitment to HIV/AIDS into real allocations of budgets and staff. This might imply reprioritization of budgetary allocations. Such dramatic shifts in resources have not yet taken place. All UN agencies should set targets at regional and country levels. Guidelines/instructions on making these reallocations (e.g., shares of regional and country programmes that should be devoted to AIDS, creation of new AIDS-related posts in cosponsors) need to be issued urgently by the senior managers of the cosponsors at headquarters and regional levels.

Ways to improve the effectiveness of UN system response to HIV/AIDS

- UN HIV/AIDS country theme groups should do more to support the government's national leadership role in coming up with an effective coordination mechanism with clear terms of reference.
- Theme groups on HIV/AIDS must expand the membership of the TG to include all UN agencies and key government counterparts.
- The UNAIDS Secretariat and the cosponsors must streamline processes at regional and global level for the transfer of resources for the national response.

Opportunities for strengthening regional cooperation and capacity building

- Countries and their partners must urgently develop and put in place a stronger mechanism of regional technical support to national AIDS efforts. These regional activities need to help (a) develop national and sub regional capacities, (b) generate and share relevant knowledge and experience of successful AIDS interventions, and (c) provide direct technical assistance to countries.
- It is urgent that the UNAIDS, in consultation with cosponsors, carry out a rapid inventory of available technical resources and put in place a new system that ensures joint planning and execution of regional technical activities. The system should be build upon a clear understanding of current and future country technical needs, and should focus as well on a set of the priority cross-boundary issues related to HIV/AIDS (e.g., youth, MTCT, and migration/mobile populations).
- In developing a stronger regional technical programme, the UNAIDS intercountry team and other partner agencies should ensure that technical support is provided in a timely manner. Rosters of expertise, a Web site, and other such mechanisms could help in this.

3. Next Steps

The participants agreed that swift and practical actions now need to be taken to follow up on the Maputo meeting.

Annex 8

- At the country level, each UN theme group will identify 2-4 actions that its members can take immediately to improve its input to national AIDS planning and programme implementation,

- and will communicate this information to colleagues in the other SADC countries and in the UNAIDS secretariat.

- Also at country level, national AIDS programmes and theme groups are urged to review their process of strategic planning and implementation of national HIV/AIDS efforts under the AP.

- At the regional level, the UNAIDS secretariat, in consultation with its cosponsors, will facilitate a process for expanded and stronger coordinated technical support for the benefit of national AIDS programmes.

- At the global level, the cosponsors' executive heads should set a strategy for more active resource mobilization, including calculation of actual cost of responding to HIV/AIDS based on realistic assessment of needs. They should also set targets within UN to monitor to what extend additional resources are actual being allocated to HIV/AIDS. This should include clear and measurable targets for shifting financial and human resources to HIV/AIDS at the regional and country levels that make resource allocations proportionate to the seriousness of the HIV epidemic in Southern Africa.

- The UNAIDS secretariat should design mechanisms for reporting on the adequacy of the response at all levels.

Attn: Elizabeth
From Ron MacLean

DRAFT DOCUMENT / GLOBAL HEALTH COUNCIL-UNAIDS

HIV/AIDS IN ASIA

A Continent Under Attack

During the first decade of AIDS – as the disease was making deep inroads in sub-Saharan Africa – Asia was largely spared. Today, by contrast, the region accounts for 20% of the world's people with HIV.

Asia is the continent with the most rapid rate of growth in HIV infection. In east Asia and the Pacific, new HIV infections increased 70% between 1996 and 1998. By some authoritative projections, Asia will in a few years account for more people with HIV than any other continent.

HIV transmission in Asia primarily occurs through heterosexual contact, from mother to child, and through injection drug use.

HIV worsens the Asian continent's already-serious TB epidemic. Whereas HIV was responsible for 2% of all TB cases in Asia at the beginning of the 1990s, 14% of such cases are now attributable to HIV infection.

India

Several years ago, the virus barely had a toehold in India. Today, India has more HIV-infected people – between 3 million to 5 million – than any other country in the world. In 1999, the Indian Parliament concluded that as many as 8 million people in India may be infected with the virus.

Studies in antenatal clinics in at least five states indicate that more than 1% of pregnant women in urban areas are infected with the virus.

In Bombay, HIV prevalence among patients in STD clinics increased from 2-3% in 1990 to 36% in 1996.

Nearby Nepal has recently experienced a sharp rise in HIV/AIDS.

Southeast Asia

Because of AIDS, the crude death rate in 1998 was 16% higher in Thailand, 12% higher in Burma, and 10% higher in Cambodia. By 2010, the U.S. Census Bureau projects that the crude death rate will be 20% higher than it would have been without AIDS in Burma and approximately 15% higher in Thailand and Cambodia.

In Thailand, the first Asian country heavily affected by the disease, 2% of the population is living with HIV -- a rate nearly three times higher than the U.S.

The National AIDS Committee in Vietnam estimates that 180,000 Vietnamese will be living with HIV disease by the end of this year.

In Cambodia, 5% of the population – and 1 in every 14 members of the military -- are infected with the virus. HIV prevalence in Cambodia is more than six times higher than the U.S., the hardest-hit industrialized country.

China: A Future Catastrophe?

According to Chinese press reports, the country's health ministry estimates that the number of HIV-infected people has surpassed 400,000 and is rising sharply. The state media in China has suggested that the number of infected Chinese could reach 1 million by the year 2000.

Injection drug use is driving the spread of HIV in China.

Critical Opportunities to be Seized

According to the World Bank, Bangladesh has a "unique opportunity" to escape the worst ravages of AIDS. The Bank warns, however, than time is running out to implement the kinds of HIV prevention programs that could prevent a national outbreak of the disease.

Malaysia, which has heretofore been spared the worst ravages of AIDS, is now experiencing disturbing increases in infections, underscoring the need for intervention to prevent a full-scale outbreak of the disease.

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
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US Media Office (212) 584-5024

PRESS RELEASE

*****UNDER EMBARGO UNTIL 04h00 EDT, 26 APRIL 2000*****

EDUCATION CAN HELP SAVE YOUNG PEOPLE FROM AIDS, UNAIDS CHIEF SAYS

Dakar, Senegal, 26 April 2000 - The Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Dr Peter Piot, has called for a partnership with the education sector to save the lives of millions of young people threatened by AIDS and rescue Africa's efforts to achieve the goal of Education For All (EFA). He was speaking to participants at the opening of the World Education Forum, an international consortium set up to guide follow-up action to the 1990 World Conference on Education for All.

"AIDS constitutes one of the biggest crises and the biggest threats to the global education agenda that we have known," Dr Piot said. "There is no other single factor in the world today that so systematically undermines the gains of decades of investment in human resources, education, health and the well being of nations. AIDS erodes the *demand* for education, as more and more children and families are affected. AIDS diminishes the *supply* of teachers, and with it, of course, the *quality* of education that is provided."

On average, AIDS killed 5 teachers each week between 1996 and 1998 in Cote d'Ivoire alone. Now, seven out of ten teachers die due to AIDS in the country. In the Central African Republic, as many teachers in service died of AIDS, as retired, between 1996 and 1998. 1,300 teachers died of AIDS in Zambia in the first ten months of 1998 -- more than twice as many teacher deaths in the entire country in all of 1997 and equalling about two thirds of all teachers trained annually.

"AIDS has serious consequences beyond the education system itself. As families are affected by the disease, they may no longer be able to pay school fees and may withdraw their children from school in order to contribute to the household economy," Dr Piot warned.

AIDS mostly affects people in their productive years - young people and adults. The majority of all new HIV infections occur among those aged 15 to 24 years. Little or no access to education reduces the capacity of young adults to find work and earn enough to support themselves. Instead, this lack of access may constrain them to turn to risky professions to survive. Lack of education also reduces opportunities to learn about AIDS or about methods of protection from HIV infection.

Dr Piot called for greater involvement of the education sector to help roll back the HIV/AIDS epidemic. "Schools are important settings in which to educate young people about relationships and responsibilities," he said. "Yet, it is feared that educating young people about sex and sexual relationships will encourage promiscuity and experimentation. On the contrary, several major international scientific reviews demonstrate that well structured sex education programmes lower levels of risk taking and can delay the onset of sex among those who are not yet sexually active," he added.

It is estimated that nearly one billion adults throughout the world are illiterate. More men are literate than women, with literacy rates of 85% among men compared to 74% among women. Over a hundred million children, the majority of whom are from developing countries, lack access to primary education.

The Forum, sponsored by a number of international organizations, bilateral agencies and national ministries, is being held in Dakar on 26-28 April. The Forum aims to forge plans to meet the basic learning needs of all in the new century. A number of national leaders, including several heads of state, United Nations Secretary-General Kofi Annan, and heads of agencies will attend.

An estimated 34 million people all over the world are living with either HIV or AIDS, 24 million in Africa alone.15,000 new HIV infections occur daily - more than ten each minute. In some populations over 15% of 15 to 18 year old girls are infected with HIV. Last year the world recorded a global total of 2.6 million AIDS deaths, the highest in any single year so far. In Africa, 13.7 million people are estimated to have died of AIDS since the epidemic began, orphaning over 11 million children.

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791.4577, Dominique de Santis, UNAIDS, Geneva, (+41 22) 791.4509 or Andrew Shih, UNAIDS, New York, (+ 1 212) 584.5024. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (http://www.unaids.org).