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Stack:	Row:	Section:	Shelf:	Position:
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MODE=TRANSMISSION START=SEP-14 16:55 END=SEP-14 17:14
FILE NO.= 042

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-WHITE HOUSE AIDS POLICY -

********** -JOURNAL- ********** DATE SEP-14-1995 ***** TIME 17:14 ********

DATE/TIME = SEP-14 17:14

JOURNAL NO. = 28

COMM.RESULT = 630

PAGES = 00

DURATION = 00:00'00

MODE = MEMORY XMT

STATION NAME =

TELEPHONE NO. = T 917038758614

RECEIVED ID =

RESOLUTION = STANDARD

-WHITE HOUSE AIDS POLICY -

********** - 2026321096- **********

MODE=TRANSMISSION START=SEP-14 17:19 END=SEP-14 17:23
FILE NO.= 044

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-WHITE HOUSE AIDS POLICY -

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FILE NO.= 043

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-WHITE HOUSE AIDS POLICY -

MODE=TRANSMISSION START=SEP-14 16:50 END=SEP-14 16:54
FILE NO.= 041

NO.	COM	SPEED NO.	STATION NAME/ TELEPHONE NO.	PAGES	PRG.NO.	PROGRAM NAME
01	OK		917038754686	07/07		

-WHITE HOUSE AIDS POLICY -

********** -JOURNAL- ********** DATE SEP-07-1995 ***** TIME 16:46 *********

DATE/TIME = SEP-07 16:43

JOURNAL NO. = 06

COMM.RESULT = OK

PAGES = 05

DURATION = 00:02'45

MODE = XMT

STATION NAME =

TELEPHONE NO. = T 97038754686

RECEIVED ID = 7038754686

RESOLUTION = STANDARD

-WHITE HOUSE AIDS POLICY -

********** - 2026321096- **********

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: Victor Barnes

FAX NUMBER: 703-875-4686

FROM: LaVonne S. Ronicki

DATE: 7 September 95

PAGES INCLUDING COVER SHEET: 5

COMMENTS:

Here is a first draft of the summary of our meeting yesterday. Patsy hasn't seen it yet - I wanted to get your thoughts before circulating to others tomorrow.

Please call or fax after your review.

Thanks.

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
Fax: 202-632-1096

FACSIMILE COVER SHEET

TO: JACOB GAYLE

FAX NUMBER: 703-875-[redacted] 4686

FROM: LaTonia S. Romack

DATE: September 14, 1995

PAGES INCLUDING COVER SHEET: 7

COMMENTS:

Please see attached

Generally - too perjorative.

- Use sentences
- avoid "useless" "tedious to read" etc.

The U.S. Delegation's Response to the

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Strategic Plan 1996-2000

GENERAL REMARKS

~~Confusing Not Logical~~

1. Format Bold these headings Structure The design of the format is

Discussion: An interesting, with an unusual design. However, it ~~was~~ is confusing ~~tedious to read~~ and difficult to follow. The flow of the text ~~was~~ is interrupted by pieces that appear~~ed~~ random and illogical, e.g. the gray boxes and rhetorical questions.

Recommendation 1: Remove the ~~rhetorical~~ boxed questions, and the confusing matrix on page 6 ~~and get rid of the gray boxes, use some sort of~~ numbering system, ~~and get rid of useless matrix on page 6.~~

~~and~~ ~~the~~ ~~boxed~~ ~~and the confusing matrix on page 6~~ ~~and~~ ~~use some sort of~~ ~~numbering system~~ ~~and get rid of useless matrix on page 6.~~ ~~gray boxes~~ ~~rhetorical questions~~ ~~Remove~~ ~~Recommendation 1:~~ ~~and~~ ~~the~~ ~~boxed~~ ~~and the confusing matrix on page 6~~ ~~and~~

Suggested ~~format~~ Structure: **I. Preamble: HIV from 1981 to the future**

II. Introduction: UNAIDS at UN's 50th Anniversary

III. UNAIDS as an Humanitarian Response (Guiding principles section mostly)

IV. UNAIDS Structure/Function (Theme groups, PCB, CCO members)

V. UNAIDS Goals, objectives, strategies

VI. Conclusion: Global Appeal for Partnerships

Describe more fully

is this format or content? or both?

2. Content

is eloquent.

~~Eloquent~~ The description of the epidemic, its causes and global consequences. However, ~~too much time is spent on setting the disease environment in comparison with other critical sections that were not dealt with effectively or omitted entirely.~~

Shorten and

Recommendation: ~~Adjust~~ the descriptive AIDS background section to reflect ~~that~~ the reader is ~~somewhat aware~~ of the epidemic and ~~is not totally ignorant about~~ HIV disease.

assumed knowledge of

However, ~~some critical sect~~ there could be the background sections are too long and assume a lower level of knowledge about the epidemic than the target audience presumably has.

Discussion: The document ~~is ambitious in its effort to~~ describe a new, more humane response to HIV, ~~programs as well as lay out~~ program components. ~~It is hard to mix the~~ concrete programmatic issues ~~with the desire to~~ address other related issues like poverty and human rights.

Recommendation: Develop specific actions that clearly demonstrate how ~~you~~ plans to accomplish ~~your~~ policy and strategy objectives. Describe how concepts like vulnerability will be put into practice given resource and organizational constraints.

~~Should continue to include~~ language on compassion and sensitivity.

Discussion: ~~There has been an attempt to define the role of UNAIDS, but~~ more clarity is needed ~~in the definition of~~ defining and describing UNAIDS roles and the roles of the CCO, ~~the PCB~~ PCB and Theme Groups.

Recommendation: Explain how UNAIDS fits into UN system and the roles of ~~all~~ the co-sponsoring organizations. ~~Need to embrace all UN members.~~ Highlight the more relevant UNAIDS ~~issues~~ i.e. the role of the Theme Groups, CCO, PCB, etc. Explain the role of GPA as the precursor to UNAIDS. ~~We are not starting from ground zero.~~

Papers should be written on strategies for implementing key UNAIDS issues including research and international best practice.

3. Target audience

Discussion: This document could be useful in attracting donors, generating interest from non-member countries, and recruiting ~~the~~ private sector in the worldwide effort to reduce HIV transmission.

Recommendation: The final document should be attractive and ~~easy to use~~. It should be appealing to the various interests of the co-sponsoring organizations and their partners.

II. SPECIFIC ~~SECTIONS~~ ISSUES

***

Discussion: ~~Confused about~~ the inclusion of STD activities under global goals since ~~they~~ are not mentioned under UNAIDS goals. They re-emerge as a sub-strategy objective. There ~~was~~ also a question about who will have responsibility for STD activities.

Recommendation: Revisit issue of STDS; eliminate the ~~word~~ or be consistent in its use throughout the document.

***

Page 7 - Guiding principles

Discussion: These principles ~~are not actionable.~~

Recommendation: ~~Need to think through each one carefully.~~ UNAIDS ~~would be~~ accountable and should be able to ~~follow through and~~ apply ~~those~~ principles universally and unconditionally if challenged. ~~Is~~ UNAIDS ~~capable of doing~~ this?

***

Page 9 - UNAIDS Roles:

Discussion: A substantial portion of the strategy ~~is not~~ free standing. ~~This document gives the impression that this is only the UNAIDS program when a lot of what will happen~~ will depend on ~~the cooperation and collaboration at the country level~~. This ~~needs to~~ be reflected throughout the strategy.

Recommendation: ~~Spell out~~ the global vs country level roles ~~Highlight key~~ UNAIDS roles, ~~policy, development,~~ research, technical support, and advocacy

~~Should add a fourth UNAIDS role: fundraising.~~

~~Link~~ the strategic objectives and outputs to the four roles.

***

Pages 5,8, - Definitions of Vulnerability and International Best Practice.

Discussion: Applaud efforts to include these terms throughout the document. It is obvious that they are important and critical to the new approach of the UNAIDS program.

Recommendation: There needs to be a collective consensus on definitions of international best practice and vulnerability, among others. Try to capture the importance of the ethical and human rights issues addressed by setting normative standards. Ensure that the definitions do not offend or imply imposition of western ideology on our colleagues in other countries.

Because the term (IBP) engenders negative responses from some of our colleagues in other countries, it is recommended that a paper be prepared clearly defining these terms in order to allay unnecessary fears.

The term vulnerability can be defined in a number of ways - it may be useful to develop the defn of this term in a separate paper so there is no confusion to its meaning.

4)

***

Pages 17-19 Targets

Discussion:: This is one of the ~~more~~ important sections of the document, but there needs to be more details.

Recommendation: ~~Increase the level of information, details~~ given. Cite exactly what UNAIDS wants to accomplish in each of these areas. ~~Clarify exactly what they will do and~~ the indicators by which ~~they will evaluate their~~ progress will be evaluated.

(Include names and agencies of people contributing to this response)

* Call Brenda Kunkel –
who to call to get a PM-1

GPA

Activities at global level

WHO/GPA activities which need to be continued/mainstreamed

	Amounts to be disbursed in 1996 of funds obligated in 1995	Funds required in 1996 to honour GPA commitments, or continue priority activities
	US$	US$
Continued research under SDI (STD diagnostics initiative)	150,000	
Other STD research activities	40,000	
Training course for district level managers	170,000	
Support to the development of mechanisms for information sharing at country level	20,000	
Health care support, coping of HCWs dealing with AIDS, integration of STD services in MCH/FP, operational research and assessment of counselling activities	160,000	
Field testing of care and support indicators, finalization of publication		67,400
Field testing and finalization of MIS for use at country level		40,000
Condom promotion particularly related to sex interventions for youth (1995 or 96)	220,000	50,000
Design and evaluation of school AIDS/STD education interventions	80,000	
Continued support to CRD studies on e.g. mother to child transmission, treatment and prophylaxis of opportunistic infections, development of female-controlled methods to prevent HIV/STD transmission	456,700	2,700,000
Prevention intervention research aimed at developing persuasive and enabling approaches	2,550,000	800,000
Continued support to ongoing social and behavioural research	63,000	
Continued support vaccine development activities	52,200	1,600,000
Total	**3,961,900**	**5,257,400**

Joint United Nations Programme on AIDS

UNDP - UNESCO - UNFPA - UNICEF - WHO - World

UNAIDS Update

UNAIDS - what it is and does

A new venture in the UN system

Welcome to the monthly newsletter of the Joint United Nations Programme on AIDS (UNAIDS). UNAIDS is a new and pioneering venture in the UN family of organizations. Now in development, it will be fully operational by January 1996.

UNAIDS will bring six cosponsoring agencies together into a single effort to help the world reduce the spread of infection, curb the suffering caused by AIDS, and counter the epidemic's impact on individuals, communities and societies.

The six cosponsors are the UN Development Programme (UNDP), the UN Educational, Scientific and Cultural Organization (UNESCO), the UN Population Fund (UNFPA), the UN Children's Fund (UNICEF), the World Health Organization (WHO) and the World Bank.

Why UNAIDS?

AIDS is a fatal epidemic disease with deep societal roots and a devastating impact on individuals, families and communities. It is caused by the human immunodeficiency virus (HIV). AIDS is essentially a sexually transmitted disease, but HIV also spreads through drug injecting, unscreened blood transfusions, and to infants born to affected mothers.

Close to 20 million men, women and children worldwide have already been infected with HIV, and the epidemic is still expanding at the rate of about 6000 new infections a day. With no vaccine available, prevention has to rely on informing, motivating and empowering people to adopt safe behaviour - clearly, a matter for more than just the health sector.

As for the disease itself, which can take a decade or more to develop after initial infection with HIV, we are only at the beginning of the epidemic. So far, about 4.5 million of the 20 million HIV-infected people have reached the stage of AIDS. But because most of them are young and middle-aged adults, AIDS is already having tragic societal consequences. Millions of children are losing their parents to AIDS, and workforce losses and disruptions are threatening development.

Over time, the complex multisectoral challenge of AIDS has been taken up by a growing number of UN agencies. This has been a welcome trend. But it has resulted in a certain degree of competition for donor funding, conflicting policy advice to countries, and both gaps and duplication. The point of UNAIDS is to avoid this fragmentation while capitalizing on the breadth of expertise and scope of action offered by the six cosponsoring agencies. UNAIDS will help ensure a UN system response that is strong enough, coordinated enough and broad enough to help the world cope with AIDS.

(continued on page 4)

Peter Piot to head UNAIDS

On 12 December 1994, Dr Peter Piot was appointed Executive Director of UNAIDS by UN Secretary - General Dr Boutros Boutros-Ghali.

Dr Piot is a 46 year old Belgian physician with a Ph.D. in Microbiology, trained in Belgium and the USA. A world-renowned scientist who has been working in the AIDS field for over a decade, he also has broad experience of development issues, including the links between women's status and their reproductive health.

In 1976, Dr Piot went to northern Zaire to help investigate a lethal outbreak of haemorrhagic fever, and became the codiscoverer of the causal Ebola virus.

(continued on page 2)

Quotable quotes

"We are now at a turning point in the epidemic. Unrealistically high expectations have given way to undue pessimism, and the only way forward is through united action grounded in realism. To foster and facilitate action of this kind is the mission of UNAIDS."

— Dr Peter Piot

Peter Piot to head UNAIDS

(continued from page 1)

From 1980 to 1992, while a professor at the Institute of Tropical Medicine, Antwerp, Belgium, he launched and expanded a series of collaborative projects in Africa. The best known is "Projet SIDA" in Kinshasa, the first international AIDS project in a developing country. It is widely acknowledged to have provided the basis of our understanding of HIV infection and prevention in Africa. Dr Piot's research group was among the first to draw attention to the social and economic determinants and consequences of AIDS in the developing world.

As Associate Director of the WHO Global Programme on AIDS (GPA), between 1992 and 1994, Dr Piot was responsible for research and development and for sexually transmitted diseases (STDs).

Dr Piot has served as an adviser to UN agencies, governments and NGOs in the industrialized and developing world. He is the author of over 450 articles and 14 books, mostly on AIDS/STD and women's reproductive health, and the recipient of many awards for scientific achievement and social action.

Coming up ...

Strategic plan

UNAIDS has launched a broad consultation process to help define the vision shaping the world's response to AIDS and guide UNAIDS on its goals, priorities and strategies. A key outcome will be a 5-year strategic plan that will enable UNAIDS to use its limited budget and unique strengths to best advantage.

Between April and June 1995, five special consultations are being organized in different parts of the world. The participants have been selected to ensure the widest possible input from national governments, intergovernmental and nongovernmental organizations, donors, the private sector, and academic and research institutions.

Consultations have already taken place in New Delhi (20-21 April) and Santiago (26-27 April). The remaining meetings will be held in Nairobi (9-10 May), Venice (17-18 May), and Dakar (8-9 June).

To ensure the widest possible discussion, a document will also be distributed for written comment. You are welcome to request a copy and provide your input. Please contact Dr Purnima Mane, UNAIDS, fax: (+4122) 791 48 80; Internet: manep@who.ch.

Recent highlights

Peter Piot appeals for partnership with PWAs

Speaking at the opening of the VII International Conference for People Living with HIV and AIDS (PWAs), on 6 March, Dr Piot confirmed his commitment to full partnership with people with HIV/AIDS in planning, shaping and guiding the global response to the epidemic.

He said that the involvement of HIV-positive people had long been a principle of his. "You can expect the same principle to guide me as head of the new joint programme on AIDS", he emphasized. He pledged to take home with him the conference's ideas on how to work together even more effectively through UNAIDS.

The Conference, organized by the Global Network of People Living with HIV/AIDS (GNP+), took place in Cape Town, South Africa, a location that Dr Piot found "highly symbolic". "Through the inspiring struggle against apartheid, this country teaches us that the cruel segregation of a portion of humankind can be challenged - and overcome. And just as this discrimination on the basis of race was successfully challenged, I am convinced that we can challenge discrimination on the grounds of HIV status - through courage, perseverance and pragmatism."

"Dr Piot has a long history of commitment to the fight against AIDS," said Pascal van den Noort from GNP+ on Dr Piot's appointment as head of UNAIDS. "We hope he will succeed in making the new programme a truly effective global response to AIDS."

UNAIDS Update

Editors: Monika Gehner & Suzanne Cherney
Layout & Design: Sophie Guetaneh Aguettant
Printed in English and French, also distributed via electronic mail

UNAIDS Update is published monthly by the Joint United Nations Programme on AIDS and distributed to staff of the cosponsoring organizations working on HIV/AIDS. The document may be freely reproduced, in part or in whole, but not for commercial purposes.

For information, contact Monika Gehner, Public Information Officer, **UNAIDS,** by mail or through Internet: gehner@who.ch, fax: (+4122) 791 4880. *Mailing address:* **WHO, 20 avenue Appia, CH-1211 Geneva 27, Switzerland.**

UNAIDS in development

Staffing and administration

With the appointment of the Executive Director and the secondment of staff from WHO, UNFPA and Australia, UNAIDS counts 13 professional and 8 support staff.

The Committee of Cosponsoring Organizations (CCO) has authorized recruitment for an initial group of 15 professional category posts plus the corresponding support staff. Once a budget level for 1996-97 is decided on by the Programme Coordinating Board, detailed staff planning and recruitment will be able to proceed further.

A Memorandum of Understanding on UNAIDS, to be signed by the six cosponsors, is now being prepared. Also in the pipeline is a formal agreement between UNAIDS and WHO on the provision of administrative support. WHO is already furnishing accommodation, office facilities and office infrastructure, and has made a financial contribution to the 1995 UNAIDS budget.

Work in progress

UNAIDS is currently preparing indicative budget proposals for 1996-97. They will be submitted to the Programme Coordinating Board (PCB), whose first meeting is tentatively scheduled for June.

In parallel with the development of a strategic plan (see page 2), work is proceeding on defining the modus operandi of UNAIDS, particularly at country level.

Other areas of current work include NGO involvement in UNAIDS, staff training plans, a communications strategy for UNAIDS, and follow-up of the seven initiatives adopted at the Paris AIDS Summit in December 1994.

Your views, please

You may have questions and comments on UNAIDS that you want to share with UNAIDS Update and your colleagues. Please send them along so that we can answer your questions in UNAIDS Update and, space permitting, publish your comments.

Job corner

The following UNAIDS posts have been advertised.

Geneva-based posts:

- Senior Public Information Officer, grade P.05, vacancy notice JP/P/95/01
- Director, Country Operations, grade D.02, vacancy notice JP/P/95/02
- Director, External Relations, grade D.02, vacancy notice JP/P/95/03
- External Relations Officer/Fund Raising, grade P.04, vacancy notice JP/P/95/05
- Senior Planning and Budget Officer, grade P.05, vacancy notice JP/P/95/07
- Executive Assistant to the Executive Director, grade P.05, vacancy notice JP/P/95/08

Five field posts for which field experience is essential (in countries still to be determined):

- UNAIDS Country Programme Officer, grade P.04/P.05, vacancy notice JP/P/95/04

New York-based post:

- UNAIDS Representative in New York, grade D.01, vacancy notice JP/P/95/06

Relevant vacancy announcements are available in all UN offices or on request from the UNAIDS Personnel Officer, fax: (+4122) 791 4179 or 791 4187; Internet: partowj@who.ch.

Applicants should send a UN system Personal History Form or a comprehensive curriculum vitae to the Personnel Officer, UNAIDS, before 19 May 1995.

A new venture in the UN system

(continued from page 1)

What is UNAIDS?

UNAIDS is not a new UN agency but a joint programme that is co-owned by its six cosponsors. It is based in Geneva at WHO, the organization which is to provide administrative support.

As the UN system's main advocate for the global response to the epidemic, UNAIDS will seek to stimulate, nurture and guide national and global action on the epidemic. (See the box below for a summary of the roles of UNAIDS.) It will empower its many partners to mount an effective, ethical, affordable and sustainable response to AIDS, which is expected to remain with us for many decades to come.

The Programme Coordinating Board (PCB) will be the governing body. A Committee of Cosponsoring Organizations (CCO), made up of representatives of all six cosponsors, will meet regularly and consider matters of major importance to UNAIDS.

At its office in Geneva, UNAIDS will consist of a "critical mass" of staff expertise. At country level, UNAIDS will work primarily through the Resident Coordinator system and the Theme Groups on HIV/AIDS. UNAIDS Programme Officers will be stationed in selected countries to facilitate management and coordination, and technical support will also be made available through staff stationed mainly outside the central office. Intercountry activities will be coordinated and supported where appropriate but UNAIDS will have no regional management structure.

UNAIDS roles

Advocacy

- to focus the world's attention on AIDS
- to inspire sound, effective, ethical and adequately funded responses to AIDS
- to promote the involvement of affected individuals and communities in planning and carrying out those responses
- to increase political commitment to AIDS, including among decision-makers and opinion leaders
- to foster a socioeconomic and legal environment that is conducive to prevention and care, as well as supportive of people affected by HIV/AIDS

Guidance

- to serve as the primary source of policy and technical guidance on AIDS, including the policies, strategies and approaches that together constitute "international best practice"
- to serve as a neutral forum for achieving consensus on sensitive, technical and policy issues
- to play a major role in setting and promoting the world's research agenda on AIDS

National capability strengthening

- to bring together and coordinate the strengths of the six cosponsors in order to maximize the quality of assistance to national AIDS activities
- to ensure that all national actors/participants have access to "international best practice" on AIDS
- to offer countries expertise on HIV/AIDS, including technical support, training and monitoring
- to facilitate networking among national decision-makers and opinion leaders.

MEMORANDUM TO DR. PETER PIOT, EXECUTIVE DIRECTOR, UNAIDS

FROM: U.S. Delegation to the PCB

SUBJECT: Draft UNAIDS Strategic Plan 1996-2000

DATE: September 12, 1995

Congratulations to you and your staff for developing this innovative and thoughtful document to describe UNAIDS' response to the HIV/AIDS epidemic. We recognize the tremendous amount of effort that has already been expended to design a program of this magnitude, and we feel extremely encouraged by what we have noted in the document thus far.

Below you will find several observations and recommendations that we feel would strengthen and improve the overall document. We also referred to specific sections to indicate questions or concerns about key issues. We hope that you will find all of our comments useful as you finalize the strategic directions for the next five years.

GENERAL REMARKS

1. FORMAT/STRUCTURE

Discussion: The design of the document is interesting, though somewhat unusual. It is confusing and difficult to follow. The flow of the text is interrupted by pieces that appear random, e.g. the gray boxes and rhetorical questions.

Recommendation: Remove the boxed questions and the confusing matrix on page 6. An outline and numbering system should be used throughout the document.

Suggested structure

I. Preamble: HIV from 1981 to the Present and Projections to the Future
(Briefly describe the epidemic in a historical context)

II. Introduction: UNAIDS at the UN's 50th Anniversary
(The unique role of UNAIDS and the need for an expanded response from the UN system)

III.	**UNAIDS as a Humanitarian Response to the Epidemic (An elaboration of the guiding principles)**
IV.	**UNAIDS Structure and Functions (The roles of PCB, CCO members, Theme Groups, individual cosponsoring organizations)**
V.	**UNAIDS Goals, Objectives, Activities**
VI.	**Appeal for Partnership (Letter to all countries, both member and non-member, urging support and participation)**

2. CONTENT

Discussion: The description of the epidemic and its causes and global consequences is eloquent. However, the background sections are too long and assume a lower level of knowledge about the epidemic than the target audience presumably has.

Recommendation: Shorten and adjust the AIDS background section to reflect the reader's assumed knowledge of the epidemic, while expressing the urgency of this global crisis.

Discussion: The document describes a new, more humane response to HIV, but it is not easy to combine concrete programmatic issues while addressing other related issues like poverty and human rights.

Recommendation: Develop more specific actions that clearly demonstrate how UNAIDS plans to accomplish its policy and strategy objectives. Describe how concepts like vulnerability will be put into practice given resource and organizational constraints.

Discussion: More clarity is needed in defining and describing UNAIDS' roles and the roles of the CCO, the PCB and the Theme Groups.

Recommendation: Explain how UNAIDS fits into the UN system and describe the roles of the co-sponsoring organizations. The document should embrace all UN system organizations. Highlight the UNAIDS components, the role of the Theme Groups, CCO, PCB, etc. Explain the role of GPA as the precursor to UNAIDS. This would be part of Section IV in the outline on page 1 of this memo.

3. TARGET AUDIENCE

Discussion: This document could be useful in attracting donors, generating interest from non-member countries, and recruiting private sector entities in the worldwide effort to reduce HIV transmission, improve access to care, etc.

Recommendation: The final document should be attractive and easy to use. It should be appealing to the various interests of the co-sponsoring organizations and their partners. It should contain a section asking that both member and non-member countries participate and provide support. This would be in Section VI of the outline on page 1 of this memo.

II. SPECIFIC ISSUES

Page 7 - Global HIV/AIDS Goals

Discussion: The inclusion of STD activities under global goals is confusing since STDs are not mentioned under UNAIDS goals. They re-emerge as a sub-strategy objective. There is also a question about who will have responsibility for STD activities.

Recommendation: Revisit the issue of STDS; eliminate the reference or be consistent in its use throughout the document.

Page 7 - Guiding Principles

Discussion: These principles do not belong in the section with the program components.

Recommendation: The guiding principles should be separate as outlined in Section III on page 1 of this memo.

Page 9 - UNAIDS Roles:

Discussion: UNAIDS cannot do its work without partnerships with other governmental and non-governmental organizations at the global and national levels. Thus, this should be reflected throughout the strategy.

Recommendation: Define and distinguish the global and country level roles more clearly.

The key UNAIDS roles as described on page 9 of the strategy are policy, development and research; technical support; and advocacy. Fundraising will also be essential; thus it should be included as a component of UNAIDS' advocacy strategy. The strategic objectives and outputs should be linked to the key roles.

Pages 5,8, - Definitions of "Vulnerability" and "International Best Practice"

Discussion: These concepts are critical to the new approach of the UNAIDS program.

Recommendation: Because the term "international best practice" engenders negative responses in some of our colleagues from other countries, it is recommended that a paper be prepared clearly defining the term in order to allay unnecessary fears.

The term "vulnerability" can be defined or interpreted in a number of ways. It would be useful to develop the definition of this term in a separate paper so there is no confusion as to its meaning.

Page 16 - Research Agenda

Discussion: There is some question as to the role and responsibility of UNAIDS in the area of research.

Recommendation: It would be useful to describe more fully the intent of the research program in a separate paper.

Pages 17-19 - Targets

Discussion: This section of the document contains the most specific action steps for UNAIDS. For that reason, it should be developed in greater detail.

Recommendation: Describe more extensively and provide more information on these targets and the means for reaching them. Cite exactly what UNAIDS wants to accomplish in each of these areas. Describe the indicators by which progress will be evaluated.

(Include names and agencies of people contributing to this response)

Sept 6, 1995

UN Strategic Plan

- Format problem (hard to follow) p. 6 matrix
  - Get rid of questions
  - Get rid of gray boxes
  - tried to be too cute
  - just lay out what they want to do -

- What are you going to accomplish over the next ~~year~~ 2 years

- Flushing out the last 2 pages →

- What does he want to accomplish in each of the areas?

- Patsy feels that the PCB is going to want more than this
  - Take example of Country X and walk through
  - There is a Country level implementation paper - Going to Co-Sponsors first - would go a long way in addressing some of the issues that were raised.

too much spent on setting the disease environment — How UNAIDS fits in the UN response. Deal w/ theme Groups, CCO, PCB is —

A lot of strategy is not free standing - get the impression that this is only the UNAIDS program

Assume that they know about epidemic - and spend more time talking about the UNAIDS + Theme Groups

Document will be used as a recruitment tool -

Some strategic plans which are really UNAIDS advocacy, research, TA, global appeal - These should be much more highlighted.

- That could clarify what UNAIDS would do -
- Take about stuff up front -
- The lofty stuff up front is hard to mix with the concrete programmatic issues -

Peter - Wanted a different kind of document to try to address the new way of thinking about HIV

* Rhetorical flourish

* If they are too specific - they will never get document approved

* Looking at definitions of international best practice & vulnerability and those ideas are critical to Peter

* D.6's concern - resource + org constraints - Most things will be decided at country level ⇒ how will strategies be put into action (concepts like vulnerability)

* Guiding principles are not actionable

* Don't get the impression that all the agencies are involved

* Global vs country level roles are not well spelled out

* Needs to be a cautionary note about guiding principles p. 7 - If you think about Research - someone might want to apply these principles - can NGOs (others) be used adversely for decisions on scientific

Global Goals - worldwide principles
. goals are mentioned there + not anywhere else -
- WHO still has STD activities under WHO -
-

⇒ Eliminate STD on page 7

UNAIDS goals

* Fairly literate people had trouble following it -
More evidently presented format

- After a brief setting
2nd section - Where UNAIDS fits in UN system
- Not starting from Ground 0
- In terms of UNAIDS role, (p. 9)
Under advocacy - have a sep category or (beefed up advocacy) on global appeal - then have the strategic objectives + outputs tied to 4 roles - All of these things are things that should be in the last section.

They are supposed to track the amt of money going into HIV/AIDS -

Roles. vs. Objectives

Gayle's 6 components

- short preamble where HIV has come (Piot)
- role in explaining UNAIDS is unique (B. Galle)
- UNAIDS as a humanitarian response
- UNAIDS structure + function
  NGO, CCO, Theme Groups, PCB
- UNAIDS goals + objectives + strategies
- Conclusion (global appeal to try to partnership) Shelton, Zuma, NGO,

→ More clear specific actions that will flesh out the objectives

- International best practice - normative standards

redefine - best practice from community up (at community level)

Maybe a paper should be written on international best practice = TASK FORCE (addendum) -> Jacob will send a copy

Can be capture the importance of international best practice - then it is an ethical + human rights ~~issue~~? dilemma

Int. Best Practice

- distributive justice, com involvement, informed consent – human beings involved – collective consensus on the best way to do things.

D. Gillespie

Description of research – is pretty detailed. Want to increase the level of info in other sections.

+

- include names + agencies

(I and II might be reversed)

I. Preamble: HIV from 1981 to the future (Peter Piot)

II. Introduction: UNAIDS at UN's 50th Anniversary (Boutros Boutros-Ghali)

III. "Chapter" 1: UNAIDS as an Humanitarian Response ("Guiding Principles")

IV. "Chapter" 2: UNAIDS Structure/Function (Global, Theme Group, PCB, CCO members)

V. "Chapter" 3: UNAIDS Goals, Objectives, Strategies (with illustrative boxes*)

VI. Conclusion: Global Appeal for Partnership (Sally Shelton/Nkosazana Zuma/NGO rep)

* illustrative boxes can focus upon key terms like "vulnerability," "international best practice," etc. and show how they relate to goals, objectives, strategies

MEMORANDUM FOR PATSY

FROM: LaHoma

RE: UNAIDS Strategic document

DATE: 22 August 1995

Below please find comments about the details of the document:

Objectives:

1.0 Strengthened capability for a multisectoral response to HIV/AIDS in developing countries, which is strategically, ethically and technically sound.

Although the objective states a need for a multisectoral response, only one strategy objective (1.4) even attempts to address the overriding reason why UNAIDS was created in the first place. I think we should see a stronger statement about how other sectors, including family planning, education, research, economic development, etc. will be included in HIV programs. This can be added to 1.1 or 1.4.

2.0 Increased level, diversity and appropriateness of financial and technical resources in support of the national response to HIV/AIDS in developing countries.

2.1 Need to separate this strategy into two. It's too broad to be effectively addressed as one issue.

a) To increase the mobilization of financial and technical resources allocated (at various levels, for example through the global appeal, bilateral donors, through national budget increases or staff assignments, through donations from the private sector, at the community level through religious organizations or CBOs, etc.)... and...

b) Improve the effectiveness of their allocation and use in support of an expanded response...

This would involve the development of a strong monitoring, review and evaluation system through the UN Theme Group or the AIDS country program, preferably both with all other potential stakeholders (funders) in the country.

3.0 Strengthened UN system support to global and national responses to HIV/AIDS.

This is a weak statement. There should be more of a committment here from the UN agencies. A stronger statement describing how

they will work together - I suggest changing statement 3.1 from increasing coordination to "ensuring coordination", agressively or proactively establishing real coordination, establishing a system, will facilitate country level coordination...

If this kind of statement can not be made at the initial stages of this group because of politics, then the new organization is doomed to fail.

Objective 3.1 focuses on the country or national level for the coordinated response. There needs to be a separate strategy objective that outlines what will be happening at the global level to facilitate or help support a coordinated response.

4.0 Strengthen global advocacy, strategies and action on policy, research and international best practice to support an expanded response to HIV/AIDS.

4.1 No comment really other than this is a sensitive issue - I'll be interested in how this evolves. In other words, when we know what works, we should put it to work. But how can you promote international best practice for simple technologies like blood screening or counseling and testing when the governments can't afford it? It's going to be even more frustrating for heads of national programs who know that the technology exists, but can't do anything about it.

4.2 This is so broad and should not even be under this section...I would recommend adding another objective or combining it with objective 1.4 from above. Issues like housing, primary health care, orphans and foster care, family planning, tuberculosis and other diseases, employment compensation and disability, military clinics, education, funeral parlors[illegible]. I do hope that this will include strategies for all levels of service providers and caregivers, and not just the one or a handful of AIDS specialists in the capital city.

4.3 This seems fine.

Under Programme Priorities:

p14. ...UN theme Groups will coordinate a comprehensive UN response to HIV/AIDS in the context of existing national programmes. Priority given to a national AIDS coordination unit...(Is this the government or the UN?)

Should say more about the relationship between the theme Groups and the government AIDS programs. Who will make the decision about UNAIDS resources for intercountry ~~activites~~ activities?

p. 16 I don't think that UNAIDS should be directing or piloting research or any other type of implementation of program activities. They lose their objectivity. This has been a

criticism for many years of GPA 's activities.

The same statement holds true for biomedical and other technology research. They should be supporting scientists in their respective countries. They have not been as effective in conducting their own activities.

Patsy's

9/6/95

1) Format problem.

2) Describe CCO, Theme Groups, PCB

3) Should be a doc to attract $

4) Global appeal - highlight
Technical asst.
Advocacy
Regional & global responsibility

5) Need to embrace all UN members interests

6) Include ① clearer, specific policies & programs
along with ② compassion & sensitivity - humane response

7) In doing ② they left out ①. Can weave in ① with ②

8) Guiding principles (p 7)

9) Global vs. country level actions

10) Roles of cosponsors

11) What is advocacy?

12) STDs - WHO has STD pgms. Tension

1) Bkd
2) How UNAIDS fits into UN sys
   + GPA precursor

3) Jacob's plan
   - Preamble - where HIV is
     cd be a letter fm PP
   - Why UNAIDS is unique 50th anniv.
     by Boutb
   - Guiding princ
   - UNAIDS structure + function
     CCO, PCB, coalitn
   - Goals, obj, + strategies
     include some of boxes
     Vulnerab
     Internat Best Pract
   - Conclusion -
     Global Appeal for Partnership
     Global Appeal for Chair Vice Chair
     + NGO rep + CCO rep

4) Describe internat. best practice
   Community up.
   Change the tone if it offends developg countries

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

Central Exchange: +41 22 791.21.11
Direct: +41 22 791.46.81

In reply please refer to:

7 August 1995

As you are aware, the Joint United Nations Programme on HIV/AIDS has been working for the last few months on the development of the strategic plan to establish the strategic directions for the five year period between 1996-2000. The draft strategic plan is now ready and is being sent to you for comments. It is hoped that informal and formal consultations with cosponsoring agencies on the draft will be possible prior to the meeting of the Committee of Cosponsoring Organizations in October 1995 to ensure that the strategic plan is ready for presentation to the Programme Coordinating Board (PCB) in November 1995. In view of the limited time available, may I request you to provide your comments by *6 September 1995* to Dr Purnima Mane, UNAIDS focal point for the strategic plan, at facsimile number +41 22 791 4880.

With best wishes.

Yours sincerely,

Dr Peter Piot
Executive Director
Joint United Nations Programme on HIV/AIDS

Mailing address: World Health Organization, CH-1211 Geneva 27

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

STRATEGIC PLAN 1996 - 2000

UNAIDS DRAFT - 28 JULY 1995

NOT REVIEWED BY COMMITTEE OF COSPONSORING ORGANIZATIONS

FOR DISTRIBUTION FOR COMMENT

Table of Contents

- Introduction
- Mission statement
- Global HIV/AIDS goals
- Guiding principles for UNAIDS
- UNAIDS goals
- UNAIDS roles
- UNAIDS Objectives
- Strategy objectives
- Programme priorities
- Programme strategies
- Targets
- Monitoring and evaluation
- Funding

Research agenda
- Vaccines
- behavioural research
- informed consent
- health care delivery
- microbicides

INTRODUCTION

This, the first strategic plan for the Joint United Nations Programme on HIV/AIDS (UNAIDS), establishes the programme's strategic direction for the five year period, 1996 to 2000. UNAIDS brings together UNICEF, UNDP, UNFPA, UNESCO, WHO, and the World Bank into a single cosponsored programme which will initiate, in conjunction with ongoing national efforts, a coordinated expanded response to the HIV/AIDS epidemic.

Expanded Response

An expanded response to HIV/AIDS is multisectoral, both short-term and long-term in scope and incorporated into all relevant aspects of social and economic development. It is inclusive of individuals infected with HIV and of communities affected by HIV and AIDS; as an integral element it includes strategies to address the reduction of the risk of HIV transmission as well as strategies to reduce vulnerability to HIV and AIDS by addressing underlying societal factors and structural conditions; it mobilizes resources, both human and financial; and it encompasses innovation, increased level of effort, international best practice and improved quality of and increased access to interventions and services across the prevention, care and support continuum.

The HIV/AIDS Epidemic: The Second Decade

The worldwide epidemic of AIDS - a fatal syndrome caused by the human immunodeficiency virus (HIV) - is one of the major tragedies of our time. Now in its second decade, the HIV epidemic continues to grow, invisibly, at a rate of over 6000 new infections every day, and the resulting sickness and death from AIDS continue to wreak unprecedented havoc among individuals, families and societies No country will be able to insulate itself from the shock waves of HIV.

The Impact of AIDS

One of the worldwide constants of the HIV/AIDS epidemic is the suffering it entails. Much of it is needless. Because HIV can spread through sexual and drug-injecting behaviours that society condemns, people with HIV and AIDS are often shunned and stigmatized. And although the virus is not transmitted through everyday social contact, HIV-infected people are wrongly feared as a source of contagion. Instead of compassion and support, therefore, people with HIV and AIDS often encounter painful rejection.

rejection

This emotional pain comes on top of the physical suffering caused by HIV/AIDS, an infection for which there is no cure. HIV slowly destroys the individual's immune defences against other diseases and infectious agents that healthy people are able to fight off with ease. In practice, this means gradual deterioration marked by bouts of illness of increasing severity and indignity. Modern medicines can help palliate the pain and discomfort, but even simple drugs are unavailable in many developing country communities.

Currently nearly 80% of all people living with HIV are in developing countries and by the year 2000 that percentage is expected to increase to 90%. The geographic spread of the epidemic is variable and dynamic. With less than 10% of the world's population, sub-Saharan Africa has approximately 60% of the total estimated HIV infections. However the growth of the epidemic has been particularly dramatic in Asia and in 1993, for the first time, Southeast Asia had more new cases of AIDS than North America and almost twice as many as in Western Europe.

The worldwide epidemic of AIDS - a fatal syndrome caused by the human immunodeficiency virus (HIV) - is one of the major tragedies of our time. Now in its second decade, the HIV epidemic continues to grow, invisibly, at a rate of over 6000 new infections every day, and the resulting sickness and death from AIDS continue to wreak unprecedented havoc among individuals, families and societies. No country will be able to insulate itself from the shock waves of HIV.

To date, the cumulative total of AIDS cases, including individuals who have already died of AIDS, is 4.5 million men, women and children; but people with symptomatic AIDS are merely the visible part of the global epidemic. HIV infection, which has no distinguishing visible manifestations, can take years to develop into AIDS although the rate of progression to disease is highly variable depending upon the general health and socio-economic status, as well as age, of the infected individual. The World Health Organization (WHO) estimates that to date 18.5 million adolescents and adults and 1.5 million children have been infected with HIV infection since the beginning of the epidemic. Many of them are unaware of being infected. The prolonged invisibility of HIV infection makes it easier to ignore and helps the epidemic to spread unchecked; it is estimated that if rates of infection continue unabated, the cumulative total of HIV-infected individuals worldwide will reach 30 to 40 million by the year 2000.

Yet the importance of the HIV/AIDS epidemic cannot be measured solely against the yardstick of the number of infected or ill individuals, as enormous as that number is. Because HIV is primarily sexually transmitted, it tends to strike not those who are traditionally susceptible to infectious diseases - the very young and the very old - but rather adolescents, young adults and those in early middle age, the very people on whom society relies for production and reproduction; to raise families, grow the crops, work in the mines and factories, run the schools and hospitals, even govern the country. As they die of AIDS, their elderly relatives are left without support and their children become orphans - by the year 2000, as many as 5-10 million children may have lost their mother or both parents to AIDS.

Thus for every person with AIDS, countless more people are drawn into the circle of destruction - in the family, community or society. In those communities most affected by HIV/AIDS, the very fabric of society is torn apart. For countries that are not yet industrialized, or in the process of industrializing, AIDS threatens development itself. For industrialized countries HIV/AIDS threatens the social integrity of cultures, raising divisive prejudices and bias and endangers the viability of existing health and social welfare systems. It deprives all societies of some its most productive individuals.

Joint United Nations Programme on HIV/AIDS

This should be elaborated in earlier section

Because of its urgency and magnitude, because of its complex socioeconomic and cultural roots, because of the denial and complacency still surrounding HIV/AIDS and the hidden or taboo behaviours through which it spreads, because of the discrimination and human rights violations faced by the people infected, the HIV/AIDS epidemic - more than any other health problem - calls for a special global response. Inevitably, many different sectors are affected by the epidemic, given its selective impact on the most productive age group in society, and its destructive ripple effects on families, communities and economies. A joint United Nations programme drawing on international best practice and the experience of many organizations and countries with expertise in various disciplines and multiple sectors can catalyze the involvement of these sectors and apply their experience in reducing the impact of AIDS on individuals and society. Similarly, a broad array of actors and organizations must be engaged in the complex work of HIV/AIDS prevention and care.

It was against this background, that extensive discussions and joint actions were begun within the United Nations system in 1992, in collaboration with governments and NGO/CBO networks, to improve the worldwide response to HIV/AIDS. This culminated in the endorsement by the UN Economic and Social Council at its July 1994 meeting, of a resolution proposing the establishment of UNAIDS. The programme is intended to become fully operational by January 1996.

MISSION STATEMENT

As the main advocate for the global response to HIV/AIDS, UNAIDS will lead, strengthen and support an expanded effort to prevent the transmission of HIV, provide care and support, reduce impact, and alleviate individual and communal vulnerability to HIV/AIDS.

Vulnerability

To be vulnerable in the context of HIV/AIDS, means to have little or no control over one's risk of acquiring HIV infection or, for those already infected with or affected by HIV, to have little or no access to appropriate care and support. Vulnerability is the net result of the interplay among many factors, both personal (including biological) and societal; it can be increased by a range of cultural, demographic, legal, economic and political factors.

PLANNING FOCUS	GOALS AND OBJECTIVES	EVALUATION FOCUS
Totality of the world's response to HIV/AIDS	**GLOBAL HIV/AIDS GOALS**	Outcome Evaluation *(changes over the longer-term in the epidemic and its impact)*
UNAIDS' contribution to the longer-term outcomes of the world's response to HIV/AIDS	**UNAIDS GOALS**	Impact Evaluation *(impact on medium-term to longer-term outcomes)*
Desired impact, in the shorter-term, of UNAIDS' efforts to contribute to the worldwide response to HIV/AIDS	**UNAIDS OBJECTIVES**	Impact Evaluation *(impact of UNAIDS' actions on changes in individual, group and institutional behaviour)*
What UNAIDS does and influences	**STRATEGY OBJECTIVES**	Process Evaluation *(efficiency and effectiveness of UNAIDS' actions)*

GLOBAL HIV/AIDS GOALS

The four global goals are intended to guide the worldwide response to HIV/AIDS well beyond the timeframe for this UNAIDS strategic plan. Together they reflect a strategic approach which is multidimensional and incorporates four essential and interwoven strands. The goals constitute an ambitious agenda for the collective response of all countries, and of the individuals, communities and organizations confronting the challenge of HIV/AIDS.

What are the desired longer-term outcomes for the world's effort on HIV/AIDS, as a whole?

What difference needs to result in the longer-term from the worldwide response to HIV/AIDS?

What ultimate outcomes for the world provide a purpose-oriented framework for UNAIDS' efforts?

another

To reduce the transmission of the human immunodeficiency virus (HIV) and sexually transmitted diseases (STD).

To increase the quality and accessibility of treatment, care and support for people with HIV/AIDS.

To reduce the adverse impact of HIV/AIDS on the health, livelihood and well-being of individuals and communities.

To reduce individual and collective vulnerability to HIV infection and AIDS.

GUIDING PRINCIPLES FOR UNAIDS

These principles are the conceptual underpinnings of the UNAIDS programme. They shape its strategic approach and will guide the development and implementation of global and country programmes. They represent a growing consensus on the evolution of the response to HIV/AIDS based on worldwide experience and lessons learnt.

HIV and AIDS are part of the human condition and require a long-term multidimensional response across the continuum of prevention, care and support.

HIV/AIDS strategies must address the differential nature of the epidemic which disproportionately affects individuals and communities already confronted by other critical health, social and economic issues.

The participation of individuals infected with HIV and communities affected by HIV and AIDS is critical to all aspects of a humane and ethical response to the epidemic.

Alleviating the impact of HIV/AIDS and assuring sustained prevention, care and support requires societal and structural change to reduce vulnerability to HIV infection and AIDS.

UNAIDS GOALS

UNAIDS has four goals which define the long-term achievements sought for the expanded response to the epidemic and provide broad direction for the programme; they support the global goals for the worldwide response to HIV/AIDS. Progress towards the achievement of these goals will be assessed in terms of the outcomes of the combined effort of all of the partners in HIV/AIDS to implement an effective, comprehensive, multisectoral response to HIV/AIDS.

What longer-term outcomes is UNAIDS seeking from what it does and what it influences?

What outcomes is UNAIDS seeking in relation to its own contribution to the global HIV/AIDS goals?

What difference will UNAIDS make to the world's response to HIV/AIDS, in the longer-term?

Expanded and strengthened national response to HIV/AIDS in developing countries[1].

Strong political and financial commitment by all governments to an expanded response to HIV/AIDS.

Expanded and strengthened UN response to HIV/AIDS through enhanced collaboration, coordination and joint action on policies, strategies and programmes.

International best practice, based on sound policy, strategies and research, established as an integral element of the response to HIV/AIDS.

where does innovation come in?

International Best Practice

The principles, policies, strategies and activities that, according to collective international experience, are known to be the most effective in responding to HIV/AIDS.

[1] *in this document, the term developing countries also refers to economies in transition*

UNAIDS ROLES

The major focus of UNAIDS is on building and strengthening the capability of the national response to HIV/AIDS, on the basis that the effectiveness of the worldwide response is principally dependent upon the collective strengths of the responses of all countries of the world.

UNAIDS has three mutually reinforcing roles, which apply to activities at country, intercountry and global levels:

Policy, Development and Research	to be a major source of ***globally-relevant policy*** on HIV/AIDS, and to develop, promote and strengthen ***international best practice*** and ***research***.
Technical Support	to ***catalyze, target and provide technical support to*** help build and strengthen the ***capability*** for an expanded response to HIV/AIDS, particularly in developing countries.
Advocacy	to be an ***advocate*** for a ***comprehensive, multisectoral response*** to HIV/AIDS, which is well-resourced and is strategically, ethically and technically sound.

These roles are relevant both for UNAIDS activities in developing countries and newly independent states and for UNAIDS relationships with industrialized countries and the world in general. The major difference is that for developing countries there will be a greater use of targeted funding and technical support.

In pursuing these roles, UNAIDS will promote and facilitate UN system coordination on HIV/AIDS, and collaborate closely with national governments, groups of people living with HIV and AIDS, nongovernmental organizations and community-based organizations, bilateral donor agencies, intergovernmental organizations, the private sector, and academic and research institutions.

Principal responsibility for the design and implementation of national HIV/AIDS policies and strategies must be held by the country in order to achieve long-term success for the national response. In this context, UNAIDS' contribution will be principally one of advocating and enabling countries to develop expanded responses to the epidemic. Targeted use of technical assistance and funding, and enhanced UN system coordination will be the principal mechanisms for this support.

The success of UNAIDS' efforts will hinge largely on how well it focuses its efforts on those aspects where UNAIDS action can make a difference; how well it draws on, and builds on, the joint expertise and experience of the cosponsors; how well it optimizes the use of local expertise; how well it addresses the policy, strategic, research and technical agendas at global level; and how well it works with other key partners at country, intercountry and global levels in building and strengthening comprehensive, ethically sound, effective, affordable and sustainable multisectoral responses to HIV/AIDS.

The operating style of UNAIDS will be defined by strong leadership and initiative on HIV/AIDS, the use of international best practice, preparedness to take risks and learn from both success and failure, and the decentralization of responsibility. UNAIDS will operate through a team approach, emphasizing quality, consultation and collaboration, and flexibility and innovation in all aspects of the programme.

Comparative Advantages

To be successful in helping the focus, speed and effectiveness of the national and global responses to HIV/AIDS, UNAIDS must make its potentially comparative strengths a reality. These strengths are:

- its joint nature, enabling UNAIDS to draw on the special strengths and advantages of all six cosponsors;
- its technical expertise on HIV/AIDS, in the form of a critical mass of high-quality staff, complemented by outside expertise;
- its mandate for promoting and facilitating coordination, in particular among the cosponsors working at country level.
- its ability to serve as a forum for achieving consensus, including on sensitive technical and policy issues;
- its credibility as an advocate for a strong, sound, sustainable response to AIDS;
- its broad field of action and multisectoral scope;

UN System Network

UNAIDS is not the totality of the UN system's response to AIDS. The individual activities of its six cosponsors will remain as part of the response, but as a joint programme UNAIDS has the potential to expand these efforts to a synergistic response. Furthermore, it is a pivotal part of a broad network of UN system activities which encompasses:

- the integration ("mainstreaming") capacity within each cosponsoring organization;
- the Resident Coordinator system with its Theme Groups on HIV/AIDS at country level, which aim to help countries benefit from strong and well-coordinated UN system support to their national response to AIDS;
- the AIDS-related activities that the six cosponsoring organizations carry out at country and intercountry level;
- the AIDS-related activities undertaken by other UN system organizations, particularly in areas such as humanitarian aid and assistance to refugees, peacekeeping and human rights.

UNAIDS OBJECTIVES

UNAIDS objectives describe what UNAIDS, in conjunction with its co-sponsors and in partnership with country programmes, hopes to accomplish. They represent UNAIDS contributions towards the achievement of the worldwide goals. They are continuously assessed over the life of the programme and measured in terms of programme impact.

What can UNAIDS achieve in the shorter-term?

What should UNAIDS try to change?

What should UNAIDS not try to change?

What impact will UNAIDS' own efforts have on the HIV/AIDS response, in the shorter-term?

Four objectives support the UNAIDS goals:

1.0 ***Strengthened capability for a multisectoral response to HIV/AIDS in developing countries, which is strategically, ethically and technically sound.***

2.0 ***Increased level, diversity and appropriateness of financial and technical resources in support of the national response to HIV/AIDS in developing countries.***

3.0 ***Strengthened UN system support to global and national responses to HIV/AIDS.***

4.0 ***Strengthened global advocacy, strategies and action on policy, research and international best practice to support an expanded response to HIV/AIDS.***

STRATEGY OBJECTIVES

Strategy Objectives define the process by which UNAIDS will accomplish its objectives; they describe what UNAIDS will do and what UNAIDS will influence, and are assessed in terms of the quality and effectiveness of the process. Each of the four Objectives, previously described, is presented below with its corresponding strategy objective/s.

What should UNAIDS try to do?

What should UNAIDS try to influence?

What should UNAIDS not try to do?

What should UNAIDS not try to influence?

Objective 1.0: Strengthened capability for a multisectoral response to HIV/AIDS in developing countries, which is strategically, ethically and technically sound

1.1 To improve technical support to strengthen the capability of developing countries to plan, coordinate, implement and monitor an expanded response to HIV/AIDS.

1.2 To advocate the inclusion of strategies to reduce HIV/AIDS-related discrimination and vulnerability to HIV/AIDS as an essential aspect of the expanded response to HIV/AIDS.

1.3 To strengthen the participation of infected individuals and affected communities in national AIDS policy and strategic planning, and programme implementation, monitoring and evaluation.

1.4 To promote, strengthen and support quality STD care as a critical element of strategies to prevent HIV transmission.

Objective 2.0: Increased level, diversity and appropriateness of financial and technical resources in support of the national response to HIV/AIDS in developing countries

2.1 To increase the mobilization of resources and improve the effectiveness of their allocation and use in support of an expanded response to HIV/AIDS.

To increase in-country resources allocated - especially from the private sector.

Objective 3.0: Strengthened UN system support to global and national responses to HIV/AIDS

3.1 To increase coordination, collaboration and joint action among cosponsoring agencies at all levels on HIV/AIDS policies, strategies and programmes in support of an expanded country level response. at all levels including at the country level -

3.2

Objective 4.0: Strengthened global advocacy, strategies and action on policy, research and international best practice to support an expanded response to HIV/AIDS

4.1 ***To advocate and strengthen the development of international best practice on HIV/AIDS as an integral element of expanding the response, and information exchange to support its application in policies, strategies and programmes.***

4.2 ***To promote and facilitate the inclusion in national AIDS responses of policies and strategies to initiate and strengthen service arrangements, at all levels and across all sectors, to provide for enhanced prevention and a comprehensive continuum of care.***

what kinds of service →

4.3 ***To advocate, promote and support HIV/AIDS research and development, which is strategically, ethically and technically sound and of particular benefit to developing countries.***

PROGRAMME PRIORITIES

UNAIDS has two programme priorities to help focus its efforts on those aspects where UNAIDS can make a value-added contribution to an expanded response to HIV/AIDS.

COUNTRY SUPPORT:

To strengthen and support country capability to coordinate, plan, resource, implement, monitor and evaluate an expanded response to HIV/AIDS; and

INTERNATIONAL BEST PRACTICE:

To develop, advocate and implement the principles, policies, strategies and activities that, according to collective international experience, are known to be the most effective in responding to HIV/AIDS.

An important contribution of UNAIDS to all countries, both industrialized and developing, will be to analyze, disseminate and build upon the lessons learnt from the response to the epidemic in the last decade. The importance of building on successes will be complemented by learning from failures, and by the willingness to take on new challenges. The acute nature of the epidemic that engenders a health sector response, will be augmented and complemented by interventions that recognize the epidemics' evolution, and the consequent importance of the social, cultural and legal contexts of the response. Innovative and multidimensional responses to HIV/AIDS at various levels will be based upon international best practice, and will simultaneously help to shape that practice.

At the country level, the scale of UNAIDS operations will vary according to the needs of individual countries and will range from technical and selected financial support to advocacy and promotion of a broad spectrum of responses to HIV/AIDS.

In most countries, initial priority will be given to continuity of current support and to the establishment and support of UN Theme Groups which will coordinate a comprehensive UN response to HIV/AIDS in the context of existing national programmes. Priority will also be given to the technical support needs of a national AIDS coordination unit whose prime function is to actively promote, facilitate and monitor an expanded response to HIV/AIDS.

Multisectoral Response to HIV/AIDS

A multisectoral response to HIV/AIDS is both short-term and long-term in scope and incorporates HIV/AIDS into all aspects of social and economic development, at all levels. It is inclusive of individuals infected with HIV and of communities affected by HIV and AIDS; it supports, strengthens and incorporates roles and responsibilities, both within and outside the direct control of government; it makes use of participatory mechanisms in policy development, programme design and implementation, beyond existing sectoral coordinating structures; and it applies multidisciplinary and innovative approaches to increase the effectiveness of programmes.

UNAIDS will support intercountry or regional HIV/AIDS activities where these are cost-effective, efficient and complementary to global and country-level action. Priority in the allocation of UNAIDS resources for intercountry activities will be given to providing technical support and a forum for planning and coordination.

UNAIDS will encourage and support governments in the development of goals, objectives, indicators and targets for an expanded national response to HIV/AIDS, and in the monitoring of progress. Priority will also be given to the development of objectives, indicators and targets by the cosponsoring agencies and by the UN Theme Groups on HIV/AIDS in relation to their specific contribution to the HIV/AIDS responses of developing countries.

UNAIDS ACTION PLANS will be developed for the two priority areas: Country Support and International Best Practice.

PROGRAMME STRATEGIES

STRATEGIES FOR COUNTRY SUPPORT: PRIORITIES

What UNAIDS will do:

* providing and commissioning technical support, and funding as appropriate, for national AIDS coordination units, the co-sponsoring agencies and NGO/PHA networks. The focus will be on strengthening capacities to plan, coordinate, implement, monitor and evaluate expanded responses to HIV/AIDS at the country level;

* providing funding and technical support to the UN Theme Groups to enhance the capacity to coordinate, improve information dissemination and exchange, and strengthen resource mobilization efforts directed at expanded responses to HIV/AIDS;

* establishing and maintaining a database and information exchange mechanisms to facilitate planning, monitoring and evaluation of contributions to the national response to HIV/AIDS, and to ensure that country experiences help shape international best practices.

What should UNAIDS try to do, or begin or influence in the first five years?

What should UNAIDS not try to do, or begin or influence in the first five years?

What UNAIDS will influence:

* actively engaging opinion leaders and decision makers in the development of policy and political environments conducive to and supportive of, an expanded response to HIV/AIDS which emphasizes community mobilization, human rights and international best practice;

* promoting and facilitating the participation of a wide spectrum of partners in a multisectoral response to HIV/AIDS including the private and public sectors, especially NGOs/CBOs, academic and research institutions and representatives of individuals and communities infected and affected by HIV/AIDS;

* advocating comprehensive country-level responses to HIV/AIDS by UN co-sponsors, which are strategically, ethically and technically sound;

* promoting the expansion, in quality and quantity, of HIV/AIDS-related activities of multilateral and bilateral agencies/donors at the country level.

* promoting increase in the level and diversity of financial and technical resources contributed to country programmes, and their effective allocation and use;

* promoting social, legal, and economic environments that support an expanded response to HIV/AIDS; in particular, efforts to combat discrimination and stigma associated with those infected and affected by HIV/AIDS.

STRATEGIES FOR INTERNATIONAL BEST PRACTICE: PRIORITIES

What UNAIDS will do:

* developing, reviewing and promoting policies, strategies, norms, standards, indicators and other measures to facilitate an expanded response to HIV/AIDS;

* monitoring and forecasting trends in the HIV/AIDS epidemic, and monitoring and analysing responses to it at country, inter-country and global levels;

* directing, piloting and supporting multidisciplinary research on HIV/AIDS (including operational research), focusing on review, synthesis and analysis of various aspects of the epidemic; topics would include issues related to the shorter term response to HIV/AIDS as well as to longer-term contextual factors addressing issues such as vulnerability to HIV/AIDS, the responses to it and its consequences on different sectors, with a view to promoting sustainable, ethical, effective and innovative responses;

* initiating and supporting biomedical and other technology research and development in critical areas of prevention and care where gaps exist, and of particular benefit to developing country settings;

* promoting and undertaking information exchange, networking and technical support, including training, to ensure that international best practice is accessible to countries, to programmes and to UNAIDS;

* developing and maintaining UNAIDS expertise to serve as a major source of policy, strategic and technical guidance on HIV/AIDS in terms of international best practice, drawing on expertise both within and outside the UN system as needed;

* undertaking advocacy and communication activities to focus global attention on HIV/AIDS and its impact on individuals, families, and communities.

* undertaking advocacy and resource mobilization to increase and sustain the level, diversity and appropriateness of financial and technical resources in support of national and international responses to HIV/AIDS.

What UNAIDS will influence:

* advocating and promoting holistic responses which are ethically and technically sound, and which also recognize and address the broader environment that shapes and fuels the epidemic, and impacts upon the response and its sustainability;

* providing a forum for debate among partners, particularly on sensitive technical and policy issues in HIV/AIDS;

* advocating for HIV/AIDS social science and operational research and technology research and development to focus on benefit to developing countries and facilitate capacity-building;

* advocating for the integration of issues related to human rights and discrimination in national and global strategies;

* promoting the active involvement of a broad range of partners in a multisectoral response to HIV/AIDS;

* advocating for HIV/AIDS-related issues to be an integral part of various relevant national and international agendas (such as political, gender equity, development, health, education, labour, media, socio-cultural and human rights agendas);

* facilitating collaboration and joint planning by cosponsors on the design of global policies and strategies in support of an expanded response to HIV/AIDS.

TARGETS

For the first five years of the UNAIDS programme, targets will be specific to actions for which UNAIDS has a high degree of control over the planning and implementation. Given the early stage of the programme, it is appropriate that the first targets focus largely on process. They will largely measure the degree to which appropriate mechanisms and processes have been established or strengthened to advocate and support an expanded response to HIV/AIDS.

What amount of change could reasonably be expected from UNAIDS' efforts, over the first five years?

What can UNAIDS achieve in the first five years?

What will indicate that UNAIDS is making progress in the right direction?

During the period 1996 to 2000, UNAIDS will work with national governments, the cosponsors and other partners in developing long-term targets to measure programme outcomes for the expanded response, with relevant numerical indicators, baseline data and an estimate of achievable change.

UNAIDS Strategic Planning Targets:

By ...., UNAIDS will have developed action plans for the priority areas of country support and international best practice, to guide the implementation of the strategic plan.

By ...., UNAIDS will have developed additional indicators and targets, both long-term and short-term, for its own action at global and country levels.

Country Support Targets:

By ...., X countries with a UN Resident Coordinator post will have a functioning UN Theme Group on HIV/AIDS.

By ...., a functioning HIV/AIDS coordination mechanism for the UN system will be in place for X% of those developing countries and countries in transition which have no UN Resident Coordinator post.

By ...., recruitment and training will be completed for a UNAIDS Country Programme Officer post in each of X of the countries with a UN Theme Group on HIV/AIDS.

By ...., multicountry technical support teams will be established in X UNAIDS designated locations.

By ...., UNAIDS will have developed a monitoring data base, based on the HADIX[2] system, and will have established electronic network links between the majority of UNAIDS Country Programme officers and UNAIDS headquarters.

By ...., in the majority of countries supported with HIV/AIDS external assistance, the national government, with technical support from UNAIDS, will have completed a review of the national AIDS plan in the context of an expanded national response to HIV/AIDS.

By ...., in the majority of countries with UN Theme Groups on HIV/AIDS the national government, with technical support from UNAIDS, will have strengthened the national AIDS strategy to focus and encourage an expanded national response to HIV/AIDS.

International Best Practice Targets:

By ...., UNAIDS will have developed a broad framework to assist countries to develop or strengthen their national AIDS strategy to focus and encourage an expanded national response to HIV/AIDS.

By ...., UNAIDS will have initiated action on at least X policy issues critical to increasing the strategic, ethical and technical soundness of the response to HIV/AIDS.

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2 *HIV/AIDS Development Information Exchange database*

By ...., UNAIDS will have initiated action on at least X areas of HIV/AIDS socio-economic and behavioural research and technology development critical to increasing the strategic, ethical and technical soundness of the response to HIV/AIDS in developing countries.

By ...., UNAIDS will have initiated HIV/AIDS technology research addressing UNAIDS-identified priorities in the fields of microbicide development and testing, vaccine standards, and prophylaxis and treatment of opportunistic infections.

Beginning in 1997, UNAIDS will prepare and distribute a biennial report on trends in the epidemic and progress in the expanded response to HIV/AIDS, including resource mobilization and use.

By ...., UNAIDS will have completed and released a report on the situation in all countries on policies and legislation relevant to the response to HIV/AIDS, to provide a baseline for UNAIDS policy and strategic action.

By ...., UNAIDS will have developed and begun piloting a number of contextual interventions aimed at expanding the response to HIV/AIDS at the country level.

MONITORING AND EVALUATION

The implementation of the strategic plan for UNAIDS will be monitored and evaluated through series of ongoing activities at the global and country levels. Two principal reports will be produced:

* Biennial report on trends in the epidemic and progress in the response; and
* Annual Report to the PCB on UNAIDS programme implementation.

UNAIDS will build upon existing systems at the global and country level to strengthen data collection, measurement and analysis. For example, the HADIX database, in conjunction with regular reports from the UN Theme groups, would form the foundation for country-level monitoring of UNAIDS programme activities, co-sponsors' activities and external support to the national HIV/AIDS response. UNAIDS will continue the ongoing refinement of prevention and care indicators developed and field tested under WHO/GPA auspices, and expand the repertoire of indicators to include contextual elements considered critical to monitoring and evaluating the expanded response to the epidemic. Support will also be provided to national governments to strengthen data collection and improve existing baseline data for monitoring of national responses to the epidemic. Principles of participative evaluation, cost-effectiveness, self-evaluation and exchange of information will be integral to the monitoring and evaluation effort.

In 1999, the UNAIDS Annual Report to the PCB will be expanded to serve as a mid-term review of the implementation of the strategic plan for the period 1996 - 2000.

FUNDING

Funding for the operations and activities of UNAIDS will be detailed in the UNAIDS programme budget documents, which will be developed and submitted to the Programme Coordinating Board on a biennial basis. Fund raising for UNAIDS will take the form of a Global Appeal prepared by the Executive Director in consultation with the six cosponsors. At country level, funds may also be provided by the cosponsors directly through the Theme Group mechanism, and by other funders, in respect of priorities for support to the national response.

and the PCB